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Research Unfiltered: Social, Political, and Historical Context of a Program of Research

Linda Sarna, RN, DNSc, FAAN, AOCN®
2009 Distinguished Researcher Award

I am honored to receive this award and the recognition of my work. I am very appreciative of the colleagues who nominated me and of the Oncology Nursing Society's (ONS's) award selection committee's decision. I am fortunate because there are many talented researchers who are worthy of this honor. This work would not have been possible without the support of my research from a variety of funders, including the ONS Foundation. I am especially thrilled to receive this award because it gives me an opportunity to describe some highlights from my research on quality of life (QOL) and symptoms experienced by people with lung cancer, as well as eliminating barriers to nurses' efforts in tobacco control.

Historical Context: Trends in Smoking and Lung Cancer

I thought that it might be interesting to provide you with some background and my "unfiltered" observations about the confluence of social and political factors and historical events that shaped my two—at times parallel and at times intersecting—programs of research. My mutual research interests should not be surprising. Lung cancer emerged in the 20th century as a result of the mass production and relentless marketing of cigarettes to the public (Shafey, Eriksen, Ross, & Mackay, 2009), resulting in escalated smoking rates in the middle of the century. Advertisements proclaiming the benefits of smoking and using nurses to promote tobacco use were published in nursing and medical journals (Malone, 2006). My father was one of the many who took up smoking during his service in World War II as a soldier in the Air Force in the Pacific Theater. Similar to many "Baby Boomers," smoking was part of my childhood; my father was a chain smoker and my mother was an occasional social smoker. I grew up in a home filled with love and with cigarettes and ashtrays. I watched televi-

sion programs in which characters smoked and ads for cigarettes were common.

It is common knowledge now that the leading cause of cancer death, lung cancer, would be largely preventable if people would not take up smoking or would quit. But this was not always known. When the first Surgeon General Report on Smoking and Health was published (U.S. Department of Health, Education, and Welfare, 1964), linking smoking to lung cancer, I was a junior in high school and nearly half (46%) of Americans smoked. The dominance of lung cancer as the leading cause of cancer death of men since the 1950s, and the emergence of lung cancer in the mid-1980s as the leading cause of cancer death in women, provided a backdrop to my nursing career and research.

Introduction to Oncology Nursing

When I received my baccalaureate degree from the University of California, Los Angeles (UCLA), only minimal attention was paid to the health risks of tobacco use in my nursing courses, and none was paid to how to help patients quit. Several of the faculty smoked, including during lectures. Lung cancer, not inappropriately, was presented from a very fatalist perspective. After graduation, when I worked on a general medical surgical floor, I felt compelled to address the special needs of patients with cancer, especially those with lung cancer. It was a time when patients smoked in hospital rooms and when nurses and doctors smoked on the unit and during report. I smoked for a brief period but never learned how to inhale. I stopped when my boyfriend and husband-to-be did not like it. It was a time when we assigned patient rooms based, in part, on smoking status. Few healthcare providers helped smokers to quit; most smokers who were able to quit did so "cold turkey."

It was also the era of the Vietnam War. When my husband was declared eligible for the draft upon his