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Conceptual Paper

The Oncology Nurse Coordinator: A Navigator through the Continuum of Cancer Care

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Cancer incidence is rising worldwide due to early screening and advances in diagnostic modalities. In the same perspective, the antineoplastic treatments are becoming more complex with different toxicity profiles and schedules of administration. Fortunately, the overall survival is improving in most of the cases. Thus, the patients' quality of life becomes a major issue. Besides the multidisciplinary and multimodal decisions, the coordination of cancer care is mandatory across different specialists and caregivers for a better quality of health care. There must be a person who is more available than the regular floor registered nurse to the patients and their families. This person has a better knowledge of the disease, the symptoms, the treatment related toxicity, and works as a team player with multiple care providers communicating the patients' complaints and questions. This is the oncology nurse coordinator (ONC).

Accompanying patients with chronic diseases is becoming more and more complicated at all the levels: medically, socially, psychologically and administratively. Even if two patients have the same diagnosis, they will be different in perceiving the bad news and most importantly, expressing their emotions and symptoms. This could also explain different expectations from the supportive care in various situations during the course of the malignancy.

As soon as the diagnosis of cancer is announced, the patient's life and those around seems to stop. Moreover, the fear and the anxiety set in rapidly, and personal questions related to the illness or to life expectancy progressively invade the patient. Hence, the nurse coordinator is an unavoidable and indispensable player in the support of cancer patients. The ONC is present at the announcement of the diagnosis, and later on, becomes the reference person for the patient. He/she builds a relationship of trust by creating a personalized support. Without the nurse coordinators, the closed circle of multidisciplinary management is incomplete (see figure 1). They assume the continuity of the health care, and interact with the different disciplines that revolve around the patient in order to optimize the process of care throughout the illness.

Figure 1: The role of the oncology nurse coordinator as a backbone to ensure the oncologic patient continuum of care. Abbreviations: ONC: Oncology Nurse Coordinator; MDT: Multidisciplinary Team.

Being a relay and a reference for the multidisciplinary team, the ONC is also the person easy to access for all: patient, family, internal/external professionals and other health care individuals. The coordinator transmits and exchanges information about the patient within the multidisciplinary team and with the patient himself, coordinates the actions of different professionals both inside and outside the hospital, and focuses on listening, supporting as well as assessing the needs of the patient.

Consequently, the oncology nurse coordinator knows almost everything about the patients, combining the scientific knowledge, technical skills, in addition to caring to help people overcoming the different barriers throughout the cancer journey, from diagnosis and treatment to survivorship and end-of-life care. Their role must be better acknowledged in the different guidelines issued from the societies of Medical Oncology, knowing that the recent studies and press releases are reporting that ONC can improve cancer patients' quality of life and satisfaction leading to a better adherence to the treatment and consequently improved survival outcomes.

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