

Response to "Oncology Nursing and Shared Decision Making for Cancer Treatment"

I thoroughly enjoyed reading the article by Tariman et al. (2016) in the October 2016 issue of *Clinical Journal of Oncology Nursing*. It accurately reflects what is occurring to patients and nurses in clinical practice. I am a clinical nurse educator with seven years of oncology experience in multiple myeloma. Multiple myeloma is incurable; however, in the past decade, significantly more treatment options have become available to patients. With the variety of options, healthcare providers may have a difficult time coming to a consensus about how to best customize care for patients, a decision that is increasingly influenced by patients taking a more proactive role in their care. This movement toward shared decision making presses nurses to be better advocates and sources of knowledge for patients. As implied in Tariman et al. (2016), nurses need adequate support, training, and resources to assist in the shared decision-making process. I believe nurse managers play a valuable role in equipping nurses to reach a desired level of confidence and preparedness for the shared decision-making process.

Nurse managers are instrumental in sustaining a healthy practice environment in which oncology nurses can thrive (Lacovara, 2015). According to Lacovara (2015), components of such an environment require managerial support, continuous education, and collaborative opportunities to improve patient care and nursing practice. Consider how oncology nurses from the Mayo Clinic in Rochester, NY, did not have a consistent and accessible guide to chemotherapy nursing considerations (Slack et al., 2005). To feel prepared and support evidence-based practice, the nurses created *The Chemotherapy Yellow Pages*, an easy-to-follow chemotherapy guide and resource for nurses (Slack et al., 2005). This simple yet effective approach is an excellent example of oncology nurses who collaborated to increase their knowledge to improve patient care and outcomes.

Perhaps future considerations to further develop the role of the nurse in the shared decision-making process can be implemented as part of an organizational nursing orientation. Also, nurse leaders can build and support a shared decision-making committee aimed at continuously voicing concerns and barriers encountered by nurses. Thank you for your time and publication of such a relevant nursing topic.

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The author takes full responsibility for this content and did not receive honoraria or disclose any relevant financial relationships.

REFERENCES

- Lacovara, J.E. (2015). Creating a healthy practice environment: A call to action for oncology nurses. *Oncology Nursing Forum*, 42, 555–557. doi:10.1188/15.ONF.555-557
- Slack, S.M., Boguslawski, J.M., Eickhoff, R.M., Klein, K.A., Pepin, T.M., Schrandt, K., . . . Zylstra, J.A. (2005). Shared decision making: Empowering the bedside nurse. *Clinical Journal of Oncology Nursing*, 9, 725–727. doi:10.1188/05.CJON.725-727
- Tariman, J.D., Mehmeti, E., Spawn, N., McCarter, S.P., Bishop-Royse, J., Garcia, I., . . . Szubski, K. (2016). Oncology nursing and shared decision making for cancer treatment. *Clinical Journal of Oncology Nursing*, 20, 560–563. doi:10.1188/16.CJON.560-563

Author Response

We were delighted to read Maria D. Cardenas's, BSN, RN, OCN®, letter to the editor in response to Tariman et al. (2016). We appreciate her thoughtful remarks and validation of our findings and appreciate the opportunity to respond.

We agree with Cardenas that nurse managers are critical administration personnel who can help equip nurses with confidence and competence to fully engage in the decision-making process related to cancer treatment from the initial cancer treatment decision process to postdecision treatment outcome measurements. As written in the the discussion section of our article,

Nurses must have the support of the administration to seek continuing education on disease and treatment-related information. Resources must be allocated to provide nurses with adequate training and education to improve their competence on role performance during the [shared decision-making] process. (Tariman et al., 2016, p. 563)

We also agree with Cardenas that nurses' role should be developed through a shared decision-making process. In fact, our next research study will focus on the development and validation of the Shared Decision Making Questionnaire (SDM-Q) for nurses. This will be the first tool to include a subscale to measure nurses' role competence in shared decision making. The items from this role competence subscale were derived from a previous study (Tariman & Szubski, 2015) on the evolving role of nurses during cancer treatment decision making. We believe this tool will help managers and nurse educators systematically assess nurses' knowledge, attitudes, skills, and overall competence with shared decision making. Interventions and educational programs designed to enhance nurses' role competence can be developed based on the findings from this study.

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REFERENCES

- Tariman, J.D., Mehmeti, E., Spawn, N., McCarter, S.P., Bishop-Royse, J., Garcia, I., . . . Szubski, K. (2016). Oncology nursing and shared decision making for cancer treatment. *Clinical Journal of Oncology Nursing*, 20, 560–563. doi:10.1188/16.CJON.560-563
- Tariman, J.D., & Szubski, K. (2015). The evolving role of the nurse during cancer treatment decision-making process: A literature review. *Clinical Journal of Oncology Nursing*, 19, 548–556. doi:10.1188/15.CJON.548-556