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# Introduction

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## Foundation for Oncology Nursing

Since publication of the previous standards of oncology nursing, several events have significantly challenged health care, cancer care, and the oncology nursing profession. These include demographic shifts in the U.S. population—specifically the growing number of older adults who commonly experience one or more chronic health problems, increasing racial and ethnic diversity, and the rising number of uninsured and underinsured individuals (President’s Cancer Panel, 2011). These factors, along with increased consumer requests for advanced healthcare technology and services, have led to significant increases in demand and expenditures for health care.

At the same time, the nursing profession is challenged to reexamine its unique contribution to the health of the nation. This is exemplified by the landmark report from the Institute of Medicine (IOM, 2011) *The Future of Nursing: Leading Change, Advancing Health*, which envisions the possibility to cultivate a new accessible, affordable, coordinated, and quality healthcare system. The daunting challenge of crafting meaningful improvement in health care is how to fundamentally remodel today’s healthcare system. The prospect of profound changes engenders eagerness about opportunities along with anxiety about an unknown future. Despite apprehensions, professional nurses must seize opportunities to step forward to actualize the charge ONS envisioned in the 1990s to “lead the transformation of cancer care.” This vision is consonant with the IOM report, which describes nurses in the future bringing “a steadfast commitment to patient care, improved safety and quality, and better outcomes” (IOM, 2011, p. xi).

The *Future of Nursing* report (IOM, 2011) has important implications for oncology nurses and oncology nursing practice and centers on four key points and associated recommendations.

- Ensuring that nurses practice to the full potential of their education
- Enabling nurses to achieve higher levels of education and training through improved education systems
- Engaging nurses as full partners in healthcare redesign
- Improving data collection required to effectively develop nursing workforce plans

Removal of barriers preventing oncology nurses from practicing to the full extent of their education, training, and experience is essential to meet the projected increase in demand for services related to cancer prevention, treatment, survivorship, and end-of-life care. Experienced and knowledgeable oncology nurses have the requisite expertise, competence, and interest to meaningfully contribute to reducing the burden of cancer as a health problem. However, variability in licensure requirements among states impedes the ability of oncology nurses, particularly APRNs, to make these contributions. Oncology nurses must actively engage in and support state-level efforts to remove barriers and restrictions that prevent APRNs from being maximally effective care providers. To that end, the APRN Advisory Committee of the National Council of State Boards of Nursing (NCSBN) and the APRN Consensus Work Group have developed an APRN Consensus Model (with participation of more than 70 specialty nursing organizations, including ONS and the Oncology Nursing Certification Corporation [ONCC]) that aims for consistency in the licensure, accreditation, credentialing, and education (LACE) of all APRNs in all states by 2015 (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008; Chornick, 2010).

Partnerships among colleges of nursing, healthcare delivery institutions, and professional nursing organizations may yield novel approaches to attain levels of core oncology nursing education (prelicensure and advanced practice) for individuals at risk for, experiencing, or surviving cancer. Oncology nurses in all roles and practice settings must lead by example to demonstrate the process and outcomes of collaborative efforts that ensure oncology nursing content is included in academic undergraduate and graduate curricula and offered for continuing professional education.

Oncology nurses must rethink their roles if they are to become full partners in healthcare redesign. To be relevant in the future, nurses must embrace their unique contributions as coordinators, coaches, and system innovators to provide truly patient-centered

care (IOM, 2011). An important measure of professionalism is oncology nursing certification. ONCC implemented the oncology certified nurse (OCN<sup>®</sup>) credential in 1986 and the advanced oncology certified nurse (AOCN<sup>®</sup>) certification in 1995. In addition to these, other role-specific certifications available through ONCC include advanced oncology certified nurse practitioner (AOCNP<sup>®</sup>) and advanced oncology certified clinical nurse specialist (AOCNS<sup>®</sup>) for APRNs who practice in the nurse practitioner (NP) or clinical nurse specialist (CNS) roles in adult oncology. At the time of this writing, there are more than 34,000 oncology certified nurses, including the OCN<sup>®</sup>, certified breast care nurse (CBCN<sup>®</sup>), certified pediatric hematology oncology nurse (CPHON<sup>®</sup>), certified pediatric oncology nurse (CPON<sup>®</sup>), AOCNP<sup>®</sup>, AOCNS<sup>®</sup>, and AOCN<sup>®</sup> certifications.

Along with these challenges are the constant driving forces for oncology specialty nursing. These focus on the responses of individuals and families to the cancer experience and include

- The needs of individuals at risk for developing cancer, people with cancer, cancer survivors, and those dying of the disease or its associated effects
- National and international recognition of cancer as a major chronic health problem
- Advances in science, technology, and genetics that are expanding treatment options
- Changes in how the lay public and non-oncology professionals perceive cancer
- A death-denying medical culture that views death as “failure”
- Changes in scope of practice and focus of the nursing profession.

Prior to the 1950s, surgery was the major treatment modality for cancer, and nursing care was limited to hospitalized patients. As chemotherapy and radiation therapy evolved in the 1950s and 1960s, nurses identified new opportunities to contribute to the care of people with cancer. Advances in cancer treatment have been accompanied by improved screening and surveillance for some malignancies, and increasing knowledge of cancer biology, genetics, and “personalized medicine” have led to improved cancer survival rates for some patients (Blazer et al., 2011; MacDonald, Blazer, & Weitzel, 2010). Oncology nurses’ roles expanded as the importance of nursing professionalism in these accomplishments was acknowledged. Nurses became involved in educational conferences. Programs focused on the specialty of oncology nursing within cancer care and led to the formation of ONS, which was incorporated in 1975. The

goal of ONS is to promote the highest professional standards for oncology nurses. The organizational structure and resources, including the *Statement on the Scope and Standards of Oncology Nursing Practice*, support this goal.

