The role of nursing, by the end of the 20th century, changed and developed in the Western world. However, in many of the Asian countries as well as other countries in the less developed world, the process is still going on but has been advancing since the beginning of the 21st century. As an example, in the urban areas of China, nursing is widely recognized as an independent profession and is growing as an academic profession which can be seen by the number of graduate level courses for nurses. Israel is another good example of the academic process that has happened in nursing since the 1990s. One example is the development of the role of the oncology nurse.

However, internationally, one of the major problems is the variation in definition of what generally can be meant by the term nurse specialist. As an example, breast cancer and the role of the specialist nurse varies greatly in role/responsibilities and academic preparation. Great Britain was the first country to introduce the role of the BCN[1-3] and the BCN has since been introduced in other countries including Sweden, the Netherlands, the USA, and Australia, to name a few.[4-9] Although some qualitative studies have been done on the role of the oncology nurse specialist,[10] much information is still lacking as to the specific impact that the role and responsibilities of the nurse...
Regarding breast cancer care, the development of the role of the nurse specialist began in the UK during the 1980s and became a model for other Western countries such as Sweden, the Netherlands, and Australia who wanted to establish a similar clinical nursing position. In North America, the role of the clinical nurse specialist (CNS) was developed, with less emphasis on follow-up for emotional support and counseling, and instead, there was more emphasis on clinical expertise. In part, as a result of these developments, a natural need arose to evaluate the role of the nurse specialist. In the 1980s, researchers in the UK conducted controlled studies to examine this particular issue. These studies showed that women who had met a BCN and received counseling, advice, and emotional support from such a professional showed lower levels of anxiety and depression, and a general better ability to cope with their disease.\(^\text{[3,11]}\)

In Australia, some two decades later, nursing studies were done to examine the same issue but went one step further\(^\text{[12,13]}\) by looking at aspects of care in rural area women. They examined the unique contribution of the BCN in Australian women by employing both quantitative and qualitative research methodologies. Campbell et al.\(^\text{[12]}\) studied the availability and accessibility of Australian BCNs. They described a new concept of systematic care defined as at least three encounters with a BCN throughout their treatment. Their study focused on women living in rural areas and access to BCN care. They investigated various aspects of care provided by the BCN, such as coordination of care, provision of information, provision of emotional and practical support, and others. Their study provided relevant information regarding the importance of the role of the BCN in Australia, mainly to women living far from big medical centers.

The issue of the multidisciplinary team is an important topic to further examine internationally. The recognition of the role of the specialist nurse comes not only from care to patients but also from the entire multidisciplinary team which includes the medical and psychosocial team and other health-care professionals. An example of this is seen in the report of a literature review done by Pillay et al.\(^\text{[14]}\) about the multidisciplinary meetings in cancer care.

To conclude, the role of the specialist nurse has a variety of definitions in different parts of the world. In the USA and Canada, it is defined more as the advance practice nurse, CNS, or the nurse practitioner. Some other countries, such as in Australia,\(^\text{[15]}\) view the nurse navigator or coordinator as a specialist nurse. In European countries, the term, CNS, is more commonly used. The terms used in the South Pacific and other Asian-Pacific countries will also be discussed in this issue.

I am delighted to introduce the reader to three articles written by nurses from my institution – the Hadassah Medical Organization located in Jerusalem, Israel. Other manuscripts we are privileged to present are from the USA, Australia, and a Taiwan oncology nurse scholar who currently lives in the USA.

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