Factors Affecting the Evolution of Oncology Nursing Care

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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, 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.

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At a Glance

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- Nurses’ roles in patient assessment and care increase as more complex treatment protocols are implemented.