Provision of advanced uro- oncological care

Part II: Building a resilient nurse workforce to provide quality care

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The World Health Organization and the International Council of Nurses expect that there will be a shortage of 5.2 million nurses internationally until 2030. [1,2] The United States’ cancer care workforce lacks more than 2,000 medical oncologists until 2025. [3] After the current COVID-19 pandemic, it is expected that more specialized nurses will leave the profession because they miss physical and psychological safety. [4]

Introducing advanced practice nurses

To meet patients’ demands and to cope with the shortage of healthcare professionals, many countries see potential in the introduction of advanced practice nurses (APNs) and their services to national health care systems, as presented in Part I of this EUT series. [5] These specialized nurses with a master degree provide comprehensive care through multiple-dimensional interventions, e.g. coordinative activities to manage needs in the interdisciplinary care team and by counsel and support of patients’ symptom management. [6] The advanced nursing practice services are intended to achieve an improvement in patient quality care. [6]

Job satisfaction

Nonetheless, a range of organizational and personal factors have an impact on APNs’ job satisfaction and thus on their job performance and patient quality of care. [7] Job satisfaction is understood as a personal feeling that indicates whether an employee is satisfied or dissatisfied with the work, including a number of factors such as psychological, physiological, and environmental/ organizational. [8] Satisfaction-related factors are divided into intrinsic, which usually increases the feeling of satisfaction, and extrinsic factors, which remain stable over time. Relatively high satisfaction varies regarding the country and organization-specific environment. Especially APNs working in the public sector might rate a higher level of satisfaction that could be related to the public healthcare system’s wealth of resources. [9] The remoteness in primary care and the missing educational resources can intensify the feeling of loneliness and stress, which can cause dissatisfaction with the job. [9]

“Supportive interventions for APNs and registered nurses are necessary to help them cope with the demanding work.”

Organizational and personal factors

Organizational factors - which are relevant in every care setting, such as the lack of legal regulation of advanced practice competencies and the lack of supervision in clinical training, are negatively related to APNs’ job satisfaction. [10] Nonetheless, personal factors, such as a higher number of years of professional experience, a low number of overtime hours, and increased confidence in one’s own ability to handle patients’ needs are associated with job satisfaction. [11] Variety in work between clinical practice, research, scientific and professional training, and consulting activities leads to a better job satisfaction and favours retention in the role. [12] Nevertheless, if the APNs’ extended scope of practice is not fully exercised, this can cause job dissatisfaction. [13] However, job-satisfaction-related factors that are relevant in the context of patient care (e.g. caring for patients with a uro-oncological condition) was not found in the latest published literature. The author assumed that relevant factors are more associated with organizational and personal factors than with patient characteristics (e.g. diagnosis) or the complexity of care that needs to be provided to patients.

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Joint the ERUS-EAUN Robotic Urology Nursing Meeting

The ERUS is working together with the EAU Robotic Urology Section to offer nurses a three-day meeting in conjunction with the 18th Meeting of the EAU Robotic Urology Section (ERUS-DRUS21) on November 11th, with nurses invited to join the rest of the ERUS meeting on 11-13 November.

The meeting will give participants a complete update on robotic urology and how it differs from conventional surgery, with special attention given to the nurses’ roles in the team. We spoke to Ms. Anna Maria Adam, Chair of the ERUS Special Interest Group for Endourology and also Chair of the Nurses’ Programme at ERUS-DRUS21 from London (UB). The programme

The programme “The programme for the 2021 ERUS-EAUN meeting will look at various aspects relating to robotic surgery,” said Ms. Mohamend. “For instance the differences in prostate cancer treatment, nerve-sparing surgery, the controversy of the en bloc specimen node dissection and whether it makes a difference in cancer surgery. We will also be giving an update on team training and ‘lean methodology’ for efficiency within the theatre team and robotic surgery environment.”

This nurse’s programme is part of the larger ERUS-DRUS21 meeting which will be offering (live) discussions to a broader audience of surgeons and other urology specialists. The full programme includes many live and pre-recorded surgery sessions on robotic urology at the European School of Urology and a further nursing and patient sessions (in German). Find out more about ERUS-DRUS21 on p. 38

Challenges in the field

Ms. Mohamend also weighed in on some of the challenges for nurses who are starting to get involved in robotic urology. “I believe the current challenges in the field are continuous and up-to-date evidence-based training for all members of the theatre team. By developing and investing in education for the theatre team, we would be able to retain staff as there is a high rate of attrition in the theatre environment. By making a scientific programme of value to all members of the team, we can share best practice and innovative ideas within the robotic field.”

Find out more about the ERUS-EAUN meeting and register on www.erusu2.org

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References


The robotic nurses plays an essential role in a successful robotic surgery.
As our EAUN members live all around the globe, we are often faced with very different challenges in different continents, but sharing these experiences is vital to all our learning. COVID-19 has reiterated how important it is to ensure we keep everyone updated quickly about changes in the field. By using all communication platforms and channels to promote and share information with our members who follow us on social media, our social media group will be reaching out more frequently to our members. This conduit of communication includes articles, advertising our education programmes and sharing new developments and guidelines that we hope everyone will find useful.

Guidelines
Our guidelines are recognised as best practice, and we are always very proud when we write a new guideline or update one as we know how valuable they are to nursing teams. The guidelines are very time consuming for the experts who kindly offer their knowledge and help write or review them, as it entails doing extensive data extraction and reviewing the published work. Due to the time and demand it takes to write guidelines, we have devised a plan and expanded our resources to gain more expertise to help with each subspeciality area in urology. We have, put a time framework in place to help with the planning and updating of guidelines.

EAUN long-term strategy
One of the new board responsibilities is to provide urology nurses and allied professionals further support by sharing good practice and initiating global collaboration and networking. The long-term strategy is currently being reviewed and adapted to fit in with this fast changing environment we are all experiencing. You will find this on our website in the near future and read about it in this newsletter. The start of this decade was not what we hoped for, but I will end by saying a massive thank you to all EAU and EAUN members for your selfless, hard work and resilience during incredibly difficult times. I appreciate the support you gave each other, your families and your patients.

I am pleased and honoured to be able to address you as your new chair, since the ratification of my appointment on 4 September last at the EAUN21 Virtual Meeting. I am pleased and honoured to be able to address you as your new chair, since the ratification of my appointment on 4 September last at the EAUN21 Virtual Meeting.

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