The World Health Organization has identified new models and practices of care appropriate for the rising number of patients with chronic conditions. With the emphasis on patient-centred care and partnering, well-trained breast care nurses will be perfectly placed to play a central role.

The breast care nurse: a 21st century concept

The recent rapid development of treatment modalities has changed perceptions of breast cancer. Breast cancer is now understood to be a heterogeneous, highly variable disease, requiring individualised treatment.

More than 80% of breast cancer patients survive their disease and are confronted with the challenges of cancer survivorship. Due to its long-lasting nature and risk of recurrence, breast cancer should be considered a chronic disease. Women diagnosed with breast cancer develop specific emotional, informational and physical needs that have been analysed in oncology nursing over the last decade. Many of these studies conclude that, while expressing a general satisfaction with the care provided, many women also report a number of unmet supportive care needs, especially in later phases of treatment and during survivorship.

Manuela Eicher

The WHO report “Preparing a health care workforce for the 21st century: the challenge of chronic conditions” criticises current models of care for emphasising diagnosis and treatment of acute diseases. Such outdated models of care, it argues, are inadequate for a growing population of patients with health problems that persist over decades or even a lifetime. Patients are forced to consult multiple health care providers who lack coordination among themselves and across settings, resulting in care being expensive, confusing, or even harmful to patients. In this report the WHO defines five basic competencies needed when caring for patients with chronic conditions: patient-centred care, partnering, quality improvement, information and communication technology and a public health perspective.
When fully implemented, the EONS curriculum puts breast care nurses in a promising position to realise the WHO’s plea for more patient-centred care

**Competencies**

The WHO defines competencies as the skills, abilities, knowledge, behaviours and attitudes that are instrumental in the delivery of desired results and, consequently, of job performance. Patient-centred care and partnering are two of the five core competencies identified as key for the delivery of care for patients with chronic conditions in the WHO publication “Preparing a health care workforce for the 21st century.” Both competencies are central components of the EONS Breast Care Nursing Post Basic Curriculum.

**BREAST CANCER PATIENTS**

The particular needs of women with breast cancer, the heterogeneity of this chronic disease, as well as the development of diagnostic and treatment modalities, have led to the development of multidisciplinary teams. Such teams tend to improve consistency, continuity, coordination and cost-effectiveness of care by coordinating a team of specialists in this particular field. Since 2000 the European Society of Breast Cancer Specialists (EUSOMA) has required breast care nurses (BCNs) to be part of these teams. Whereas in some countries (such as the UK, the Netherlands, the Scandinavian countries) BCNs are an integral part of specialist breast units, other countries (such as France) tend to continue traditional models of care, without offering BCN services. To date, all over Europe, the competencies, roles and training of BCNs vary considerably between different settings and countries.

**TOWARDS A CONSISTENT MODEL OF BREAST CARE NURSING**

In the future, BCNs should have more consistent roles, competencies and training. This would enable patients to better understand what needs could be addressed to BCNs. One particular benefit could be a standardised patient-centred, cooperative approach including an overall improvement of coordination among health care providers and settings. This would enable nursing science to better analyse the efficacy and cost-effectiveness of BCNs.

With their particular role within multidisciplinary teams, BCNs are well positioned to take on a prominent position for the implementation of new models of care in breast cancer care all over Europe. To see why, you only have to examine the similarities between two of the basic competencies defined by the WHO (patient-centred care and partnering) and the competencies for BCNs specified in EONS Breast Care Nursing Post Basic Curriculum.

Being equipped with these particular competencies, BCNs can make major contributions to the required changes of models of care. They can therefore be considered as key players to promote a shift from acute care towards models of care in chronic conditions for people affected by breast cancer.

**PATIENT-CENTRED CARE**

The WHO suggests a shift from health professional-centred care towards patient-centred care. The essence of patient-centred care is an understanding of the illness experience from the patient’s perspective. Central elements in such a shift include:

- being responsive to and respectful of the needs, values, differences, and preferences of the patient
- aiming at coordinating continuous and timely care
- relieving pain and emotional suffering
- listening and communicating
- providing education and information
- sharing decision making and management
- preventing disease, disabilities, and impairments
- promoting wellness and healthy behaviour.

The EONS Breast Care Nursing Post Basic Curriculum requires BCNs to identify, validate and prioritise potential and actual physical, psychological, social, sexual and spiritual health, coping strategies and consequent support needs of people affected by breast cancer across the continuum of care.

They should demonstrate an ability to integrate contemporary knowledge and evidence about breast cancer and its impact, to effectively promote self-management strategies and provide a range of supportive care interventions to meet the multiple health needs of people with breast cancer, in the context of a multidisciplinary approach to care.

BCNs should also be able to provide education to enable patients and their significant others to achieve optimal self-management strategies, and information to assist them to achieve optimal health outcomes, reduce distress and make informed decisions about treatment options and support available within the community. When fully implemented, the EONS curriculum puts BCNs in a promising position to realise the WHO’s plea for more patient-centred care.

**Partnering**

The WHO defines partnering as the ability to join with patients, other providers and communities for effective care of patients with chronic conditions. The workforce need skills that allow them to share power and involve patients in all aspects of decision-making in their health care. They need the ability to work in teams and collaborate with other providers: those who care for the patient across
time, in different settings, from different disciplines, and for different diseases that might coexist in the same patient.

According to the EONS curriculum, BCNs should develop collaborative therapeutic relationships with people affected by cancer and their significant others to anticipate and meet their multiple care needs across the continuum of breast cancer care.

They should be aware of the variety of healthcare resources relevant to the needs of clients with breast cancer and utilise them appropriately. They are responsible for facilitating a coordinated and efficient approach to the delivery of health and support services and care interventions that are responsive to individual clinical and social circumstances across the continuum of breast cancer care.

Furthermore BCN’s should be able to collaborate with the person receiving care, their significant others, other nurses and members of the health care team, to optimise health outcomes for people with breast cancer. Equally here, the EONS curriculum enables BCNs to take a leading role in realising the WHO’s plea for partnering within and beyond a multidisciplinary team and its institutional context.

Taken as a whole, BCNs trained and acting in accordance with the competencies defined in the EONS curriculum are well positioned to realise the core competencies the WHO has identified as essential for health care providers in the 21st century. They can and should be key players in the much-needed shift from acute to more chronic oriented models and practices of care across Europe.

Enabling BCNs to play this role will require more consistency in the training of BCNs and in the extent to which they are able to play a full and integrated role within multidisciplinary breast care teams.

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Details of the references cited in this article can be accessed at www.cancernurse.eu/communication/eons_newsletter.html