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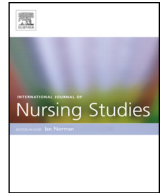

Are nurse-led chemotherapy clinics really nurse-led? An ethnographic study

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ABSTRACT

Background: The number of patients requiring ambulatory chemotherapy is increasing year on year, creating problems with capacity in outpatient clinics and chemotherapy units. Although nurse-led chemotherapy clinics have been set up to address this, there is a lack of evaluation of their effectiveness. Despite a rapid expansion in the development of nursing roles and responsibilities in oncology, there is little understanding of the operational aspects of nurses' roles in nurse-led clinics.
Objectives: To explore nurses' roles within nurse-led chemotherapy clinics.
Design: A focused ethnographic study of nurses' roles in nurse-led chemotherapy clinics, including semi-structured interviews with nurses.
Settings: Four chemotherapy units/cancer centres in the UK
Participants: Purposive sampling was used to select four cancer centres/units in different geographical areas within the UK operating nurse-led chemotherapy clinics. Participants were 13 nurses working within nurse-led chemotherapy clinics at the chosen locations.
Methods: Non-participant observation of nurse-led chemotherapy clinics, semi-structured interviews with nurse participants, review of clinic protocols and associated documentation.
Results: 61 nurse-patient consultations were observed with 13 nurses; of these 13, interviews were conducted with 11 nurses. Despite similarities in clinical skills training and prescribing, there were great disparities between clinics run by chemotherapy nurses and those run by advanced nurse practitioners. This included the number of patients seen within each clinic, operational aspects, nurses' autonomy, scope of practice and clinical decision-making abilities. The differences highlighted four different levels of nurse-led chemotherapy clinics, based on nurses' autonomy and scope of clinical practice. However, this was heavily influenced by medical consultants. Several nurses perceived they were undertaking holistic assessments, however they were using medical models/consultation styles, indicating medicalization of nurses' roles.
Conclusions: Four different levels of nurse-led chemotherapy clinics were identified, illustrating disparities in nurses' roles. Although clinics are run by nurses they are often controlled by medical consultants, which can reduce nurses' autonomy and negatively impact on patient care.
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What is already known about this topic?

- Nurses in several countries have been responsible for chemotherapy administration for many years.
- Although there are national drivers in the UK for more nurse-led chemotherapy clinics there is a lack of research on chemotherapy services and nurses' roles.

What this paper adds

- There is great variability in nurses' roles and responsibilities in nurse-led chemotherapy clinics, indicating four different levels of clinical practice.
- Medical consultants exercise a great deal of influence and control over operational aspects of nurse-led chemotherapy clinics.

1. Introduction

Influenced by the European working time directive (Goddard et al., 2010) there has been a rapid growth in nurse-led models of

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care and hybrid roles, such as advanced nurse practitioners which bridge the gap between nursing and medicine. However, in many cases this places greater emphasis on clinical/medical tasks than nursing care. Within oncology a rapid increase in the number and range of nurse-led clinics over the past ten years reflects developmental opportunities from UK cancer policies (NAO, 2001; DH, 2007, 2008, 2009; NCAG, 2009) and changes to professional regulations. Changing legislation for independent nurse prescribing (DH, 2006; Stenner and Courtenay, 2008a,b) has enabled UK nurses to prescribe medication independently (DH, 2012, 2006; Courtenay et al., 2007), which has played a key role in developing nurse-led clinics.

In many countries, the majority of nurse-led clinics are set up to provide routine follow-up. This has enabled comparisons between nurse-led and medical clinics (Lee et al., 2011; Strand et al., 2011; Beaver et al., 2010; Seibaek and Petersen, 2009; Wells et al., 2008). However, where studies focused on therapeutic relationships within nurse-led clinics this showed that nurse-led services can provide additional benefits for patients during radiotherapy (Wells et al., 2008; Faithfull and Hunt, 2005). Several studies identify nurse consultations to be longer than doctors (Strand et al., 2011; Wells et al., 2008; Allinson, 2004; Baildam et al., 2004; Campbell et al., 1999); in most cases nurse-led clinics are deliberately set up to give patients at least twice as much time as medical clinics. The importance of continuity is also highlighted within a survey of 962 patients attending nurse-led clinics in Sweden, where >90% of patients valued the continuity of seeing the same nurse at each visit (Berglund et al., 2015). However, this did not include chemotherapy clinics. There is also strong evidence of greater patient-centred care when nurses take over whole episodes of care and address psychosocial issues or utilise nursing interventions (Corner et al., 2002; Moore et al., 2002). This highlights the importance of focusing on patients' needs and priorities for care within nurse-led clinics, rather than simply adopting medical models incorporating doctor-nurse substitution.

