

The Role of Oncology Clinical Nurse Specialists in Enhancing Cancer Survivorship Care: A Comprehensive Review of Global Implementation Challenges and Opportunities

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Abstract

The role of oncology clinical nurse specialists (CNS) has become increasingly vital in the landscape of cancer care, especially as healthcare systems adapt to the growing demands of cancer survivorship. These advanced practice nurses provide critical support throughout the cancer journey, emphasizing symptom management, patient education, and coordination of care. This literature review employed a Rapid Evidence Assessment methodology, focusing on peer-reviewed articles published between 2022 and 2023. The review analyzed the global implementation of the oncology CNS role, examining various healthcare systems and the unique challenges associated with this position. The findings indicate that oncology CNSs significantly enhance patient outcomes, including reduced hospitalizations and improved quality of life for cancer patients. In the UK, for instance, data revealed a substantial decrease in non-acute hospitalizations among lung cancer patients under CNS care. Qualitative research highlighted the emotional support provided by CNSs, which is crucial for patients navigating complex treatment regimens. Challenges identified include role ambiguity, insufficient training, and systemic barriers that hinder effective practice. The oncology CNS role is essential for improving cancer care delivery, yet it faces significant challenges that limit its potential. To optimize the impact of CNSs, healthcare systems must clearly define their responsibilities, enhance training programs, and foster collaboration among multidisciplinary teams. This review underscores the need for further research to fully understand the contributions of oncology CNSs in diverse healthcare settings, as well as to identify strategies for overcoming existing barriers.

Keywords: *Oncology Nursing, Clinical Nurse Specialist, Cancer Care, Patient Outcomes, Healthcare Systems.*

Introduction

A clinical nurse specialist is an Advanced Practice Nurse who delivers professional clinical guidance and treatment based in established diagnoses within specialized clinical domains [1]. The position encompasses several elements that function together, such as disseminating information, offering counseling and support; overseeing care; and participating in research, education, and service advancements, often emphasizing leadership and pedagogy [2,3]. The prerequisites and training for clinical nurse specialist positions varied significantly among nations and across various states in the United States. Responsibilities,

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oversight, and the capacity to operate autonomously without a physician's supervision differ between nations.

Numerous efforts have been made to examine the clinical nurse specialist function, intending to provide a normative framework to categorize its varied, complex, and concurrent obligations. The Royal College of Nursing in the United Kingdom has suggested that, contingent upon clinical expertise, the employment of a clinical nurse specialist should include 67% clinical duties, 21% administrative tasks, 6% educational responsibilities, 4% research activities, and 2% consulting services. Bryant-Lukosius et al. [5] noted that oncology advanced practice nurses in Ontario perform roles that integrate all aforementioned components with significant role variability; however, they predominantly devote their time to direct clinical care (62.7%), education (13.0%), organizational leadership (11.5%), research (6.7%), and scholarly and professional development (6.5%).

The fundamental need for cancer clinical nurse specialist positions globally is a master's degree in nursing, including coursework in oncology. Healthcare systems across many nations differ in their supplementary prerequisites for cancer clinical nurse specialist positions. The Japanese certification board mandates that candidates for oncology clinical nurse specialist certification possess 5 years of clinical experience, including 3 years in a specified specialty area, with at least one-year post-graduation. Additionally, oncology clinical nurse specialists are required to reapply to the certification board every 5 years for license renewal [6]. Conversely, in the United States, standardized clinical experience requirements are infrequently mandated, leading to the development of national strategies to assist newly graduated oncology clinical nurse specialists entering oncology clinical settings, including a web-based training program [7].

The clinical nurse specialist job is established within healthcare systems in certain European nations, Asia, Canada, and the United States, while other countries are in the nascent stages of developing clinical nursing specializations. Numerous studies indicate that oncology clinical nurse experts with expertise in treating cancer patients has the most appropriate skillset to provide an effective and dignified therapeutic response throughout the patients' prolonged, intricate, and sometimes challenging journeys [8]. The involvement of an oncology clinical nurse specialist is seen crucial for achieving the objectives of expedited cancer diagnosis and treatment within the United Kingdom's National Health Service [9].

