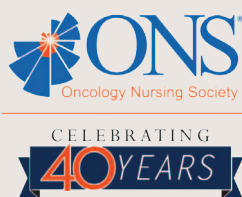


What Matters to the Patient Is What Really Matters: Quality in Oncology Nursing

Anne H. Gross, PhD, RN, FAAN

On the occasion of the Oncology Nursing Society's 40th anniversary, it is fitting to look back and appreciate how far we have come in the area of quality cancer care. So much has changed, fueled in part by advances in health-care quality improvement across the United States.



At a Glance

- The past 40 years have brought many improvements in the quality and safety of oncology nursing practice.
- Beyond the technical aspects of care, advances in patient-centered care have improved patient experiences and outcomes.
- Consistent, personalized, human caring may be the focus of change in the next 40 years.

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Key words: human caring; patient centeredness; patient experience

Digital Object Identifier: 10.1188/15.CJON.144-145

Reflecting on the 40th anniversary of the Oncology Nursing Society led me to recall my own 30-plus years in nursing and how, as a new graduate nurse, almost all oncology care was delivered in the inpatient setting. In my first few years of practice, I mixed my patients' chemotherapy in a medicine room without a ventilated hood and administered those medications without personal protective equipment or the independent RN double checks that have become standard to safe practice today. Through advances in science, tools are now in place to test and make changes, measure impact, and sustain improvements over time. Through advancements in nursing science and oncology research, the ability to treat and cure many cancers and to manage the symptoms and side effects of treatment has improved. Those improvements ex-

tend survival; enhance quality of life; and keep patients, staff, and practice environments safer than ever before. In addition, the human side of care has advanced with respect to the quality of interactions with patients and families. Some call this the art of nursing. I call it the essence of our practice. Increasingly, nurses are able to name specific interventions, measure impact, and document outcomes of this so-called art. It is to this human side of our practice that I dedicate this column.

A few years ago, I attended a special lecture given by a man who had been greatly affected by spousal breast cancer. The man's narrative illuminated for me how far we have come in 40 years. His first wife was diagnosed with breast cancer in the early 1970s. Despite the fact that they had sought care at a premier cancer center in the United States and received

the best medical treatment available at the time, she died within six years. He remarried during the subsequent 10 years but, unfortunately, his second wife was diagnosed with breast cancer in early 2002. However, her cancer was detected much earlier and was successfully treated and cured at the same cancer center. The man compared and contrasted the experiences of being the husband of a patient with breast cancer in the early 1970s and then again in 2002. The journey with his first wife was one that he characterized as "in the dark." Neither he nor his wife were brought into the conversation about the gravity of her disease, and they were not included in decision making about what the best approach to treatment would be. They received what they thought was excellent care, but they were passive recipients instead of active partners, and they felt vulnerable and afraid. No end-of-life planning or discussion took place, and the husband felt unprepared for the loss that he eventually sustained. His second experience was quite different. He characterized it as much more enlightened. He felt as vulnerable and scared as he had the first time, but he and his wife were taught about her diagnosis; more than one treatment option was available to choose; and each option was presented, compared, and contrasted with the others. They felt involved and part of the team and were guided in decision making about all aspects of care. She had surgery and chemotherapy and was still disease-free five years later.

Patient-Centered Care

In addition to the advances in cancer research, the advent of new technologies, and more effective drugs and clinical