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Teaching Lecture

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Leadership - a potential for everybody

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The concept of leadership is not new with examples throughout history of great leaders taking risks to achieve altruistic goals. Leaders assist organisations to articulate their values and goals and make difficult decisions to ensure optimal impact of these values. Managers enact this activity. In cancer nursing however leadership, unlike management, is relatively underdeveloped perhaps resulting in the fragmented approach to cancer nursing that is apparent across Europe. Indeed it has been claimed that there is a lack of leadership in cancer nursing at both a national and European level (Glaus et al 2000) and that poor clinical leadership leads to poor standards of clinical care (Department of Health 1999). The development of innovative and progressive cancer nursing care in Europe will only become apparent if we develop and support cancer nursing leaders. Whilst recent research evidence has demonstrated the value of nursing in improving patient outcomes this evidence is rarely utilised by policy makers in developing cancer services. In part this reflects the lack of leadership in cancer nursing and the inability to demonstrate the potential of nursing care. Leaders in cancer nursing are required at all levels of the professions to facilitate professional growth and ensure that the current rhetoric of cancer nursing is translated into reality.

References

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- [2] Department of Health (1999) *Making a difference. Strengthening the nursing, midwifery and health visiting contribution to health and health care.* Department of Health, London.

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ORAL

Integrated medical and nursing care in oncology

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Background: In many hospitals in Holland, there is no structural cooperation between oncologists and specialized oncology nurses. A number of arguments, however, plea for such a form of cooperation:

- with a good protocol, many tasks in the field of oncology (especially in the palliative care setting) traditionally done by doctors can under supervision be performed by well-trained, highly specialised nurses
- good care for cancer patients takes much time. In many countries there exists a shortage of oncologists. Also, in the dutch situation it is not uncommon that oncologists are obliged to see a minimum number of patients a day. In several hospital, also for complicated patients, only 20 till 30 minutes are available for a new patient and 10 minutes for a control patient

- oncology nurses and oncologists have complementary qualities in care.

Materials and methods: We have developed a protocol structuring the cooperation between oncologist and oncology nurse on the out patient department. According to the protocol, certain consultations should always be performed together:

- consultations during which the patient is told that he has cancer or that their is progression of the tumor disease
- consultations during which the patient is told that he needs chemotherapy
- palliative care consultations.

At the end of the consultation, the oncologist and nurse decide together whether the patient should be seen by the oncologist, the oncology nurse or together during the following appointment.

Results: In 80 following consults fulfilling the above mentioned criteria the protocol was evaluated. In 80% patients were seen together. Of 166 follow-up consults:

- 29% were performed by the oncologist
- 21% were performed by the oncology nurse and oncologist together
- 50% were performed by the oncology nurse.

The nurse saw the patients 3x more frequently than the oncologist.

All patients received a questionnaire. From the answers of the questionnaire it could be concluded that:

- the patient experiences the active contribution of the nurse not as interfering but as supportive
- many patients find it more easy to pose their relevant questions to a nurse rather than to a doctor
- patients experience the easier access to the nurse as a great benefit.

Conclusions: Close cooperation between the specialized oncology nurse and the oncologist alleviates the oncologist and improves quality of care; there are, however, a number of conditions: -the cooperation should be clearly structured

- it should be clear for the patient that the oncologist and nurse work together and trust each other while having good mutual communication
- the oncology nurse should be willing to invest enough time in training and refresh courses (skill training, congress visits)