Oncology Nurses and Indoor Tanning: Stylish or Risky Behavior?

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Being tan has become a social norm, and some nurses engage in that widely accepted lifestyle. Mounting evidence of the increased risk to melanoma and nonmelanoma skin cancers associated with indoor tanning supports the need for nurses to integrate skin cancer education, counseling, and referrals into routine practice. This is an overview of the risks associated with indoor tanning, discusses its acceptance as a social norm, and offers strategies to support oncology nurses in changing the widespread trend.

Oncology nurses serve as role models, advocates, and educators to promote wellness in all aspects of life. Evidence of nurses’ desire to be healthy is demonstrated by the dramatic decrease in smoking rates among nurses (Sarna, Bialous, Nandy, Antonio, & Yang, 2014) and in the growing number of health promotion programs that target nurses, such as HealthyNurse™ (American Nurses Association, 2014). By choosing to participate in safe and healthy behaviors (e.g., not smoking), nurses demonstrate the benefits of living a healthy life.

However, a widespread negative trend involves indoor tanning to achieve a “stylish” tan. Despite the mounting evidence associated with the risks of indoor tanning, its use continues to increase around the world. In the current article, the authors discuss the public health issues linked to indoor tanning, the growing scientific evidence demonstrating the association between indoor tanning and skin cancer, and the role of oncology nurses in educating patients, families, and communities about the related risks.

Indoor Tanning as a Public Health Concern

Strong scientific evidence cites artificial ultraviolet (UV) light as posing carcinogenic harm (El Ghissassi et al., 2009; Norval & Halliday, 2011), linking tanning booths to skin cancer (Veierod et al., 2003), and placing tanning beds on a list of known, risky exposures with asbestos and cigarettes (El Ghissassi et al., 2009). In addition, the International Agency for Research on Cancer reported that having used tanning beds increased the risk for melanoma and squamous cell cancers (World Health Organization, 2006).

Despite the evidence establishing the relationship between UV radiation, DNA damage, and skin cancer, about 30 million Americans continue to use indoor tanning at least once per year (Stryker, Yaroch, Moser, Atienza, & Glanz, 2007; U.S. Food and Drug Administration, 2014). For those who participate in the practice, the known risks of premature skin aging, skin cancer, and immunosuppression appear to be outweighed by the desire for a tan (Norval & Halliday, 2011).

UVA (long waves) and UVB (short waves) rays are carcinogenic (Griffiths, Mistry, Herbert, & Lunec, 1998), but UVA wavelengths emit deeper penetrating rays that can cause melanoma and are the predominant component in indoor tanning. However, skin is not the only area affected by those rays; eyes are susceptible to both forms of UV rays. UVA and UVB rays can result in detrimental vision defects such as cataracts (Pieper, 2006). According to a market study, more than 191 million Americans own nonprescription sunglasses that help protect eyes from UV rays (Pieper, 2006). To further decrease known risks, those who choose to use tanning beds regardless of the health risks should be encouraged to use protective eyewear.

Increased Risk of Skin Cancer

Skin cancer is one of the most common malignancies, and incidence rates continue to grow (American Cancer Society, 2014). Although the majority of new cases of skin cancers are nonmelanoma, most skin cancer–related deaths are attributed to malignant melanoma. Studies have reported that, during the past 30 years, the incidence of nonmelanoma...
Skin cancer rapidly increased in young women and adolescents (Guy, Berkowitz, Watson, Holman, & Richardson, 2013; Heckman, Coups, & Manne, 2008). Research has suggested that the use of indoor tanning and more outdoor recreation activities contributed to a greater risk of skin cancers, particularly malignant melanoma (Holman et al., 2013). Karagás et al. (2002) found that tanning bed users were 2.5 times more likely to develop basal and squamous cell carcinoma.

Skin cancer is more preventable if people have an understanding of the risk factors and preventive actions. Nurses must understand the damage resulting from overexposure to the sun or indoor tanning devices because 90% of overexposure leads to skin cancer.