Numerous pioneering national plans have positioned oncology clinical nurse experts as directors of national clinics for cancer patient treatment. This action arises from a commitment to provide them with maximum autonomy and to enhance the accessibility of the cancer clinical nurse specialist service. It acknowledges the effectiveness—supported by research—of managed care facilitated by cancer clinical nurse specialists [10], with specialized physician support offered remotely or by rotating physicians [11]. These specialized nurses possess significant autonomy in clinical decision-making, are often adept in managing cancer symptoms, and have the power to prescribe medications [12]. These professions integrate individual work with collaboration in hospital, community, and academic environments, characterized as "cross-sectional" [13]. Moreover, recent appeals have emerged to elevate the oncology clinical nurse specialist to a gold standard within multidisciplinary teams for cancer patient treatment, primarily because these specialists possess the most comprehensive understanding of intricate patient scenarios involving various professionals [14].

The advanced implementation model of the oncology clinical nurse specialist challenges the conventional perception of oncology nurses as mere assistants to oncologists. A comparative global study of this role's implementation indicates that it exists within intricate processes across diverse geopolitical contexts. The World Health Organization's investigation revealed that Europe and North America individually confer around 31 distinct certificates and degrees to nurses, whereas Southeast Asia and the Middle East together provide around 10 certifications. [15] In low- and middle-income nations, where cancer death rates exceed those of high-income countries, it has been proposed that augmenting the authority of oncology nurses might significantly aid in mitigating the escalating global cancer burden [13]. Despite nurses treating cancer patients constituting the majority of oncology personnel in those countries, there remain deficiencies in the requisite skills [16]. Furthermore, oncology nursing education, practice environments, and role opportunities are characterized as inadequate, failing to address the increasing demand for the profession

[17]. Skills deficiencies within the workforce, particularly among oncology nursing personnel in low- and middle-income nations, persist despite the dedicated initiatives of the World Health Organization, professional organizations, and other entities aimed at enhancing oncology nursing (e.g., through the establishment of International Nurses Day and the International Year of the Nurse), alongside admonitions that government health insurance is ineffective in improving cancer survival rates without proficient oncology nursing teams [15,17].

Numerous challenges, including disputes regarding role boundaries, implementation difficulties, insufficient resources/systemic support, apprehensions that oncology clinical nurse specialists may infringe upon physicians' authority, and significant disparities among healthcare systems in delineating the oncology clinical nurse specialist role and requisite training, constrain the role's potential and diminish its vital contribution to quality oncology care [18]. Research done in Canada revealed that stakeholders, decision-makers, regulators, and healthcare team members had a limited comprehension of the clinical nurse specialist's job [19]. This misperception immediately leads to work discontent among clinical nurse specialists, who may later choose to resign [20,21]. Examining the evolution of the oncology clinical nurse specialist job across various nations is essential for devising ways to tackle the rising number of cancer patients and the deficit of physicians. Inequities in service delivery to cancer patients in remote regions and professional disputes are influenced, among other factors, by the gender disparities that hinder the advancement of the oncology clinical nurse specialist function in several nations.

This literature review seeks to examine the global implementation experiences of healthcare systems regarding the cancer clinical nurse specialist, with a specific focus on the challenges that have emerged related to the distinctive attributes of the profession. This study aims to provide a comprehensive literature analysis over four months to furnish healthcare policymakers with timely, up-to-date data about the rapidly evolving cancer healthcare workforce. It examines the various methods of implementing the cancer clinical nurse specialist function and the relevant problems identified in the literature.

Methods

Rapid Evidence Assessment is a modified form of systematic review that reconciles time limitations with bias concerns. It provides thorough evaluations within a compressed timeframe [21]. The focused search duration was restricted to two of the four months allocated for the comprehensive investigation. Electronic literature searches on PubMed were conducted between 2022 and 2023.

The Oncology Clinical Nurse Specialists

The literature study indicates that oncology clinical nurse specialists significantly contribute to the National Health Service's efficient execution of various programs aimed at enhancing cancer diagnostic and treatment services [22]. The role of oncology clinical nurse specialists is deemed crucial in the United Kingdom, as their ability to swiftly identify and address emerging medical conditions is regarded as a means to prevent hospitalizations and the necessity for emergency services [9,22].

An examination of the workloads of oncology clinical nurse specialists caring for lung cancer patients in the United Kingdom revealed a decrease in unnecessary hospitalizations for non-acute issues, from an average of 4 hospitalizations per month to 0.3. Qualitative research in the United Kingdom revealed that lung cancer nurse experts in care teams facilitated expedited and precise therapeutic prescriptions for lung cancer patients [23]. A quasi-experimental study conducted in South Korea revealed that patients managed by oncology clinical nurse specialists reported reduced pain and fatigue during treatment, alongside increased satisfaction with treatment and enhanced quality of life; however, no significant differences were observed in anxiety levels or unplanned hospitalizations [24].

