

## Oncology Nursing Society Workforce Survey Part II: Perceptions of the Nursing Workforce Environment and Adequacy of Nurse Staffing in Outpatient and Inpatient Oncology Settings

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Concerns about widespread nursing shortages, reports of falling quality of care, the decline of dedicated oncology nursing units, and the shift of patients with cancer into mixed nursing units where they are treated together with nononcology patients prompted the Oncology Nursing Society (ONS) to develop a study to examine the state of the oncology nursing workforce in the United States. Funded by the ONS Foundation Center for Leadership Information and Research, a national survey was administered to oncology RNs, oncologists, and nurse executives during the summer of 2000.

Part one (Lamkin, Rosiak, Buerhaus, Mallory, & Williams, 2001) of this two-part series indicated that, over the past year, the majority of oncology RNs perceived that patient acuity has risen, the amount of paperwork has increased, and hospital lengths of stay have decreased for all patients, specifically for patients with cancer. Moreover, virtually all survey respondents believed that too few RNs are practicing in the United States today and too few RNs will practice 10 years from now. Outpatient and inpatient oncology RNs reported a mix of favorable and unfavorable characteristics about their workplaces. Outpatient-based RNs were more likely than inpatient RNs to report caring for an increased number of patients and that physicians had delegated an increased number of tasks for them to perform. Inpatient RNs were more likely to perceive a decrease in nurse staffing, less-than-adequate staffing, and difficulty retaining experienced staff. When comparing the perceptions of RNs who work in dedicated oncology units to those who work in mixed patient units, RNs in dedicated oncology units perceived their workplace environments more positively. More oncology RNs who reported working on mixed patient units believed that staffing has decreased, the amount of paperwork has increased, and the number of tasks delegated by RNs to non-RNs has increased compared to RNs who worked on dedicated oncology

units. Also, RNs working on dedicated oncology units were more likely than RNs working in mixed patient units to report that staffing levels of RNs were adequate.

In the second of this two-part series, data are reported that address additional questions about the oncology nursing workforce: (a) What are the perceived and actual levels of filled and budgeted RN staff positions in settings where oncology RNs work, including nurse-to-patient staffing ratios, (b) what short-term responses are being used to cope with staffing shortfalls, and (c) how do oncology RNs and nurse executives perceive the impact of these shortfalls on the quality of patient care? In addition, the implications of the study's results on the development of staffing standards will be discussed.

Because the data and methods used to administer the national survey were presented in detail in part one of the series and in Buerhaus, Donelan, DesRoches, Lamkin, and Mallory (2001), they will not be discussed here beyond noting that some of the information provided by inpatient nurse executives contained data that were well beyond the range of expected results. These outlying data points were probably the result of complex

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