

Unpicking the threads

How generalist & specialist nurses work with patients, carers and each other in the community to support cancer patients

Study funded by Macmillan Cancer Support from the MacPaCC budget

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Summary

This recently completed project aimed to examine how specialist and generalist nurses work with each other and with other professionals, carers and patients to provide supportive care to cancer patients. Additionally it explored how models of care for patients with long term conditions (LTCs) might inform the development of services for cancer patients.

Background

This study builds on a previous project carried out for Macmillan by the researchers which investigated the role of community nurse roles in palliative and supportive care. Findings from this project suggested that there are aspects of the care and management of patients with long-term conditions which could be applied to cancer patients, but also that co-ordination and communication between specialist and generalist nurses could be problematic.

On the basis of their own and others' research, the researchers argue that the effectiveness of collaborative working between specialist and generalist nurses may have a major impact on patients and their families in the community. This study used qualitative interview techniques to explore how specialist and generalist nurses understood each other's roles and worked together in supporting cancer patients. The specific aims were:

- To examine in one SHA how specialist and generalist nurses interact in supporting cancer patients
- To compare such working practices and relationships with those relating to services for patients with long-term conditions, in the same geographical area
- To examine collaborative working between both groups of nurses and other health and social care providers.

Interviews were carried out with 46 nurses across community and acute sectors, 21 other key stakeholders, and 12 patients and carers. The project took place in one metropolitan borough in the north of England with higher than average mortality and morbidity rates, several areas of high deprivation but also a marked difference in socio-economic status between the most and least affluent areas.

Findings

In keeping with previous research, this study showed that collaborative working with large numbers of different agencies and individuals – lay and professional – was a common experience for nurses caring for cancer patients. The factors influencing the effectiveness of collaborative working were broadly similar in both cancer and long-term condition (LTC) cases. However, the type of professional support available did vary, especially in the community. For many of the most prevalent LTCs (e.g. COPD, diabetes, cardiac problems) there were specialist community

nursing services, and these patients might also get support from community matrons. Nothing similar existed for cancer patients. Acute-based cancer specialist nurses often made an effort to fill this gap but their resources to do this were inevitably limited and they did not necessarily have a good understanding of other services in the community.

District nurses (DNs) were confident about their role in end-of-life care for cancer patients and valued it. A relatively new initiative to include survivorship issues in their role, through contact with all newly-diagnosed cancer patients, was not generally well accepted. Many of the DNs were uncertain about the notion of cancer becoming more like a chronic condition, and felt that their involvement before end of life was not always welcomed by patients. They also stressed the difficulty of taking on such a role on top of a workload that was already very high. Most of the community matron participants did have experience of working with cancer patients – almost always in cases with cancer/LTC co-morbidities. Though they might not have good clinical knowledge of cancer, their case management skills appeared to be applicable to cancer patients.

The study highlights many factors that affect the experience of collaborative working for generalist and specialist nurses. These principally include:

- Role understanding
- Professional identities
- Communication issues, including the effectiveness of information systems
- Organisational structures and processes within the NHS (locally and nationally)
- The political context of NHS changes
- Wider societal attitudes towards and understandings of cancer and LTCs

The researchers argue that the quality of interpersonal relationships across teams, sectors and/or professional groups is of central importance to good collaborative working. Strong personal networks of professional relationships enhance role understanding and communication, and can help overcome – or at least mitigate – factors that could have a negative effect on care.

Why is this work important?

This work has added to previous studies by the research team that emphasise the importance of collaborative working in supporting cancer patients in the community. In particular it highlights the need to consider collaborative working through the lens of relationships. This does not mean that inter-professional collaboration is reduced to simply an instance of inter-personal relationships; there are factors at team, organisational and societal levels that shape the quality of collaboration. However, such factors have an impact on how well professional work together to support patients though the influence they have on collaborative relationships. All too often, organisational changes and/or policy initiatives do not take into account the value of strong professional networks of relationships, and disrupt them in ways that cannot be helpful for patient care and support.

The project also shows a lack of clear nursing roles to support cancer patients in the community prior to end of life. From previous research it seems unlikely that this is simply a product of the nature of services in this particular area. If existing roles (such as district nurses) are to be extended to help fill this gap, it is important to provide education on the changing nature of living with cancer and the survivorship agenda.