Purpose/Objectives: To describe the development of the role of an oncology nurse practitioner (ONP) in a private practice.

Data Sources: Articles, book chapters, and personal experience.

Data Synthesis: Successful role implementation will be facilitated by using a collaborative model supported by a shared philosophy of practice, written agreements delineating shared responsibilities and accountability, incorporation of the role into day-to-day practice, and regular evaluation and readjustment of goals.

Conclusions: As oncology care has transitioned to outpatient settings, the role of the ONP can effectively meet both the medical and nursing needs of patients. A collaborative practice model can provide the framework for the physician-nurse professional relationship to ensure a higher level of patient care within the private practice setting.

Implications for Nursing Practice: The shift of health care to outpatient and private practice settings and the increased availability and use of ONPs mandates a systematic understanding of the process of ONP role development.

Key Points . . .

➤ The availability and use of oncology nurse practitioners (ONPs) in private practice is growing quickly, but the process of role development has not been discussed widely.

➤ ONP success in private practice settings will depend on the extent to which a collaborative model stressing shared goals, responsibility, accountability, and practice philosophy can be implemented.

➤ Barriers to successful role implementation can be overcome with a combination of verbal and written agreements.

➤ Success of the ONP role in private practice can be facilitated by a few simple but important approaches to introducing the role to the patients and staff and by yearly evaluation of what is successful and what needs to be adapted.

The Emerging Role of the Oncology Nurse Practitioner: A Collaborative Model Within the Private Practice Setting

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The role of the primary-care NP has evolved to include special populations, such as women, adults, and the elderly (Hamric, Spross, & Hanson, 1996). Early research evaluating these roles validated the quality, cost-effectiveness, patient satisfaction, and competency of NPs in primary practice settings (U.S. Congress, Office of Technology Assessment, 1986). Recently, primary-care patient outcomes were comparable in an ambulatory setting in which NPs and physicians had similar authority, responsibilities, and administrative requirements (Mundinger et al., 2000). Additionally, the role of acute-care NPs has burgeoned because of an increased need for NPs in tertiary-care settings. In a descriptive study of the ONP role, one-third of the ONP respondents were employed by university-affiliated hospitals, a recent trend that may be a result of decreased enrollment in medical schools and residency programs (Hrvanak, Rosenzweig, & Baldissier, 1996; Kinney, Hawkins, & Hudman, 1997; Kleinpell, 1997; Knaus, Nancy Jo Bush, RN, MN, MA, AOCN®, ONP, is a lecturer in the School of Nursing at the University of California and an oncology nurse practitioner at Hematology Oncology Consultants, and Tammy Watters, RN, MSN, ONP, is an oncology nurse practitioner at Wilshire Oncology Medical Group, all in Los Angeles. (Submitted February 2000. Accepted for publication June 15, 2001.)