



## Moving the Science Forward

This edition of the *Oncology Nursing Forum (ONF)* is the “research issue” in my mind. That might sound strange, given that *ONF* is the research journal of the Oncology Nursing Society (ONS) and, other than the featured columns that we publish, all other articles are reports of research. This issue is special for three reasons.

First, Marilyn J. Hammer (2015), PhD, DC, RN, reports on the highly successful research track that was included in this year’s ONS Congress. With the dissolution of the biannual research conference, many nurse researchers and scientists in ONS may have felt a little lost. Where was the forum for presentation and discussion of their work? In 2015, we tried to provide an answer to that question by having a specific focus on research, and this will continue in an expanded way in 2016 at the ONS Congress in San Antonio, Texas.

Second, in this issue, we have a commentary from Deborah K. Mayer (2015), PhD, RN, AOCN®, FAAN, former editor of our sister journal, the *Clinical Journal of Oncology Nursing*. In this commentary, she reflects on the role of nursing research in ONS’s 40-year history, and, as a charter member, she is well qualified to do this. Mayer points out the importance of symptom management in past Research Agendas of the society, as well as how research has been integral to our development as a discipline.

Finally, we publish the 2014–2018 ONS Research Agenda in this issue (Knobf et al., 2015). The research priorities for ONS during the next four years focus on the broad topics of symptoms, late effects of cancer treatment and survivorship care, palliative and end-of-life care, self-management, aging, family and caregivers, improving healthcare systems, and risk reduction. Four cross-cutting themes also appear in the agenda: biomarkers, bioinformat-

ics, comparative effectiveness research, and dissemination and implementation science.

In reading and rereading this document, one word jumped out at me: *intervention*. This word is repeated throughout the document, and I want to issue a call to action for our members and readers, particularly those who are involved in research. The time has come to focus our efforts on nursing interventions. As editor of this journal, I review hundreds of submissions each year. Many of them are well-written manuscripts describing the experience of this or that population with cancer. I read them and send them out for review, all the while thinking, “Is this enough? What does this tell us about how we can help the patients in this population? How much more do we need to know about the experience of this kind of cancer in these kinds of individuals or families? Is it not time that we developed interventions that nurses know are effective and efficient and make a difference?”

A brief phrase is also repeated in Knobf et al.’s (2015) article: *develop and test*. This is, of course, related to intervention. We must develop and test interventions and then publish the findings so that others can replicate and test or use the interventions with their patients if the evidence is good enough that it works.

We need to move the science of oncology nursing beyond descriptions of phenomena that are well described and well known to us all. That is not to say that we must stop describing the experiences of those that we know little about. When is the last time you saw a study on

the experiences of those with pancreatic cancer or hepatobiliary cancers? I am well aware of the issues related to funding studies, and, often, no agenda exists for research into rare cancers, which is a great pity. However, these patients need to have their voices heard and, in reality, their experience extends beyond their type of cancer because their symptoms (another ONS Research Agenda theme) are experienced by others.

We need to find ways to make real differences for our patients and report



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on those in the pages of this journal. Our work needs to be disseminated, hopefully via this journal, to our nursing, physician, and allied health colleagues. Like many of you, I became a nurse to make a difference. How are we making a difference by constantly describing instead of moving into testing and reporting on interventions? With this call to move the science forward, I mean no disrespect to those of us who are qualitative researchers and whose work focuses on describing and explaining experiences. However, describing these experiences only advances the science of oncology nursing if others build on those findings to develop the interventions to improve those patient experiences. Health

ONF, 42(5), 437–438.  
doi: 10.1188/15.ONF.437-438

disparities exist within our communities; let us describe those. System and systematic barriers challenge our ability to provide effective care and affect our patients' well-being; let us learn about those. Then, let us use that knowledge to develop interventions to address the research findings. As a whole, our population is aging, but we know little about how cancer affects older adult patients, and we need to know that to address their needs and those of their families. This knowledge will take us back to my call. We must develop and test interventions that provide good outcomes for all

patients with cancer. The ONS Research Agenda for 2014–2018 is a GPS for nurse researchers. It is time to turn up the volume and follow directions.

Anne Katz, PhD, RN, FAAN, is a clinical nurse specialist at the Manitoba Prostate Centre, an adjunct professor in the Faculty of Nursing at the University of Manitoba, and a sexuality counselor for the Department of Psychosocial Oncology at Cancer-Care Manitoba, all in Winnipeg, Manitoba, Canada. Katz can be reached at [ONFEditor@ons.org](mailto:ONFEditor@ons.org).

**Key words:** research; cancer research; interventions; research agenda

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