Evaluating the impact of introducing lung and colorectal nurse specialists into the South East London Cancer Network

Alison Richardson
Debbie Halliday
Jenifer Wilson-Barnett

March 2002
Executive Summary

Introduction

In the last five years there has been an increase in the number of Lung and Colorectal cancer nurse specialists in the United Kingdom. This has been due in part to the overall expansion of site-specific cancer nurse specialist posts in line with recommendations from Calman-Hine (1995) but also, more specifically, in response to a recognised need to improve existing services for patients with lung and colorectal cancer (Improving Outcomes in Lung Cancer (Department of Health, 1997), Improving Outcomes in Colorectal Cancer (Department of Health, 1998). As the number of these posts has expanded there has been a demand from nursing’s professional bodies and from service providers to establish evidence on the effectiveness of these roles. The aims of this study were firstly to evaluate the impact of introducing colorectal and lung cancer clinical nurse specialists within the context of cancer care service provision in one cancer network, namely SE London. Secondly, to describe the benefits and drawbacks which arise as a consequence of these innovations from the perspective of key stakeholders. Evidence generated from this study will contribute to what is currently known about how such nurses are being deployed, how they might be best trained and supported in the future, and how effective they are in both clinical and organisational terms.

Methods

A retrospective case study design was adopted, which relied on the collection of multiple sources of data to provide evidence from a range of perspectives on the subject under investigation, namely the nurse specialist. Data were collected retrospectively due to the fact that post-holders came into post at varying time points. A structure, process, outcome model was used as a framework for the evaluation, in order to capture the complexity and diversity of these posts. Data were collected from the seven nurse specialists, four lung and three colorectal, in the form of questionnaire, diary, interview and observation. A small convenience sample of seventy-five patients took part in a satisfaction survey, eighteen of which participated in a semi-structured interview. Twenty-three members of staff, nominated by the nurse specialists, completed interviews. The emphasis was on multiple sources of data rather than the number of subjects to be studied in terms of evidence, and analysis was descriptive and qualitative in nature.
Results

Summary of Nurse Specialist Findings

- All seven nurse specialists completed all elements of data collection.
- None of the nurse specialist (CNS) had the word ‘cancer’ on their name badge and each of them had a different job title on their name badge.
- Several of them lacked basic resources on entering post and only one had secretarial support. Several nurse specialists lacked a computer and other IT software after being in post for 1 year or more.
- They had a wide range of experience and educational qualifications. Only one held a Master’s degree and one nurse specialist had no oncology qualification. All the sample believed further education was important to developing the role but felt sometimes there were organisational barriers to achieving this.
- Positive factors which affected role effectiveness were nurse specialist clinical skills, both technical and organisational, support from multidisciplinary team (MDT) and close colleagues, and effective communication between colleagues and with patients.
- Negative factors that affected role effectiveness were lack of resources, size of caseload, barriers to developing the role and amount of administration undertaken by nurse specialist.
- Most (n=5) worked more than their contracted hours, mean extra hours worked = 7. Some aspects of the service were covered by other staff in their absence, but no out of hours cover was provided.
- All of them spent the majority of their time in direct patient care. Least times was spent on research and audit, management/leadership and policy development. There was no significant difference in time spent in role domains between lung and colorectal nurse specialists.
- Role expectations varied, but all had found the first year of their post challenging. Most felt support and orientation to the role had been lacking.
- Several of them had experienced high turnover in terms of nurse management; this had affected the support and development they had received. Most felt they were supported by their clinical lead; i.e. lead physician or surgeon of tumour site team.
- They felt it was difficult to assess their clinical effectiveness, especially in terms of patient outcome, as there were few systems in place to audit this. Sheer workload hindered effectiveness and the fact that they were lone postholders. Where they felt an ‘impact ‘ had been made was up to and at the point of diagnosis in terms of providing advice, emotional support and information to patients at this difficult time.
• Most felt their role had had an impact on the multidisciplinary team (MDT) and they were valued for their contribution to both the organisation and co-ordination of care. The role had had a positive impact on other staff on the whole, but less so on educating more junior cancer nurses. Links had been made with many other members of staff both within and outwith the Trusts in which they worked
• The nurse specialists had developed the services they offered whilst in post both in terms of their technical roles and supportive roles. They were involved in leading genetics clinics, diagnostic procedures and nurse-led follow-up clinics for patients.

