

The Life Cycle of the Oncology Nurse: Do We Know What We Need to Know?

In the first years of my tenure as editor of the *Oncology Nursing Forum*, I had the opportunity to edit a supplement to the September 1994 issue^a that contained articles based on research sponsored by the Oncology Nursing Society (ONS) on the life cycle of an oncology nurse. This qualitative research project of 38 oncology nurses struck a cord for many of us at the time. The experience was a bit like looking in a mirror and seeing a familiar reflection. The results of the research validated things that we believed to be true and fairly consistent about what it meant to be an oncology nurse, what attracted us to our jobs, what was important to us, how we learned and grew, and how we took care of ourselves. Except for role delineation studies, we have not looked at ourselves as oncology nurses in almost 13 years.

As I have noted a number of times in recent editorials, we have been hearing a great deal about the “new” generation of nurses, the nursing shortage and our difficulties overcoming the problems, and the graying of America and our current nursing pool. It seems to me that we are making a great many assumptions and drawing a good number of conclusions about the issues without really knowing what our current nursing profile is like and what we might reasonably expect the next generation to need or want.

The focus of the life cycle research was near and dear to me. As a young new oncology nurse in mid-1970s, I was one of five nurse colleagues in Los Angeles, CA, who decided to “do a research project.” The study

was a rather involved and comprehensive descriptive survey of oncology nurses. We asked a huge number of questions and then

The better we understand ourselves and
the nature of the work that we do,
the better able we will be to mold
the next generation.

persuaded a graduate student in statistics to help us figure out the results. For all but one of us, it was our first exposure to designing a research project. Although we were successful in gathering a large amount of data, the fact that we skipped some crucial steps in the process eventually resulted in a negative result when we finally were able to craft and submit an article. The quantitative information we gathered was consistent with the results of the life cycle research, and it gave me a great deal of pleasure to be able to participate in the final editing of those manuscripts.

Many years have passed, and I believe that we need to seriously consider reexamining the development of oncology nurses today. We still need to understand how oncology nurses become interested in the specialty, how they develop the appropriate knowledge base, what their educational preparation entails, the full nature and scope of their work, and how they deal with the stresses and strains. Twenty years ago, we had very few oncology nurse practitioners and no certification, and the few doctorally prepared oncology nurses worked primarily in academia. What is the mix of types of oncology nursing professionals today? What aspirations do certified oncology nurses have for their professional future? What sorts of challenges face the groups

of oncology nurses at both ends of the age spectrum? How well are we adapting to the globalization of medicine and nursing? How do we manage the exponential growth in diagnostic and treatment knowledge that we have seen in just the past 5 years, nevermind the last 20 years? Are the knowledge and techniques we are using to communicate in this new and quickly changing world out of date?

So many questions, so few answers! It would be in our best interest as an organization to gather the answers to these questions by reconsidering and redoing the original life cycle research. Along with gathering the data, we will need a plan for putting the data to good use. All of this will cost money. Of course, getting funding from a pharmaceutical company or through a grant application would be great, but we need to consider whether the research is important enough to justify supporting the effort as an organization. Perhaps similar organizations (e.g., hospice nurses, pediatric oncology nurses) would be interested in combining resources to explore a wider range of nurses.

In the future, we undoubtedly will see greater demands for nurses specializing in the care of patients with cancer. Sophisticated treatments and the growth of genetics-related diagnosis and therapies also mean that this group of nurses will need to be well-educated independent thinkers. ONS will best serve and nurture this group if it understands who is successful and how that success can be achieved. What better way to gain that understanding than by asking those who walk the walk and talk the talk. The better we understand ourselves and the nature of the work that we do, the better able we will be to mold the next generation.

^a *The Meaning of Oncology Nursing: Results of the Life Cycle Research Project (supplement to the September 1994 Oncology Nursing Forum [Vol. 21, No. 8]*