

### Time Can Make a Difference

A small notice in the *American Journal of Nursing (AJN)* announced the formation of a new specialty organization, the Oncology Nursing Society (ONS). The *AJN* issue was in a box of journals and other mail my mother sent to me because I was working in Switzerland and had my mail forwarded to her. In the announcement was the list of the first ONS officers. I noticed that a classmate from Duke, Daryl Maass (Mathers), was the secretary. I recall writing her and telling her how excited I was to see this announcement and that, when I returned to the United States, I would definitely join. And join I did in late 1977 or early 1978 . . . I am not sure. I do know that I attended the 1978 ONS

women with various solid tumors who wanted to understand their disease and talk about their fears. For so many, the outlook was bleak, and they taught me how to be with them and listen to their concerns. Cancer was equated with death, and people thought it was contagious or a punishment. Being in an academic medical center, one that became one of the original National Cancer Institute–designated comprehensive cancer centers, I saw hope as well as sadness.

It was in Switzerland that I truly developed my identity as a cancer nurse. I was hired at the university hospital, and I asked whether they had a cancer unit. They did. I learned to mix and administer chemotherapy and am one of those nurses who recalls the days of no personal protection and red splashes on my uniform. I was recruited to join the bone marrow transplantation (BMT) team when the number of patients exceeded the available staff's capabilities. We were one of three BMT centers in Europe at the time, so patients were referred from many countries. The first BMT patient I cared for was a teenager from Germany and, although I can no longer translate the letter I received from his family after his death, I look at it periodically and marvel at how far we have come in our treatments and care of people with cancer.

Some may think that a 40th anniversary is a minor anniversary; 25 and 50 are ones we see as significant. However, if you reframe "anniversary" as "birthday," I think ONS's 40th takes on a different perspective and a major status. For those of us who have celebrated a 40th birthday, we can recall what it meant to us. It has come to symbolize midlife and midcareer, a time when the celebrant takes stock of what has been and what changes could be ahead.

As ONS celebrates 40 and we reflect on the past, we can be proud of the contributions ONS has made to the care of patients with cancer and their families. Through developing education, research, practice, and advocacy resources, ONS has

supported and developed us as oncology nurses and as leaders. We have honed our presentation, writing, and research skills through the many opportunities ONS has offered locally, regionally, and nationally. We have shared our expertise with colleagues around the world and engaged in collaborations with other leading cancer nursing organizations. ONS has been a strong voice in both the nursing and cancer care organization communities because we, the members, *are* ONS and we are committed to excellence in oncology nursing and quality cancer care.

At 40, ONS can celebrate and enjoy the success of the first 40 years. As the saying goes, however, we can't and shouldn't sit on our laurels. We do need to take stock of what has been and what is ahead. To lead the transformation of cancer care, the vision developed more than 20 years ago, we will need to retain what is integral to being a member association and let go of what gets in our way in the constantly changing health-care environment. Our strategic priorities must be carefully crafted to set our direction, but not followed so rigidly as to stifle our growth.

There has been one constant in the 40 years of ONS: committed members. Past and current generations of visionary, energetic, and dedicated oncology nurses have volunteered their time to lead the development of ONS and the many products valued by members. Because of their partnership with staff, ONS has remained vital and relevant. The future holds many opportunities for ONS, and our members and future generations will lead us through the next 40 years with their vision, energy, and dedication.

Brenda Nevidjon, RN, MSN, FAAN, is the chief executive officer of the Oncology Nursing Society in Pittsburgh, PA. Nevidjon can be reached at [bnevidjon@ons.org](mailto:bnevidjon@ons.org).

Key words: patient care; members; oncology

Through developing education, research, practice, and advocacy resources, the Oncology Nursing Society has supported and developed us as oncology nurses and as leaders.

Congress and have attended every one since then. ONS has been my consistent and continuous professional home.

Like many of the founding members of ONS, I began my cancer nursing career before a specialty called oncology nursing or a member organization for oncology nurses existed. Perhaps, like many of you, my care of people with cancer began on a general medical unit. Within a year of graduating, I was asked to take on a new role of nurse clinician for the four general medical units and found that I was frequently consulted about the care of people with cancer and diabetes. I remember the teenager with leukemia who would not talk with anyone, so I sat with him and eventually he asked his questions. I remember the medical oncology fellow who had diagnosed himself and my being asked to "special" him because the unit nurses were uncomfortable giving morphine with the ordered dose and frequency. I remember the many men and

ONF, 42(1), 10.  
doi: 10.1188/15.ONF.10