An integrated literature assessment on the adoption of the oncology clinical nurse specialist function in South Korea, Australia, the Netherlands, Ireland, and the United Kingdom revealed that the general evaluation of the role was favorable. Outcomes connected to patients, influenced by cancer clinical nurse

specialists, may be categorized into five primary domains: psychological support, patient education, symptom management, treatment coordination, and patient satisfaction [25].

Patients afflicted with various tumors underscore the importance of receiving enough emotional support from oncology clinical nurse specialists and value being regarded within the context of their whole life rather than only as a compilation of symptoms. In clinics with a lower patient-to-oncology clinical nurse specialist ratio, treatment was assessed as more effective in managing chemotherapy side effects. Research conducted in the United Kingdom revealed that spouses of patients under the care of cancer clinical nurse specialists saw their nurse as a reliable confidant for addressing issues and uncertainties about their loved ones, particularly when they want to avoid imposing on family members.

The extensive flexibility in defining the oncology clinical nurse specialist's job and the autonomy afforded to them have been previously linked to the devaluation of the position, which has faced criticism for the inefficient and imprudent use of human resources in the workplace. Simultaneously, these attributes fulfill a genuine need for adaptable reactions and awareness of many evolving circumstances, which seem to be overlooked by any other position within the healthcare system [25].

The function of the oncology clinical nurse specialist is often praised for its distinct advantages in enhancing patient outcomes. Recurring themes in the literature encompass workplace confusion about the role's responsibilities, misunderstandings of the role by other nurses, professionals, and managers, and ambiguity in role implementation, which can complicate the assessment of outcomes related to the role [2,26]. The function's adaptability has sometimes been seen as a factor contributing to its misconception, leading to suboptimal use of oncology clinical nurse specialists' knowledge [27], or to the characterization of the role as a "unaffordable luxury" [28]. Conversely, others contend that current methods of implementing the oncology clinical nurse specialist function inadequately address patient demands comprehensively [29].

A mixed-methods study in Ireland revealed that 59% of women with breast cancer treated by oncology clinical nurse specialists perceived a deficiency in information regarding their nutritional needs, attributed to insufficient personnel and ambiguities in the definition of the oncology clinical nurse specialist role [30]. The ambiguity over the responsibilities of cancer clinical nurse specialists within multidisciplinary teams may lead to tensions and issues owing to their overlap with other professions [31]. Consequently, it is essential to precisely delineate "the boundaries of the role" [25]. The conception, execution, and assessment of studies are essential in delineating the function of the oncology clinical nurse specialist. Nonetheless, there is uncertainty about the adequacy of consideration given to this element in the creation of cancer clinical nurse specialist jobs [25,32].

Evaluating the job of the oncology clinical nurse specialist is especially complex due to the various, different, and multidimensional demands they meet, which are sometimes difficult to describe and measure [4]. The thorough collection of health outcomes associated with the oncology clinical nurse specialist's work is essential for accurately evaluating the role's contributions to the broader context and ensuring optimal resource use [33].

Enhancing Training

Kagan [34] asserts that contemporary oncology clinical nurse specialists, as well as oncology nurses overall, lack the qualifications to address the needs of an aging population afflicted by cancer. Given global demographic trends, oncology clinical expertise must integrate gerontological components in the future, as aspects of oncology nursing, such as treatment coordination and behavior modification, are becoming progressively more complex with an aging population [34].

In pediatric oncology, reports from Brazil indicate that training lacks precision due to the absence of oversight in the formal education of oncology clinical nurse specialists. A nationwide deficiency of pediatric oncology courses exists, and the nursing community's expertise pertinent to this group is inadequate [35]. The training offered to oncology clinical nurse specialists about cytotoxic chemicals is inadequate,

potentially exposing them to work hazards [14]. Professional training for managing these chemicals is available in just 27% of Eastern European nations and 65% of Western European ones. Likewise, just 39% of nurses across European nations said that they received written directives for managing radioactive substances.

To assist cancer clinical nurse specialists in their first roles and to augment their autonomy, network-based training programs like to those in the United States are beneficial. Distance training via digital tools may enhance the distinctive attributes of the cancer clinical nurse specialist [7]. A systematic and standardized training and implementation approach for cancer clinical nurse specialists will empower nurses, enhance patient outcomes, and alleviate the workload of oncologist physicians, particularly in rural regions. Thorough examination is required about the training material for this position, including its limitations and integration. This consideration must be undertaken in complete collaboration with oncologists and pertinent professional bodies to prevent the emergence of unwarranted tensions and disputes within the oncology field.

