



# The Ontario Oncology Nurse Role Function Study

Dauna Crooks  
Dean  
University of Manitoba

Esther Green  
CNO  
Cancer Care Ontario

# Co-Investigators

- Margaret Fitch, Odette Cancer Centre
- Debra Bakker, Laurentian University
- Nancy Lefevre, Saint Elizabeth Health Care
- Doris Howell, Princess Margaret Hospital
- Mary Ferguson-Pare, University Health Network
- Pat Sevean, Lakehead University
- Joan Tranmer, Queen's University
- Shirlee Sharkey, Saint Elizabeth Health Care

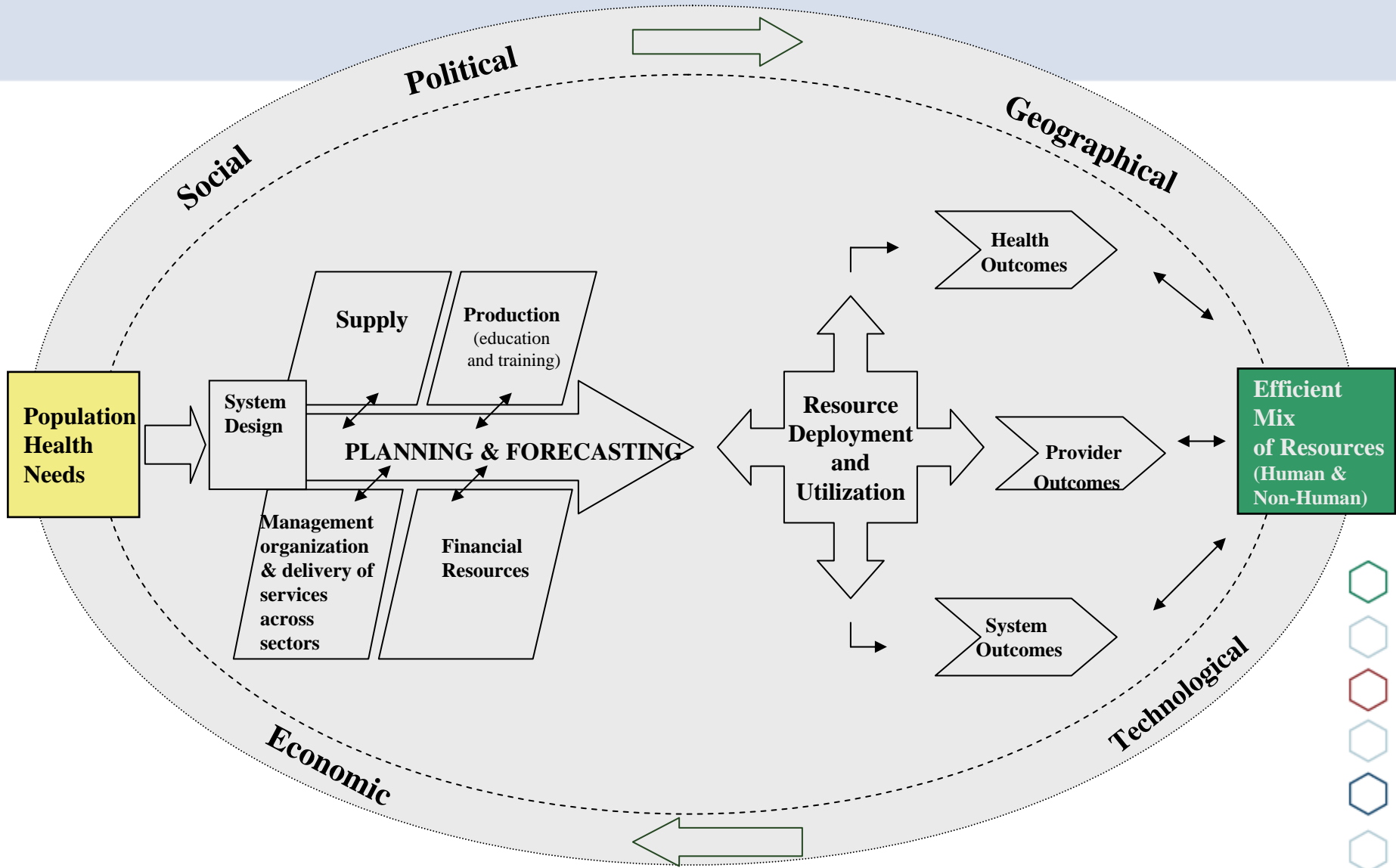


# Broad Aims of Health Human Resource Planning

- Create sustainable nursing workforce
- Develop a pan-Canadian approach to nursing education in collaboration with all levels of government to prepare the number of qualified graduates to meet workforce needs
- Expand and improve administrative databases to enable more effective human resource planning
- Use a HHRP framework based on population health need to plan for nurse resources



# Health System and Health Human Resources Planning Conceptual Framework



# Population Health Needs

- ✓ Increasing incidence of cancer in Canada
- ✓ Projections of a 70% increase in service needs over the next decade
- ✓ No reliable data on what practitioner fulfilled what function in cancer field
- ✓ No database to assist in health human resource planning for the next decade
- ✓ Greying of oncology nursing population and loss of expertise



# System Design

- ✓ Work with vacancy rates and projection of staff needs by registration
- ✓ No research evidence to support the requirements for the level of registered nursing practice relative to patient/family needs or differentiation of clinical activities between generalized, specialized or advanced levels of oncology nursing practice.



