

The Role of the Clinical Nurse Specialist in Cancer Care

Edited by
Dr. Helen Kerr

Foreword by
Johan de Munter
President of the European Oncology Nursing Society



WILEY Blackwell

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Queen's University Belfast*

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This edition first published 2024
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John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

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Library of Congress Cataloging-in-Publication Data

Names: Kerr, Helen, editor.

Title: The role of the clinical nurse specialist in cancer care / edited by
Helen Kerr.

Description: Hoboken, NJ : Wiley-Blackwell, 2023. | Includes
bibliographical references and index.

Identifiers: LCCN 2023023154 (print) | LCCN 2023023155 (ebook) | ISBN
9781119866992 (paperback) | ISBN 9781119867005 (adobe pdf) | ISBN
9781119867012 (epub)

Subjects: MESH: Neoplasms—nursing | Nurse Clinicians | Nurse's Role

Classification: LCC RC266 (print) | LCC RC266 (ebook) | NLM WY 156 | DDC
616.99/40231—dc23/eng/20230626

LC record available at <https://lcn.loc.gov/2023023154>

LC ebook record available at <https://lcn.loc.gov/2023023155>

Cover Design: Wiley

Cover Image: © Israel Sebastian/Getty Images

Set in 9.5/12.5pt STIXTwoText by Straive, Pondicherry, India

To my mother, Meta Bell, whose career as a Marie Curie nurse inspired me and many others to compassionately care for others.

To my partner, Sharon Kerr, who believes in me.

Helen Kerr

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Foreword

Today, it is recognised that the burden of cancer in the population lies across the whole lifespan and that innovation in cancer care is crucial to tackling the cancer burden across the globe. Apart from the imperative of ensuring that every person with cancer has the best possible chance to receive treatment and survive cancer, the potential for the best outcome demands an interprofessional collaboration among all stakeholders in cancer care. Cancer nurses are key healthcare providers who contribute to innovative, qualitative and safe cancer care, from prevention to survivorship and end-of-life care. As forefront healthcare providers, they have a great responsibility and, at the same time, a great opportunity to contribute to the success of the provided care. However, developments in healthcare are not remaining constant, as great leaps continue to be taken to meet the current needs of those who need care.

To meet this modern standard of care, the development and implementation of lead roles such as clinical nurse specialists (CNS) are crucial in supporting person-centred care and health outcomes. CNS are advanced practice nurses who have completed advanced education programmes and clinical training in a specific area of healthcare. In the field of cancer care, the CNS plays a vital role in improving patient outcomes and providing high-quality care. A CNS works closely with patients, families and other healthcare professionals to coordinate and deliver cancer care that is tailored to the unique holistic needs of each individual. They are skilled in conducting comprehensive assessments, developing care plans, and providing education and support to patients and families.

The CNS also has a strong understanding of the various innovative cancer treatment modalities, including chemotherapy, radiation therapy, immunotherapy, hormonal therapies and surgery and is able to provide expert guidance and support to patients undergoing these treatments. They often care for patients throughout all stages of cancer, from diagnosis and treatment to post-treatment follow-up and survivorship.

In addition to their direct patient care responsibilities, CNS also serve as leaders within the healthcare community. They may act as consultants to other healthcare professionals, providing expert advice and guidance on cancer care and treatment. CNS may also serve as educators, teaching other healthcare professionals about the latest research and best practices in cancer care. Next to education is research, an important aspect of the work of a CNS in cancer care. The CNS may conduct research studies or participate in clinical trials to advance the field of cancer care and improve patient outcomes. They may also work to identify and address care gaps, developing innovative treatments, care and support approaches.

As advocates for patients, CNS work to ensure that individuals with cancer and their families and carers receive the best possible care and support. They may also advocate for policies and practices that promote cancer prevention and early detection, contributing to reducing the burden of cancer on individuals and society as a whole. Overall, the work of a CNS in cancer care is multifaceted and vital in improving the lives of patients and their families affected by cancer.

For those interested in pursuing a career as a CNS in cancer care, it is important to have a strong foundation in nursing and a passion for cancer care. CNS must also be willing to continue learning and staying up-to-date on the latest research and best practices in cancer care.

