

Oncology nursing: looking into the future

There is no need to highlight the high morbidity and mortality of oncological diseases, and the advances on knowledge about treatment of a number of cancers, and the need of trained and skilled nurses to delivery care and act in such contexts. For this reason, we need to emphasize the insufficient access for oncology care “among societies” and “within the same society”, the imbalance in terms of those who need and wish to provide care for ill individuals, their families and general population, and also the number of professionals and assistances that public health system structure provides.

Education about diseases, treatments and side effects and care to emotional needs are always pointed out as inadequate by patients and their families members. However, professionals often do not notice or adjust their routine to support such demands. Oncology nurses are part of these supporting processes and they also experience such limitations, therefore, they need to think about the future.

A working group including professionals from all over the world that analyzed reasons for inadequate and insufficient access to health care and have pointed out possible solutions for them in 21st century had published a report⁽¹⁾ giving as reasons for current problems, among other causes, the following: outdated, static and fragmented curricula that produce unprepared professionals to work in teams with narrow technical focus, and the limited ability to understand the local social reality and contextual care. This report also indicates as a limitation the hospital orientation that can cause problem to primary care, and episodic encounters rather than continuous care, sex stratification of professional class that may lead to tendency of professionals to act in isolation from or in competition with each other due to differences in professional valorization. The strategies appointed are the need of reforms in education.

The aim of this transformative learning and interdependence in education is to educate professionals to mobilize knowledge, engage them in critical reasoning, ethical and inspiring conduct to promote health equity by providing individuals the access to adequate high quality health services.⁽¹⁾ Nurses are invited to join and respond to these challenges.

Interdependent and trans-dependent models in health education are based on the presupposes of education and shared interprofessional competence, systematic working team and, in the future, shared transprofessional competence, i.e., reaching beyond the professional silos and including the

community. In these models, competence of each professional is what defines their actions, not their academic degree, amount of time in the work role or ability of professional groups to mobilize State power for providing them credentials and monopolies.⁽¹⁾ Interdependent and transdependent models in health education are perfectly aligned with Advanced Nursing Practice Model (ANPM), which was developed after 70s in countries from the North hemisphere.

“Advanced Practice Nurses (APNs) have pursued a bachelor degree in nursing and have acquired expert knowledge base, complex decisions making skills and clinical competencies for expanded nursing practice, within their context or country in which s/he is credentialed to practice. A master’s degree is recommended for the entry level.⁽²⁾

Characteristics of educational training for APN are: advanced education level (at least master’s degree level), formal certification (accreditation) of programs that prepare nurses for advanced practice; formal system of licensure, registration and certification.⁽²⁾

APN practice characteristics are: integration of clinical, research, education and management, high degree of professional autonomy and independent practice, case management/own case load, advanced assessment skills, decision-making skills, diagnostic reasoning skills, recognized advanced clinical competencies, provision of consultant services to health providers, planning, implementation and evaluation of programs, recognition as first point of contact .⁽²⁾

APN country specific regulatory mechanics are: right to diagnose, authority to prescribe medication, authority to prescribe treatment, authority to refer clients to other professionals, authority to admit patients to hospitals, legislation to provide and protect the title Advance Practice Nurse, legislation or some other specific form of regulatory mechanism to advanced practice nurses and officially recognized titles for other nurses working in advanced practice roles.⁽²⁾

Brazilian oncology nurses have different educational level and distinct clinical, research and management roles; however, they have to follow a single professional regulation. Most of nurses act within traditional roles of the professional, but few develop activities that are needed to become an APN.

The acquisition of competencies in oncology nursing occurred, in most cases, by in-house training, self-learning, and short-term courses. Many of these professionals have attended specialization courses that, according to the Brazil Ministry of Education, need to include at least 360 hours, and in the last years some of them have received specific training by attending oncology nursing residency (5,760 hours). There are also nurses who have acquired master or doctoral degree, however, these graduate studies are mainly focused on research competence and not to advance clinical practices, nevertheless, the ability to conduct research is one of the skills expected for APN.

Roles and attributions needed for oncology advanced practice nurses are not formally agreed among Brazilian nurses. Some nurses conduct activities that are commonly related with APN, simply because they had acquired the knowledge to do so, but there no specific legislation in Brazil, neither specific regulation to support, career planning or even social recognition that is aligned with the role of these professionals.

Considering the inadequate access to health services by a large portion of the world population, the success of APN experience in providing health care to population in developed countries, and the potential of nurses from Central and South Americas, among other regions around the world, which include specialization programs, residency, master and doctoral degrees, the WHO/OPAS have prepared a request for governments and nurses of these countries to implement APN in primary care and obstetric nursing in order to include more professionals working in health system, take advantages from nurses' intellectual ability and retain good professionals in the profession. After this document⁽³⁾ and by the creation of the Brazil's Federal Council of Nursing to study implementation of APN, this topic has become popular among nurses. Although oncology nurses and other nursing specialties are not the main goal of this document, there are a number of experiences and published materials about APN in the oncology area. In addition, in Brazil, there is a long way to go and a high potential perspective for APN in oncology.

There are cultural-scientific nursing societies, associations, and the title of specialist after approval in a certification examination that is available for nurses with different educational background and competencies. This is the time for a collective effort of clinical professionals, academics, scientific association of oncology nursing, legislators, and managers to prepare a project aiming the implementation of APN in oncology nursing. The process has already started and what have been learned and constructed so far must be taken as an advantage. However, the plan should allow the incorporation of this "news" in a harmonious, safe, ethical, legal and rapid way as well as in a format that protect professionals, clients, institutions and the society. The goal should be the seeking of homogenization in education, competencies, degrees, licensures, and professional certification and ethical organizations in order to provide support for the new role of oncology nurses.

Advanced practice nursing is a strategy to improve and globalize health care worldwide along with agreement with the understanding of what should be education and practice of health professionals for the 21st century.

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References

1. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet*. 2010;376(9756):1923-58.
2. International Council of Nurses (ICN). ICN Nurse Practitioner/Advanced Practice Nursing Networking. Definition and characteristics of the role [Internet]. Genève: ICN; sd. [cited 2019 Aug 25]. Available from: <https://international.aanp.org/Practice/APNRoles>
3. Organização Pan-Americana da Saúde (OPAS). Ampliação do papel dos enfermeiros na atenção primária à saúde [Internet]. Washington, DC: OPAS; 2018. [citado 2019 Aug 25]. Available from: <http://biblioteca.cofen.gov.br/wp-content/uploads/2018/05/Amplia%C3%A7%C3%A3o-do-papel-dos-enfermeiros-na-aten%C3%A7%C3%A3o-prim%C3%A1ria-%C3%A0-sa%C3%BAde.pdf>