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Finding our voice in the MDT

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Following the European CanCer Organisation (ECCO) 'From Evidence to Practice in Multidisciplinary Cancer Care' Congress 2017, I questioned the role of the cancer nurse in the multidisciplinary team (MDT). Are nurses the 'linchpin', 'pack-horse' or 'unseen' professional?

When cancer nurses act as key workers they are arguably the linchpin of the MDT, but the notion of the nurse acting as key worker is the exception rather than the norm in many European countries.

Dr Claire Taylor and I represented the European Oncology Nursing Society (EONS) by contributing to new ECCO *Essential Requirements of Quality Cancer Care* guidelines. We gained insight into how the role of the nurse is perceived differently across Europe, which meant drafting guidelines was challenging. We were, however, delighted that our contributions about cancer nursing were included in the guidelines (Beets et al, 2017; Andritsch et al, 2017), which aim to act as a template for future ECCO quality care guidelines.

ECCO's President, Professor Peter Naredi, spoke of the importance of the MDT in supporting high-quality cancer care. With support from ECCO, EONS is undertaking a European-wide flagship project called 'Recognising the value of European Cancer Nurses' (RECaN) to gather evidence of the contribution made by oncology nurses across Europe within the cancer MDT. This will include working with the UKONS to conduct a UK case study.

The busy working life of many cancer nurses arises from heavy caseloads. Seeing this leaves me with a sense of them reaching breaking point. I am concerned that in the short-term the caseloads of cancer nurses who act as key workers will increase, as a predicted shortage of nurses worsens. Under increasing economic scrutiny, there is a need for nurses to justify their 'added value' in terms of patient outcomes and experience. To defend nurse staffing levels, nurse leaders must use important findings such as those from the RN4CAST Consortium (Aiken et al, 2016; Griffiths et al, 2017) that show an association between the level of nurses and patient mortality, morbidity and satisfaction with care.

A Cancer Research UK (2017) report found that MDT meetings often lacked discussion about patient preferences, comorbidities, suitability for clinical trials or psychosocial status. Many respondents expected these aspects of MDT discussions to be within the remit of the cancer nurse specialist (CNS); however, no verbal contribution was made by nurses in over 75% of meetings observed. While staffing issues and workload pressures affect CNS attendance, absence of the nurse's voice can also be attributed to factors such as lack of confidence about being listened to and valued (Lamb et al, 2011).

Organisations like UKONS, EONS and Cancer Research UK need to ensure cancer nurses are valued as MDT members, but cancer nurses also need to find confidence in their own voice. Knowing your own value as a professional and what specific contribution nurses make to effective cancer MDT working might help. A good example is person-centred care, which is being heralded is the 'new paradigm' for high-quality care, where a heightened sense of person-centred care comes from more personalised cancer treatments. Patient-centred care, however, has been quintessential to nursing since the work of Florence Nightingale, and person-centredness (McCormack and McCance, 2010) has become a central theory of modern nursing. There is, therefore, opportunity for other professionals to learn from nurses. The UKONS 2017 conference will focus on 'Personalising Cancer Treatment and Care', to give nurses opportunities to discuss and reflect on their roles providing person-centred care within the MDT.

I encourage cancer nurses to support one another in being the linchpin of the MDT, record activities and outcomes from delivering treatment and care, and practice finding their voice to make sure that MDTs meet the needs of people with cancer. **BJN**

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