The number of patients requiring ambulatory chemotherapy is increasing year on year, placing greater burden on outpatient departments which are struggling to cope (Lennan et al., 2012; Wiseman et al., 2005), however there is little research on nurse-led chemotherapy clinics. Endorsement of nurse-led chemotherapy by the National Chemotherapy Advisory Group (NCAG, 2009) was an important landmark in promoting nurse-led chemotherapy services; however, this was ambiguous since it primarily referred to chemotherapy administration. Although nurses undertake chemotherapy administration in many countries (Wiseman et al., 2005), the clinical management of patients undergoing a course of chemotherapy treatment is mainly undertaken by doctors. In the UK, some of this responsibility has devolved to senior nurses, including prescribing chemotherapy, assessing treatment toxicities and tolerability of treatment, within 'nurse-led' clinics (Lennan et al., 2012).

Previous research indicates high patient satisfaction with chemotherapy nursing care, strongly influenced by interpersonal skills, including empathy, towards patients (Sitzia and Wood, 1998). However, several studies indicate that chemotherapy nurses underestimated patients' symptoms (Mulders et al., 2008; Sitzia and Wood, 1998; Tanghe et al., 1998), over-estimate patients' ability to cope (Sitzia and Wood, 1998), and fail to identify 80% of patients' concerns during chemotherapy (Farrell et al., 2005). The quality of nursing care in ambulatory chemotherapy is generally regarded as variable within the UK (National Chemotherapy Advisory Group, 2009; Mort et al., 2008), and evidence from several countries suggest this is a worldwide issue (Ekwall et al., 2011; Hjorlifsdottir et al., 2010; Arora, 2009; Weingart et al., 2007).

Despite an increased number of nurses becoming involved in the assessment/clinical management of patients during chemotherapy, there is little research evidence of safe care within nurse-led ambulatory chemotherapy, and no current evidence evaluating nurses' roles/operational practices (Farrell and Lennan, 2013).

2. Materials and methods

This work has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans (WMA, 2016). Ethical approval was granted by the NHS Research Ethics Committee (REC) (reference 11/NW/0240) to undertake this multicentre study at different hospital locations. In addition, local Research and Development (R&D) approvals were obtained from four hospitals in England prior to starting the study in that location. Sponsorship, indemnity and university ethics approval was also obtained from The University of Manchester.

2.1. Aims

This study aimed to explore nurses' roles within nurse-led chemotherapy clinics and understand how the clinics operated in practice in order to answer the following research questions:

1. What are nurses' roles within nurse-led chemotherapy clinics?
2. What factors affect nurses' autonomy within nurse-led chemotherapy clinics?

2.2. Research design

Given the complexities for nurses' roles within nurse-led chemotherapy clinics observations and interviews were essential to achieve the required depth of understanding. Ethnography was chosen since its core focus is describing cultural behaviour (Schwandt, 2007), which provides increased understanding of people's experiences within their local context (Roper and Shapira, 2000; Fetterman, 2010). Nurse researchers have used ethnography to explore issues influencing nursing practice (Streubert-Speziale and Rinaldi Carpenter, 2007) and specific aspects of people's culture and experiences (Erikson, 2011), including everyday interactions within the context of wider healthcare and organisational cultures (Savage, 2006).

Focused ethnography is considered a useful method to understand specific aspects of peoples' lives (Cruz and Higginbottom, 2013; Knoblauch, 2005), often with a small group of people in a specific context (Roper and Shapira, 2000). This approach can increase understanding of shared behaviours/experiences within a specific group (Richards and Morse, 2007), providing increased understanding of complex issues (Roper and Shapira, 2000). This has particular merits for nurse researchers who aim to focus on nursing as a profession, inter-professional relationships/experiences and issues within their workplace environment (Cruz and Higginbottom, 2013), therefore seemed a good approach for this study.

2.3. Sample and settings

The setting for this study was nurse-led chemotherapy clinics in the UK. Purposive sampling strategies were used to target participants with specific knowledge/experience on the chosen topic (Higginbottom et al., 2013). Four hospitals were chosen based on their geographical location to compare chemotherapy services in cancer units/centres at urban and rural locations. Nurses involved in nurse-led chemotherapy clinics at the four hospitals were invited to participate in the study.

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