

# Factors Affecting the Evolution of Oncology Nursing Care

**JoAnn Mick, PhD, RN, MBA, AOCN®, CNAA, BC**

Oncology nursing has evolved in response to population growth and changing demographics, changing regulatory requirements, decreasing lengths of inpatient hospital stays, and ongoing advances in cancer treatment, information, and biotechnology. Changes in societal perceptions of cancer and increased access to information have enabled patients to seek out knowledgeable and skilled oncology nurses. Nurses also play an ever-increasing role in rehabilitation as patients live longer with the effects of cancer and treatment. Significant outcomes achieved through nursing research include increased access to care and patient education; improved patient satisfaction, cost-effectiveness of health care, and treatment adherence; fewer hospital admissions; decreased lengths of stay; lower readmission rates; fewer emergency room visits; and lower healthcare costs. Oncology nurse researchers also have studied the economic burden of cancer treatment, limited employment options, and survivorship issues. The progress in professional oncology nursing parallels the progress in surgical, radiologic, biologic, medical, and genetic approaches to cancer treatment. The role and practice of the oncology nurse will continue to evolve in the coming decades as population demographics and healthcare systems change and new scientific and technologic discoveries are integrated into cancer care.

Oncology nurses have always required detailed knowledge of cancer's biologic and psychosocial dimensions. The oncology nurses' role includes administering and evaluating treatment plans, independently assessing patients' physical and emotional status, educating patients and families, participating in clinical cancer research, developing nursing practice guidelines related to cancer care, and treating side effects or other complications (Yarbro, Frogge, Goodman, & Groenwald, 2005).

Oncology nursing standards of practice require that nurses provide competent and knowledgeable care to patients across the cancer continuum. The Oncology Nursing Society (ONS) and the American Nurses Association (ANA) published *Statement on the Scope and Standards of Oncology Nursing Practice* in 1996. Eleven high-incidence areas of cancer care were identified: prevention and early detection, information, coping, comfort, nutrition, protective mechanisms, mobility, elimination, sexuality, ventilation, and circulation (ONS & ANA, 1996). Three additional areas were identified by 2004: complementary and alternative therapies, palliative and end-of-life care, and survivorship. Recommendations to address each issue were incorporated in the revised standards of practice (ONS & ANA, 2004).

Cancer was first acknowledged as a major chronic health issue in the United States with the passage of the National Cancer Act in 1971. Since then, oncology nursing has evolved in response to population growth and changing demographics,

## At a Glance

- ◆ Ethnicity, age, and cost are the most important demographic factors related to cancer treatment outcomes and healthcare access.
- ◆ Nurses must be prepared to address issues in the evolution of practice, such as new scientific and information technologies, ongoing advancements in cancer treatment, and changing healthcare systems.
- ◆ Nurses' roles in patient assessment and care increase as more complex treatment protocols are implemented.

changing regulatory requirements, decreasing lengths of inpatient hospital stays, and ongoing advances in cancer treatment and information technology. Changes in societal perceptions of cancer and increased access to information have enabled patients to seek out knowledgeable and skilled oncology nurses.

JoAnn Mick, PhD, RN, MBA, AOCN®, CNAA, BC, is an associate director of nursing research at the University of Texas M.D. Anderson Cancer Center in Houston. No financial relationships to disclose. (Submitted June 2007. Accepted for publication July 31, 2007.)

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