Cancer remains the second leading cause of mortality in the United States (Centers for Disease Control and Prevention, 2012) and the leading cause of death worldwide (World Health Organization, 2012). Cancer predominantly affects older adults, who are increasing in numbers; the percentage of Americans aged 65 years and older will double by 2060, representing more than 20% of the population (U.S. Census Bureau, 2012). Those trends have led to an increase in the need for nurses, including oncology nurses. Buerhaus, Auerbach, and Staiger (2009) warned that despite a temporary lessening of the nursing shortage, an aging nursing workforce complicated by nurse education program constraints will contribute to a prolonged shortage in the future. According to the Oncology Nursing Society (IONS), 2010, “The shrinking nurse workforce ultimately will result in fewer nurses who choose oncology nursing as a career. . . . The quality of cancer care may be negatively impacted as a result” (para. 4).

Nurses encounter patients who are at risk for, undergoing treatment for, or survivors of cancer in almost every healthcare setting. In a survey of 73 medical-surgical nurses, 97% reported caring for patients with cancer on their units (McCaughan & Parahoo, 2000a). High-quality nursing care within interdisciplinary and interagency contexts is necessary to promote good outcomes for all patients, particularly patients with cancer.

Oncology nursing education has developed since the 1950s, yet varies widely from elective courses to cancer site-specific content scattered through multiple nononcology courses. In Standards of Oncology Nursing Education: Generalist and Advanced Practice Levels, O'Regan Coleman, Scarpa, and Smith (2003) recommended standardized oncology pedagogy should be included in nursing curricula. However, oncology content is not explicitly required by nursing program accrediting agencies (American Association of Colleges of Nursing, 2008; Commission on Collegiate Nursing Education, 2009;