

# On the Road Less Traveled: Journey of an Oncology Palliative Care Researcher

Marie A. Bakitas, DNSc, CRNP, AOCN®, ACHPN

Bakitas is a professor and Marie L. O'Koren Endowed Chair in the School of Nursing and the Department of Medicine, Division of Gerontology, Geriatrics, and Palliative Care, at the University of Alabama in Birmingham.

This research was funded by the Robert Wood Johnson Foundation, the National Institute for Nursing Research (R01NR011871-01), the National Cancer Institute (1 R01 CA101704-01), the Informed Medical Decisions Foundation, the National Palliative Care Research Center, a Cancer and Leukemia Group B Foundation Clinical Scholar Award, and an American Cancer Society Research Scholar Award. This article was the result of the 2016 Oncology Nursing Society (ONS) Distinguished Nurse Researcher Award lecture presented at the ONS Annual Congress on April 29, 2016, in San Antonio, TX. Bakitas received a financial award and travel to Congress from ONS.

Bakitas can be reached at [mbakitas@uab.edu](mailto:mbakitas@uab.edu), with copy to editor at [ONFEditor@ons.org](mailto:ONFEditor@ons.org).

Submitted April 2016. Accepted for publication May 4, 2016.

Keywords: palliative care; nursing research; Project ENABLE; end of life; supportive care

ONF, 44(1), 87–95.

doi: 10.1188/17.ONF.87-95

In 2001, as the Trish Greene Quality of Life lecturer, I described coming to a career crossroads and cited a metaphor from Robert Frost's poem "The Road Not Taken," realizing that, as I chose to leave the path of bone marrow transplantation clinician and go to that of palliative care nurse, there was no turning back. In this article based on my 2016 Oncology Nursing Society Congress Distinguished Nurse Researcher Award lecture, I would like to continue the Frost metaphor as I describe what has transpired since taking "the one less traveled by"—that of palliative care nurse scientist.

The journey from oncology clinician to palliative care scientist was circuitous and mostly accidental. It was accidental because the quality improvement and small studies that marked my early career were really driven by clinical curiosity and a search for evidence to guide clinical practice. Following graduation with my master's degree and surviving completion of my master's thesis on the sexual counseling needs of women with gynecologic cancers, I was certain I would never do another research study. In 1983, as a new oncology clinical nurse specialist, I focused on the exciting opportunity to create a new autologous bone marrow transplantation (autoBMT) program at Mary Hitchcock Memorial Hospital in Lebanon, New Hampshire. To ensure that the oncology/BMT staff nurses were well educated about investigational drugs and procedures, I became a member of the institutional review board, where all new protocols were reviewed before they were put into practice. I was responsible for understanding the protocol's nursing care implications and ensuring that nursing staff received adequate orientation before the new protocols were introduced.

As a member of the Oncology Nursing Society (ONS) Clinical Practice Committee, I was well aware of the need for competencies in administration and safe handling of chemotherapeutic agents. Our committee developed some of the first ONS practice guidelines for chemobiotherapy (ONS, 1988) and venous access devices (ONS, 1989). In my practice, it became clear that there was a critical need for guidelines to educate nurses caring for patients undergoing bone marrow and stem cell transplantation. Somehow, this desire turned into three edited textbooks on the topic (Bakitas Whedon, 1991; Bakitas Whedon & Wujcik, 1997; Buchsel & Bakitas Whedon, 1995). In writing and editing chapters, it became very clear that so little of what we did in practice was based on evidence.

Betty Ferrell, PhD, MA, RN, my colleague and counterpart as chair of the ONS Research Committee, encouraged a student and me to apply for a small ONS Foundation grant to better understand the long-term effects experienced by autoBMT survivors. Because this was a new treatment, little was known about how autoBMT, compared to allogeneic transplantation, would affect long-term survival. Our small study included a newly validated BMT quality-of-life instrument.