# Supply

Age	Specialized	Advanced
20-34	24% (103)	14% (5)
35-44	28% (118)	38% (14)
45-54	34% (144)	42% (15)
55+	13% (54)	6% (2)

Years in Specialized %	Oncology Advanced %
4	3
32	17
23	11
18	36
11	19
11	14



# Production (education and training)

- ✓ Universities and collaborations short of the mark in preparing graduate nurses in Ontario
- ✓ Work-life studies indicate intention to leave based on unit/patient change, support, shifts, leadership style and visibility
- ✓ Lack of understanding in practice settings of differentiation of specialized and advanced roles in practice and related educational requirements
- ✓ Lack of access and availability of educational opportunities to expand oncology knowledge.



# Management Organization & Delivery of Services Across Sectors

- ✓ Full time/part time availability and preferences
- ✓ Shift preferences of agency
- ✓ Role descriptions
- ✓ Traditional practices of HCPs
- ✓ Management broad scope of responsibility
- ✓ Managers often not based in oncology
- ✓ Service delivery traditional model with little attention to community linkages or supports
- ✓ Supportive care inconsistent in practice



# Financial Resources

- Business models in hospitals create challenges for nursing leaders re: staff mix
- Envelope of funding per cancer program
- Funding challenges to balance staffing mix and ratio with productivity related to volume of patients treated
- Limited funding for innovative models of care, such as use of advanced practice nurses



# Planning and Forecasting

- Right provider for need
- Right education for provider
- Right Staff: Patient mix for service needs and safety
- Consider future scenarios: ‘store-front’ clinics; follow-up and surveillance in primary care; navigator role





# Resource Deployment and Utilization

- Current cohort of oncology nurses in Ontario
- Scope of role functions at the advanced and specialized levels now and in the future
- Current understanding of oncologists and CNOs on scope of role functions of oncology nurses now and in the future
- Gaps in practice limiting access to care
- Barriers to practicing at full scope of the role and/or changing role functions
- Level of professional autonomy at present and desired in future



# Health Outcomes

- Span of care for all populations from prevention to palliation
- Role functions match education, opportunity and need within agency or community



# Provider Outcomes

- Larger role in assessment
- Advanced role nurses were willing to take on more specific medical functions, assessments and complex care issues
- Advanced taking more responsibility for interpreting the results of tests, counselling about life style, end of life issues, self care, reproductive issues
- Specialized take more responsibility for discussion of prognosis and goals of treatment



# Provider Outcomes

- Increasing independence sought for breast, testicular exams and pap smears by Advanced. No interest in colorectal or prostate screening.
- Advanced could do more ordering for psychosocial distress, and advise and adjust meds/opiates by phone.
- Both sought to do more in ordering physical supportive Tx (O<sub>2</sub>), adjusting and titrating adjuvant meds
- Specialized provide majority of chemo (61%), increasing independence sought
- Increasing independent role for Advanced in admitting, referral to Home Care, suicidal ideation
- Independence sought by both groups for assessing managing oncology emergencies



# System Outcomes

- Less emphasis on teamwork/collaboration by both groups at present with role blurring/role support
- Not clear who is doing complex psychosocial interventions
- Little interest in preventive care/education
- Less emphasis on psychosocial/counselling/support roles by advanced group



# System Outcomes

- Anticipated retirements = significant loss of accumulated, experiential and educated expertise
- Education, orientation, support and professional development of newer oncology nurses is critical
- Lack of understanding of respective roles & resp
- Overlap in role functions
- Workplace, HCPs may not support either role to full scope of practice



# Efficient Mix of Resources

Harness expertise in a sound, scientific and EBN to produce educator/trainers to develop Oncology nurses onsite

University programs to include oncology cases, challenges throughout the program

Solid and relevant CE programming of courses, certificates accessible through a variety of formats for BOTH groups

Very little leadership in evaluation activity at present (38% or less), some improvement anticipated with collaboration (52-66%)



# Results

- Significant human resource gaps in prevention, screening, palliation and survivorship that are being used to guide HHR planning in Ontario
- Issues of role clarity and scope
- Indication of lack of community based initiatives in oncology
- Need for educational/administrative support at all levels of practice
- Need for research on HHR issues in oncology
- Need for an oncology nurse/role database?

