

Cancer Nursing: The Modern Era

Pamela J. Haylock, PhD, RN, FAAN

Sandelowski (1997) suggested that from 1870–1940, emerging technology, defined as the “use of material objects to achieve practical human ends” (p. 4), divided American nursing into two periods—before and after World War II. Sandelowski (1997) presented the case that, throughout American nursing history, technology transformed nursing work, altered social relations and division of labor, and transferred many forms of technology from the domain of medicine to nursing. The work of America’s first trained nurses from 1870–1930 consisted of providing for the physical needs and comfort of patients (Hilkemeyer, 1985) and childbearing women; those tasks, categorized as “in-the-flesh” techniques—observing, positioning, and lifting—primarily involved nurses’ trained senses of sight, hearing, smell, and touch, along with “deft and gentle hands, and strong back and limbs” (Sandelowski, 1997, p. 5).

A second category of nursing work during this era involved “device-mediated procedures” (Sandelowski, 1997, p. 6)—for example, administration of medicines, application of poultices, dressing changes, and catheterization—all requiring use of appliances, utensils, and other objects. Sandelowski (2000) linked hospitals’ growing image as sites for “sympathetic and scientific care embodied in the new trained nurse” (p. 3) and use of new devices including the thermometer, stethoscope, ophthalmoscope, laryngoscope, fluoroscope, and electrocardiography to the diagnostic revolution in medicine that occurred throughout the 1930s. Nurses were expected to collect, record, interpret, and convey to physicians information gleaned from use of those devices, making nurses’ eyes “the most critical instruments in physicians’ new diagnostic armamentarium” (Sandelowski, 2000, p. 5).

Lusk (2005) assessed the work of American nurses caring for people with cancer from 1920–1950. This work incorporated a review of cancer and nursing education, as well as nursing care specific to cancer from 1920–1950. Lusk’s (2005) findings revealed a core body of cancer

Purpose/Objectives: To identify critical elements of the major shift in cancer nursing practice, education, and the expectations of professional nursing immediately following World War II that were precursors of contemporary oncology nursing preparation and practice.

Data Sources: General healthcare, medical, and nursing literature, particularly in the *American Journal of Nursing*, published after World War II and before the inception of the Oncology Nursing Society (ONS); archival materials in the collection of ONS; nursing history literature; and personal communications.

Data Synthesis: Nurses in a wide variety of practice settings with varied levels of experience, including staff nurses, homecare nurses, and high-level leaders and decision makers of the time, were responsible for bringing attention to and addressing the challenges and joys of cancer nursing.

Conclusions: Professional nursing in general and cancer nursing in particular underwent significant changes and a distinct paradigm shift in cancer nursing education and practice in the period of time surrounding World War II, which promoted the advancement of cancer nursing.

Implications for Nursing: This historical review provides lessons for contemporary cancer nursing clinicians, executives, researchers, and educators with regard to imagining ways to approach issues, the necessity of collaboration and public-private partnerships, and maintaining the passion for this increasingly complex nursing specialty.

nursing knowledge, such that those four decades were a prelude to cancer nursing’s emergence as a specialty.

For purposes of this article, the modern era began when the paradigm shifted from nurses offering care and comfort to the age when nurses could complement traditional caring measures with scientific knowledge, skills, and technologies to advance the quality and quantity of the lives of people with cancer. Others refer to this same timeframe as “the Curative Era” in the context of cancer (Zubrod, 1979, p. 490). This transition can be linked to events associated with, and social, scientific and technologic contexts of, the World War II era and beyond. At that time, some of the most important scientific and