If you are a CNS, a nurse seeking to specialise in cancer care, or simply interested in learning more about this important area of cancer nursing, this book is an invaluable resource. It provides a comprehensive look at the work of CNS in cancer care and their vital role in improving patient outcomes and advancing the field. As a cancer nurse whose own ventures into cancer care were encouraged and supported by talented and inspirational national and international nursing colleagues, I warmly welcome this book. Finally, to all readers, I want to thank you for recognising the important role of the CNS. When going through this book, you will notice that many chapters are written by clinical nurse specialists for clinical nurse specialists. As a result of this comprehensive collaboration, the book provides important, reflective depth with an honest and current perspective of the CNS role. We hope that you will enjoy reading this book and that it will inspire you to embrace the full potential of the CNS role in cancer care.

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Introduction

Helen Kerr

From nursing's inception as a profession, there has been a continual evaluation of the profession in response to changing health and societal needs (International Council of Nursing 2020). One aspect of this relates to the growing global interest in extending nursing practice beyond the level of initial registration (East et al. 2015) in response to changing demographics (Holloway et al. 2009), greater user involvement and rising expectations (Por 2008). One component of advanced nursing practice is advanced nursing roles, with up to 52 different roles in 26 countries reported in one study (Heale and Buckley 2015). The clinical nurse specialist (CNS) is one advanced nursing role.

The CNS's role within cancer services significantly contributes to providing high-quality care delivery. In cancer care, the role is reported to contribute to improvements in psychological outcomes for patients; increased patient satisfaction; improvements in patient knowledge; enhanced clinical outcomes, particularly in relation to symptom management; and enhanced service delivery outcomes, such as increased access to services (Kerr et al. 2021). Understanding and appreciating the specific components of the role has been outlined by various authors and includes broad categories of direct patient care and other aspects such as administration, research, education and leadership. This book further delineates the various components of the CNS role to provide clear insights into the contribution of this role in improving patient outcomes and supporting the development of these aspects within current roles.

This book is in four sections. The first section has two chapters that relate to the emergence and evolution of advanced nursing practice with a focus on one specific component: advanced nursing roles. Chapter 1 focuses on the historical context of advancing nursing practice and advanced practice nurse roles. Chapter 2 outlines the historical and current context of the CNS role, providing a background for the book.

Section two has two chapters that provide a patient and carer perspective of the CNS role. Chapter 3 is written by Johanna, who shares her experiences of being

diagnosed with breast cancer and reflects on the CNS's role in her care. Chapter 4 is written by Trevor, a carer of an individual who had cancer; he shares his experience of being a carer and the impact the CNS had in their care.

The third section has nine chapters, and each is co-authored by a CNS along with an academic with a clinical background in cancer services. Each chapter focuses on a different component of the CNS role. Chapter 5 provides an overview of the operationalisation of the *key worker role* and a discussion of how challenges associated with this role could be effectively managed. Chapter 6 focuses on the skills required by the CNS in providing *psychological support* to individuals with a cancer diagnosis and their carers. There is also a discussion of the importance of self-care for nurses working in cancer services. Chapter 7 focuses on how *research and evidence-based practice* must be integrated into the CNS role, discussing the importance of cancer clinical trials. Chapter 8 focuses on *symptom management*. There is an outline of the presentation, assessment and management of gastrointestinal symptoms associated with a diagnosis of cancer and treatment interventions, along with a focus on pain assessment and management. Chapter 9 focuses on the CNS's important contribution to *the multi-disciplinary team* and how to integrate this role within an established interdisciplinary team. Chapter 10 provides a clinical approach to developing the *leadership* aspect of the CNS role in managing patient care to optimise services. Chapter 11 focuses on the steps involved in introducing and establishing *nurse-led clinics* in cancer services. Chapter 12 outlines the historical context of the *non-medical prescribing role* and the contribution this role has for the CNS in enhancing patient care. Chapter 13 focuses specifically on the role of the CNS for *adolescents and young adults with cancer*, identifying the skills required to provide care for these individuals and their families and carers.

Section four considers the future direction of the CNS role and has three chapters. Chapter 14 explores the impact the *COVID-19 global pandemic* had on the role of the CNS in cancer services, including a discussion on the introduction and evolution of approaches adopted for patient safety. There is an exploration of how the CNS can contribute to reviewing the sustainability of some of these approaches. This is followed by Chapter 15, which provides an overview of the historical evolution of *digital health* and how the CNS can contribute to addressing the challenges of moving aspects of care delivery to a virtual environment, particularly in the context of the COVID-19 global pandemic. Chapter 16, the final chapter, examines the *future direction* and possible trends in practice and care delivery for CNS working in cancer services. There is an emphasis on the continuing central role of delivering person-centred care within this specialist role.