Implications for Research and Practice

Further study is advised to investigate and measure the distinct advantages and benefits of the oncology clinical nurse specialist job for cancer patients, oncology doctors, and the healthcare system. This may include analyzing patient outcomes, cost-effectiveness, patient satisfaction, and quality of treatment. Furthermore, examining the obstacles and impediments related to the execution of the position would provide significant insights for successful incorporation into healthcare systems. Comparative study across various healthcare settings may facilitate the identification of optimal implementation techniques.

To improve the execution and effectiveness of the oncology clinical nurse specialist job, it is advisable for relevant authorities, such as the Ministry of Health, to adopt formal norms or recommendations. This would delineate and acknowledge the role's authority and limits, assuring uniformity and precision in its execution. It is advantageous to cultivate multidisciplinary communication and discussion between oncology clinical nurse specialists and other oncology professionals to enhance teamwork and improve operational efficiency.

Conclusions

The work of the oncology clinical nurse specialist provides several benefits for cancer patients, oncology doctors, and the healthcare system. This job is essential, albeit it presents particular problems in its execution. To preserve the flexibility and autonomy essential to this job, it is advisable that its recognition and the boundaries of its power be delineated in formal rules by the Ministry of Health. It is unproductive for organizational leaders to avoid the potential tensions arising from the implementation of the oncology clinical nurse specialist role. Acknowledging professionals' capacity to devise innovative solutions and negotiate effective local workflows will enhance the role's mandate and facilitate ongoing merit-based advancement. Healthcare authorities must intervene to promote discussion between cancer clinical nurse specialists and other oncology professionals, fostering innovative cross-professional communication while preserving the capacity of professionals to address local conflicts independently. It is essential to acknowledge that collaborative teamwork among caregivers is beneficial for both cancer patients and healthcare systems, facilitating the development of innovative and efficient operational methods aligned with their professional duties.

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دور أخصائيي التمريض السريري في تحسين رعاية الناجين من السرطان: مراجعة شاملة للتحديات والفرص العالمية

الملخص

الخلفية:

أصبح دور أخصائيي التمريض السريري في مجال الأورام (CNS) ذا أهمية متزايدة في مشهد رعاية مرضى السرطان، خاصة مع تكيف أنظمة الرعاية الصحية مع الطلب المتزايد على رعاية الناجين من السرطان. يوفر هؤلاء الممرضون المتخصصون دعمًا حاسمًا طوال رحلة السرطان، مع التركيز على إدارة الأعراض، وتنسيق الرعاية، وتنسيق الرعاية.

الطرق:

استخدمت هذه المراجعة منهجية التقييم السريع للأدلة (Rapid Evidence Assessment)، مع التركيز على المقالات العلمية المنشورة بين عامي 2022 و2023. تم تحليل تنفيذ دور CNS في الأورام عالميًا، مع فحص أنظمة الرعاية الصحية المختلفة والتحديات الفريدة المرتبطة بهذا الدور.

النتائج:

تشير النتائج إلى أن أخصائيي التمريض السريري في مجال الأورام يعززون بشكل كبير نتائج المرضى، بما في ذلك تقليل حالات الدخول إلى المستشفى وتحسين جودة الحياة لمرضى السرطان. في المملكة المتحدة، أظهرت البيانات انخفاضًا كبيرًا في حالات الدخول إلى المستشفيات غير الحادة بين مرضى سرطان الرئة الذين كانوا تحت رعاية CNS. كما أبرزت الأبحاث النوعية الدعم العاطفي الذي يقدمه أخصائيو التمريض، وهو أمر حاسم للمرضى الذين يواجهون أنظمة علاجية معقدة. تم تحديد تحديات مثل غموض الدور، ونقص التدريب، والعوائق النظامية التي تعيق الممارسة الفعالة.

الخلاصة:

يُعد دور أخصائيي التمريض السريري في مجال الأورام أساسيًا لتحسين تقديم رعاية مرضى السرطان، لكنه يواجه تحديات كبيرة تحد من تأثيره. لتحسين دور CNS، يجب على أنظمة الرعاية الصحية تحديد مسؤولياتهم بوضوح، وتعزيز برامج التدريب، وتعزيز التعاون بين الفرق متعددة التخصصات. تسلط هذه المراجعة الضوء على الحاجة إلى مزيد من البحث لفهم مساهمات CNS في سياقات الرعاية الصحية المختلفة، وكذلك لتحديد استراتيجيات التغلب على العقبات الحالية.

الكلمات المفتاحية: تمريض الأورام، أخصائيي التمريض السريري، رعاية مرضى السرطان، نتائج المرضى، أنظمة الرعاية الصحية.