## **Contemporary Issues and Trends**

Advances in oncology nursing practice parallel and contribute to advances in cancer prevention, diagnosis, treatment, survivorship, palliative care, and cancer genetics. As oncology nurses have furthered the development of a body of professional knowledge grounded in research and practice, nurses are evermore playing central roles in each aspect of the cancer care continuum. According to the latest statistics, cancer incidence rates for most sites are declining in the United States, and after peaking in 1990–1991, overall cancer mortality has declined by 20% from 1991 to 2009, the most recent year for complete data analysis (Siegel, Naishadham, & Jemal, 2013). The major reasons for this are reduced tobacco use and earlier detection of some malignancies, as well as improved treatment of some cancers (e.g., breast, colorectal). Oncology nurses have been at the forefront of these advances, particularly in the areas of prevention and early detection. As the number of cancer survivors increases, oncology nurses also are providing leadership in supporting the unique needs of these individuals. On the other hand, cancer is still the second leading cause of death in the United States, following very closely behind heart disease (Hoyert & Xu, 2012).

Three contemporary issues have significant implications for oncology nurses. First, IOM published a series of reports detailing deficiencies in healthcare quality and patient safety (Greiner & Knebel, 2003; Hurtado, Swift, & Corrigan, 2001). Second, the long-term shortage of RNs is projected to worsen over the next two decades, which will inevitably affect healthcare delivery (Juraschek, Zhang, Ranganathan, & Lin, 2012). The third issue is the recommendation to begin palliative care at time of diagnosis (ONS & Association of Oncology Social Work, 2010) and to improve end-of-life care—not only to enhance patient quality of life but also to avoid futile and otherwise harmful therapies (Jennings, Kaebnick, & Murray, 2005; Mack et al., 2012).

According to IOM (2001), the American healthcare delivery system needs to fundamentally change so that care delivery meets care

needs, including changes in the roles and responsibilities of health-care professionals. IOM recommended that professional groups aim to ensure that health care is safe, effective, patient centered, timely, efficient, and equitable. Other recommendations resonate with oncology nursing standards of practice: Healthcare providers should redesign the processes of care to be based on continuous healing relationships consistent with patient needs and values, apply evidence-based decision making to standardize practices, and actively collaborate and communicate to coordinate care. IOM (2001) also elucidated the necessary competencies to meet patient needs in the 21st century: delivering patient-centered care, functioning as an interdisciplinary team, and using evidence-based practices to improve the quality of care. The current *Statement on the Scope and Standards of Oncology Nursing Practice* provides oncology nurses with a framework to respond to the IOM challenges.

Long-term nursing shortages may be more serious for oncology nurses because the demands for cancer care services will increase in coming years while the existing workforce ages and the growth rate of the labor force declines (Juraschek et al., 2012; Patlak & Levit, 2009). This *Statement on the Scope and Standards of Oncology Nursing Practice* provides nurses and institutions with benchmarks for care and professional performance that can be used to support practitioners' efforts to meet these challenges.

## **Changes in the Roles of Oncology Nurses**

Oncology nursing practice has evolved to meet the needs of people throughout the cancer experience and now include roles in health promotion, health protection, cancer prevention, cancer treatment, and the management of the physical, psychosocial, and spiritual effects of cancer and cancer treatment. The standards in this document reflect the responsiveness of oncology nursing in developing roles in cancer prevention and early detection, genetic counseling, treatment of disease, side effect management, cancer survivorship, end-of-life care, and rehabilitation. The standards also reflect an emphasis on collaboration, collegiality, ethics, diversity awareness and cultural competence, quality of care, and resource utilization, consistent with the changing roles of the oncology nurse, diminishing resources, and demands of the healthcare delivery system.

## **Changes in Care Delivery Settings**

The *Statement on the Scope and Standards of Oncology Nursing Practice* reflects the spectrum of care delivery settings in which oncology nurses practice. Aggressive cancer therapies may lead to acute illness that requires hospitalization, and some oncology nurses have been motivated to expand their knowledge and skills to work in oncology critical care settings (Demshar, Vanek, & Mazanec, 2011). And at the other end of the spectrum, society's increasing acceptance of dying as part of life has been matched by oncology nurses' expanding focus on palliative and end-of-life care (Cohen & Nirenberg, 2011).

Another major healthcare change in the United States is the shift to ambulatory care. Patients who in the past would have received cancer chemotherapy in the hospital are now receiving complex therapies as outpatients. Furthermore, patients may no longer need to travel long distances to comprehensive cancer centers but rather can receive chemotherapy and symptom management interventions in rural clinics staffed by generalist nurses. Radiation therapy options are expanding as well, and rural radiation treatment centers are able to meet patients' treatment needs. Such changes in care delivery settings create opportunities for growth in oncology nursing but also create the need for education to maintain consistent standards of oncology nursing practice.

## **Diversity Awareness and Education**

Dramatic shifts in the U.S. population are reflected in increasing numbers of ethnic minority, older adult, and economically disadvantaged people with cancer, and the revised standards emphasize the importance of diversity awareness in oncology nursing care (President's Cancer Panel, 2011). Diversity enriches oncology nursing practice, and cultural respect also extends to appreciating the rich tapestry woven from professional diversity. Nursing care provided to patients and families along the entire cancer continuum thus must be sensitive to needs that arise from unique cultural, spiritual, and ethnic factors.