

Pandemic-Related Innovations in Oncology Nursing Research: Seeking the Positive

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Although COVID-19 was a major setback for completing and initiating projects, it ushered in a new era for investigators.

In March 2020, scientists across industry, academic, and healthcare settings were forced to halt their ongoing research studies because of isolation mandates associated with the management of contagion in the COVID-19 pandemic. For many scientists, this unprecedented stoppage continued for many months and not only disrupted preexisting studies but also delayed the development of new work, adversely affecting current and future implementation of their programs of research. The effects of research stoppage, protocol changes, and protocol completion have had visible negative but also positive changes in research processes (Melvin et al., 2021).

For early-career investigators, including PhD students, postdoctoral students, and new tenure-track faculty, there were potentially disproportionately adverse effects. Early-career investigators are in a time of continued research training, establishing teams, and obtaining funding for research studies (Levine & Rathmell, 2020). When in-person research reemerged and was phased back in, behavioral research such as symptom science work and research involving prospective observational

designs were among the last research types to return to the clinical environment. However, early-stage tenure-track faculty members received additional time on the tenure clock in many settings, which, for some, increased opportunities for enhanced productivity.

Although COVID-19 was a major setback for completing and initiating projects, it ushered in a new era for investigators. Researchers began to develop innovations in methods for the conduct of discovery. We saw an emergence of creativity and grit. The wonder of technology became a best friend to those who may have resisted using it in the past. Now, we were able to conduct visits virtually, in real time. The use of programs such as REDCap to facilitate consent and web-based use for data collection became common practice for many versus just a way to store data. Another method for study engagement includes the use of texting. Sending blasts to remind participants to complete a survey or engage in a behavior is another way to virtually connect with study participants (Saber, 2020).

The use of technology to conduct distanced medical visits is not a new concept; however, the use of technology for virtual visits was less popular in the conduct of research (Ahern & Lenze, 2022). With the ushering in of virtual study visits, we were able to gather data and perhaps have less missing data because we now have multiple ways of facilitating data collection. It is not that the technology was not in use prior to the pandemic; however, for some, it

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was perhaps used less than previous in-person methodologies. The pandemic helped many discover the utility and availability of technology, and it opened the door to successful recruitment, retention, and completeness of data collection.

A second emergence was the unmistakable realization that we are indeed social beings. The impact of widespread isolation and loneliness began to become the focus of examination. Social factors as predictors for health outcomes are no longer in the back seat but are recognized as important, potentially modifiable risk factors for improving quality of life for cancer survivors. Perhaps more programs to support cancer survivors will be implemented as a result of bringing these issues more front and center, in addition to surviving cancer treatment.

Although living through a pandemic has left an indelible mark on the fabric of society, it was an impetus for creativity and ingenuity that was able to keep research marching forward. This bleak time in history created a space to explore new and innovative ways to conduct research. Study visits via platforms such as FaceTime and Webex have opened the door to multiple venues for conducting study visits without requiring patients to leave their homes, reducing patient burden and potentially decreasing attrition and missing data. During times of crisis, we are faced with the challenge of looking

at obstacles with a new perspective to continue to grow and create.



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