# The role of Clinical Nurse Specialists in delivering high-quality care for women with ovarian cancer



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## Background

CNSs are the cornerstone of good ovarian cancer care. They are uniquely placed at the heart of a woman's experience and should play a central role in ensuring that all women get the highquality care and support they need. Target Ovarian Cancer's Pathfinder study conducted in 2016 demonstrated both the benefit of receiving CNS support but also the increasing challenges.

To understand the current issues facing CNSs and how Target Ovarian Cancer can provide support to address these, we carried out a series of in-depth interviews with CNSs.

# Methods

Semi-structured telephone interviews were conducted with eight gynae-oncology CNSs working at different centres and trusts. Grounded theory analysis was used to identify emerging themes.

# Findings

### Valuing the support CNSs offer

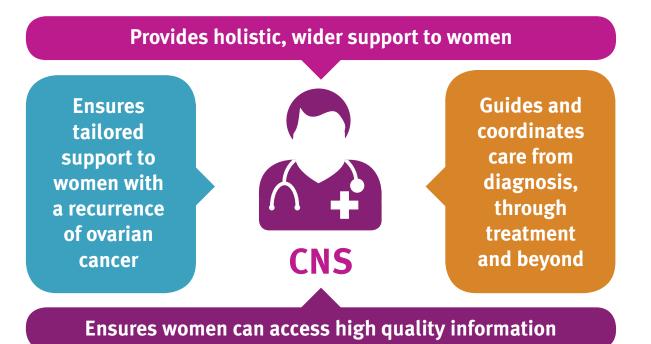
CNSs are a vital part of the patient pathway and have a central role in a woman's experience of care but this is not always recognised.

- " My biggest fear is that the CNS role will become a luxury that trusts feel they can't afford."
- " I've had [some] opposition from certain people thinking that [a sexual clinic] may just be an additional 'cherry on the cake' service."
- " I think it's very difficult for us to demonstrate our worth."

### Increasingly stretched resources

CNSs are experiencing increasing demands on their time, with resources and support not always keeping pace and many lacking the administrative support needed.

- "We're doing more chemos, we're doing more treatments. There's a lot more input into what patients need now."
- " I think there's such a risk of burnout."
- "We are desperately trying to put together a business case to get some more staff to enable us to expand



Adapted from the ovarian cancer care standard, Target Ovarian Cancer

### **Education and training opportunities**

CNSs can struggle to access education and training opportunities because they lack funding for training opportunities and struggle to secure the time to attend training.

- "There's no funding for education for nurses. Nurses don't get time or funding. So, education is a must, especially with so many new things coming in."
- "We don't feel that we have the ability necessarily to improve our training or expertise. Our trust is very supportive of our continuing professional development, and our immediate line managers are incredibly supportive of allowing us to go and do what we need to do. The problem is the funding of it."

### Access to wider services

For CNSs to be able to provide and coordinate care that

our service in the way that we want to, but that's reliant on financial stuff that's outside our control. In an ideal world, we'd like a member of support staff and another CNS."

"We've asked for increased funding and we've got it on a temporary basis [but] for such a short term increase I can't make any sort of future plans, really."

# Conclusions

- CNSs should be able to focus on their clinical work with adequate resources in place to support them and their patients.
- The availability of wider services is crucial if women are to receive holistic support.
- There should be support for CNSs to attend education and training opportunities.
- There should be opportunities to share examples of good practice.

meets women's holistic needs it is vital that they can access wider services.

- "The psychosexual side of things, we did have in-house. We had a psychosexual counsellor. That wasn't her title. It was something a bit more involved than that. In fact, she's now left. So that element hasn't been replaced."
- "Without a doubt, the area that is least well-funded, and the most difficult to refer into, is psychosexual care, and obviously, ovarian cancer patients, and all gynae cancer patients really, that's an area that lots and lots of people could do with help with and accessing that kind of support is incredibly difficult."
- "We can refer [patients] to oncology health so they see a clinical psychologist and have CBT. Our 'living with and beyond' team does all sorts with them as well, some complementary therapies, and we've got a fatigue service. So we've got lots of other things that we can utilise."

### **Sharing best practice**

There is an appetite for resources and opportunities to share learning and best practice across centres and trusts.

- " I think on a national level, a lone worker network would be quite nice."
- " I would be very interested in knowing how it works in other trusts in terms of streamlining parts of the patient's journey."

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