Summary of Patient Findings

• Satisfaction ratings for the nurse specialists were gained from a convenience sample of patients (n=75) recruited from the nurses’ caseloads (lung patients n=36, colorectal patients n=39).
• The majority of the sample (78%) rated overall satisfaction with CNS care as ‘very good’. Skills rated most highly were CNS human qualities, listening skills and support and comfort. Skills rated least highly were information on resources available, frequency of contacts and length of contacts.
• A sub-sample of patients were interviewed (n=18) to explore the impact of the CNS role on their care. Again these patients were very satisfied overall. However patients expressed less satisfaction when they saw ‘gaps’ in the service due to the CNS being absent or too busy with her general workload.
• Patients valued both the emotional and practical support from the CNS at diagnosis, and support given to their families.
• Patients valued continuity and co-ordinated care, and the way the CNS facilitated care by which they could re-access the health care system.
• Patients valued the prompt and easy access to the nurse specialist provided in order to gain information, advice and support. This often provided over the telephone rather than face-to-face.

Summary of staff findings

• A range of staff were interviewed (n=23) and gave their views on the benefits and drawbacks of the site-specific role.
• There was a general feeling that the posts had lacked strategic planning before the postholders came into post and issues such as resources, support and supervision and professional development had not been properly addressed at the planning stage.
There were a variety of views on what the nurse specialist role should be. These ranged from a more managerial and administrative role within the MDT to the role being a combination of both technical and supportive skills focused towards patient care.

All the lead clinicians and other team members acknowledged the significant contribution the CNS had made to improving team-working and increasing efficiency within the cancer team to which they were attached however, some expressed concerns as to the amount of administrative work that was being done by her.

Nurse managers acknowledge that they needed to take a stronger role in supporting and guiding the nurse specialist’s professional development.

Almost all staff interviewed perceived the CNS had made a considerable contribution to patient care both directly and indirectly. They felt the role had a positive impact at key stages of the patient’s cancer journey, yet there was minimal audit or evaluation of patient outcomes in relation to this. Staff appeared to have less knowledge of her impact in terms of audit, research, education and policy development.

There were few plans as to how the nurse specialists role might specifically develop in the future within the MDT, as there were differing opinions amongst the nurse specialists, nurse managers and clinicians as to what would benefit patients most.

Conclusion

This study has provided a range of evidence on the structure, process and outcomes associated with introducing site-specific cancer nurse specialist posts into multi-disciplinary teams in the SE London Cancer Network. It is clear from the data that nurse specialists are making a difference in many ways. First, and most importantly, they are having an impact on patients’ experiences of care, and this perhaps has been where their impact has been most felt. Secondly, the nurse specialist has influenced the working of the multi-disciplinary team in which she is situated. This has improved the efficiency of the team and in turn had a knock-on effect on patient care. Thirdly, team members value the role of the nurse specialist, especially her co-ordinating and organisational skills, and see her as a ‘lynch-pin’ in the service. The study has demonstrated the depth and breadth of interpersonal and technical skills these nurses possess but has also highlighted the fact that they feel unsupported in their own professional development, and feel ill-prepared and supported to affect major service developments.

Site specific nurse specialists are a scarce resource within cancer services, both to the multi-disciplinary teams within which they are
situated and perhaps most especially to patients with cancer. A number of organisational factors that support or impinge upon the effectiveness of CNS work have been identified. This study has shown however, that if they are to be more effective, these roles need better strategic planning at their outset, support and supervision for role development, adequate resources and appropriate managerial support and relevant education and training to enable effective personal and professional development. The most effective ways to harness the skills and knowledge of this group of nurses in terms of delivering ‘expert’ clinical care, providing effective nursing leadership and supporting evidence-based practice need to be further debated if they are to influence and shape the future development of cancer nursing across the Network and beyond.

References

