

The Impact of Nursing Workforce Issues on Quality Cancer Care

The United States is experiencing significant variability in the supply and demand of nursing professionals. By 2025, the Health Resources and Services Administration ([HRSA], 2014) projects the national supply of registered nurses to increase by 33% and the demand to grow by only 21%. However, this overall national prediction masks imbalances at the state level. The need for nurses in 16 states is expected to outpace supply while the remaining 34 states are projected to experience ample supply of nurses. Areas most adversely affected by the decreasing availability of nurses are rural sectors, specialty practice areas, and long-term care settings (HRSA, 2014).

The Institute of Medicine ([IOM], 2011) report, *The Future of Nursing: Leading Change, Advancing Health*, calls for increasing the number of baccalaureate-prepared nurses in the workforce to 80% and doubling the population of nurses with doctoral degrees by 2020. While the number of nurses graduating from prelicensure programs has increased, the current nursing workforce has not met the recommendations, with only 55% of registered nurses prepared at the baccalaureate or graduate degree level. The American Association of Colleges of Nursing (2014) reports capacity within schools of nursing is impeded by a shortage of nursing faculty, affecting the ability to provide prelicensure education. Moreover, limited oncology content is provided in prelicensure programs nationwide (Lockhart et al., 2013). Based on these estimates, the need to strengthen the oncology nursing workforce will extend through 2025.

The IOM's *Future of Nursing* report, along with its more recent report, *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis* (IOM, 2013), and the release of the Centers for Medicare and Medicaid Services' ([CMS], 2012) *Oncology Care Model*, raise concern regarding the capacity-building needs within evolving nursing specialties. In this time of value-based, patient-centered care, oncology nurses represent a vital component of quality cancer care across the cancer trajectory. The IOM and CMS quality of care expectations lead to shifting needs within the oncology specialty and its subspecialties, providing opportunities for nurses to function at their highest capacity (McCorkle et al., 2012; Phillips, Powe, & Pratt-Chapman, 2015).

Challenges in the development of the oncology nursing workforce include new nurses with limited oncology knowledge, reimbursement changes, technological advances, emerging care delivery models, and collaborative practice issues (Fleming, 2014; Lockhart et al., 2013; Scott & Miles, 2013). In addition, almost 14.5 million Americans are living with cancer, 78% of all cancers are diagnosed in people age 55 and older, and the majority of patients with cancer have at least two additional chronic conditions (American Cancer Society, 2015). Much of the care is being provided in blended and non-oncology settings. As a result, a priority issue is the increasing number of cancer survivors and patients with complex care needs, further bolstering the necessity for cross-trained specialty care nurses (IOM, 2013; McCorkle et al., 2012). Lastly, workplace issues play a role in the expansion of nursing capacity. Inconsistent and inadequate staffing ratios, increased workloads, mandatory overtime, time constraints, staff fatigue, limited budgetary resources, incivility, and competing work demands result in decreased retention of nurses within the profession and specialty areas (Griffin, 2014; Scott & Miles, 2013).

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It is the position of ONS that

- The nursing scope of practice is realigned to allow generalist and advanced practice registered nurses to practice at their fullest capacity based on education, training, and certification.
- Generalist and advanced practice oncology nurses are designated as collaborative partners in addressing population health and health promotional issues.
- Federal and specialty reimbursement models incorporate payment for nursing services.
- Employers ensure oncology nurses are educated in the latest technologies and emerging cancer therapies on an ongoing basis.
- At minimum, oncology nursing professionals validate their own competencies based on the entry-level competencies ONS has defined for generalist oncology nurses, nurse practitioners, clinical nurse specialists, and nurse navigators.
- Nursing professionals are appropriately designated and trained when cancer-related care is being provided in blended and non-oncology settings.
- Reliable oncology care delivery models incorporate health information technology to ensure appropriate staffing ratios, a nursing framework that supports compliance with quality and safety standards, and reports of nursing-sensitive outcomes.
- Oncology content is regularly incorporated into nursing school curricula and minimum competency criteria.
- Academic institutions, healthcare organizations, and professional nursing associations collaborate on initiatives such as innovative internships, mentorship, and advanced practice programs.
- Additional federal support is provided to ensure that U.S. nursing schools can recruit and retain adequate faculty and to support research grants to assess model programs that make the most efficient use of all healthcare professionals' skills and evaluate nursing contributions to health care in general and cancer care specifically.

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Statement Type

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