The book should be of interest to nurses considering the CNS role as part of their career trajectory, as it delineates some of the various components of the role. The book will also be of interest to those currently in CNS roles, as it identifies

aspects of the role that could be developed, such as nurse-led clinics and non-medical prescribing. Finally, those who work alongside CNS or are in strategic leadership roles will appreciate the significant contribution the CNS role makes to improving patient outcomes and delivering healthcare in the cancer context.

Twenty-two authors contributed to this book, providing their perspectives on the significant and valuable contribution the CNS role makes to enhancing patient care. We invite you to explore, reflect on and enjoy engaging with this book and consider how you and others can develop the CNS role so as to improve outcomes for individuals with cancer and their families and carers.

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About the Companion Website

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Evolution of Advanced Nursing Practice

Helen Kerr

Abstract

This chapter will focus on the emergence and evolution of advanced nursing practice. The historical context of the inauguration of nursing as a profession and the subsequent regulation of nursing will be outlined. The rationale for the development of advanced nursing practice will be explored, leading to a focus on one component of this concept: advanced practice nurse roles. The nomenclature associated with advanced practice nurse roles will be outlined, leading to an introduction to the emergence of the specialist nursing workforce, specifically the clinical nurse specialist, which will be the focus of Chapter 2.

1.1 Introduction

This chapter will focus on the emergence and evolution of advanced nursing practice. The historical context of the inauguration of nursing as a profession and the subsequent regulation of nursing will be outlined. The rationale for the development of advanced nursing practice will be explored, leading to a focus on one component of this concept: advanced practice nurse (APN) roles. The nomenclature associated with APN roles will be outlined, leading to an introduction to the emergence of the specialist nursing workforce, the focus of Chapter 2.

1.2 Evolution of Nursing as a Profession

It is well-recognised that modern nursing, as it is currently delivered, is accredited to the influence of Florence Nightingale (World Health Organization [WHO] 2020), who introduced the idea that nursing was a profession that required education

(Wilson 2005). Glasper and Carpenter (2019) report that prior to these influences, nurses were considered incompetent. In the 1850s, when Florence Nightingale was in her 30s, she was internationally renowned for her services in Turkey as part of the British Army's employment of female nurses during the Crimean War (National Council of State Boards of Nursing 2020). Florence Nightingale subsequently developed a Nightingale Training School on the grounds of St Thomas's Hospital, London, United Kingdom (UK), in the 1860s. Despite reports that medicine was unsupportive of Nightingale's attempts to introduce formal education and training for nursing, training schools were developed across England (Glasper and Carpenter 2019).

In the late nineteenth and early twentieth centuries, Ethel Bedford Fenwick lobbied for a nursing register and, in December 1921, became the first nurse to register with the newly formed General Nursing Council (GNC) (Glasper and Carpenter 2019). In 1943, the responsibilities of the GNC were extended by a Nurses Act to include *assistant nurses*, renamed *state enrolled nurses* by the Nurses (Amendment) Act in 1961 (Glasper and Carpenter 2019). The Nurses, Midwives and Health Visitors Act was passed in 1979, effective from 1983, and replaced the GNC with the United Kingdom Central Council (UKCC) and four national boards for nursing, midwifery, and health visitors in each of the four countries of the UK: England, Northern Ireland, Scotland and Wales.

Project 2000 was introduced in the late 1980s and moved nurse education and training into higher education. In 2001, under the Nursing and Midwifery Order, the Nursing and Midwifery Council (NMC) was established in the context of the UK. In many countries across the globe, a similar trajectory regarding the professionalisation and regulation of nursing emerged, albeit on a different timeline, with most countries around the world now regulating and governing nursing practice through regulatory bodies (National Council of State Boards of Nursing 2020). The WHO (2020) reported that 86% of countries now have a body responsible for the regulation of nursing, and most countries also have a statute of law that regulates nurses (National Council of State Boards of Nursing 2020).

Nursing has evolved to become the largest staff group in healthcare globally, accounting for approximately 59% of the workforce and a reported 27.9 million nurses worldwide, of which 19.3 million are categorised as professional nurses (WHO 2020). Nursing does not have a set of international standards, which means nurses are educated, regulated and disciplined in a variety of ways across the globe (Stievano et al. 2019). Despite these geographical variations, a series of recommendations for nursing for all countries was published by the WHO in 2020. These relate to increasing funding to educate and employ nurses, establishing leadership positions, equipping nurses in primary healthcare to work to their full potential including prevention and management of noncommunicable disease, implementing gender-sensitive workforce policies and modernising nursing

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