**Tanning as a Social Norm**

The desire for a tan for cosmetic reasons has helped establish a $5 billion per year tanning industry in the United States (IBISWorld, 2013). Millions of Americans use tanning devices every year, including tanning beds, sun lamps, tanning booths, and solariums—all of which lead to exposure to UV rays. Studies have indicated that the prevalence of indoor tanning is highest among young Caucasian females (Mayer et al., 2011). Other factors associated with greater use of indoor tanning included living within two miles of a tanning facility and having a parent who also engaged in the practice (Hawryluk, Geller, & Fisher, 2013).

Kaur et al. (2006) reported that a chemical blockage of UV light induced opiate withdrawal symptoms in frequent tanners. That apparent addiction to tanning has been referred to as *tanorexia*, which is defined as “the condition of becoming obsessed with, even addicted to, tanning, believing that one is unattractively pale, even when quite tan” (Kravitz, 2010, p. 113). This phenomenon has been attributed to appearance motivation, social influences, and physical addiction factors (Okhovat & Feldman, 2013). Another study found that the release of endorphins associated with habitual tanning could result in mood enhancement, relaxation, and socialization reactions similar to those associated with smoking addiction (Heckman, Egleston, Wilson, & Ingersoll, 2008). Other factors contributing to the unhealthy practice is the public’s lack of knowledge of the risks associated with indoor tanning, inadequate federal regulation, and the belief that a tan is stylish.

**Debunking the Tanning Myth**

Several organizations have launched collaborative efforts to change the perception that being tan is healthy, stylish, or flattering. Another prevalent myth related to tanning is that base tanning will prevent sunburn. Those misconceptions and the quest for having a “healthy glow” have led many young women and adolescents to use tanning devices. In 2008, the Skin Cancer Foundation launched a nationwide advertising campaign called Go With Your Own Glow. This campaign has the support of fashion leaders, celebrities, and advocacy groups with the goal of encouraging women to love and protect their skin. The message is becoming more visible with current fashion trends that feature models with pale complexions or other forms of natural coloring as well as with celebrities who advocate and practice sun safety.

The tanning industry lacks federal regulation, which contributes to the risks associated with indoor tanning (Gosis et al., 2014). However, scientific evidence establishing the link between tanning devices and skin cancer risk has led to increased indoor tanning restrictions. In 2013, several states passed regulations banning the use of tanning devices for minors aged 18 years or younger (National Conference of State Legislatures, 2014). Anti-tanning movements, such as increased regulation and the growing belief that tanning is not fashionable, will hopefully encourage a downward trend in indoor tanning, as seen in smoking behaviors (Watson et al., 2013).

**Nurses and Indoor Tanning**

Nurses engage in indoor tanning despite their role in promoting healthy lifestyles. To date, limited epidemiologic data exist on the number of nurses who use tanning devices. However, the Nurses’ Health Study II examined the correlation between nurses who choose to use tanning beds every year and their increased risk to skin cancer (Zhang et al., 2012). That study included more than 70,000 women over a 20-year period and found an 11%–15% increased risk of skin cancer among nurses who used indoor tanning (Shoag et al., 2013).

**Nurses’ Role in Skin Cancer Education**

Nurses can use several strategies to change their practice to integrate education and counseling about tanning risks (Mahon, 2003). Nurses could begin with their own health and lifestyles by reflecting on attitudes and practices toward indoor tanning. In addition, nurses can strive for wellness with the help of several resources to assess their risk to various conditions (see Figure 1). Nurses also can teach their patients, families, and communities how to conduct skin examinations. Organizations such as the Skin Cancer Foundation provide education and training for professionals and the public on how to conduct skin examinations. In addition, nurses in all clinical settings can conduct thorough skin examinations on their patients. Nurses can assess patients’ skin during face-to-face interactions or when conducting physical assessments. Nurses also could advocate and support legislation and enforcement efforts to regulate tanning salons using the tobacco policy model (Institute
of Medicine, 2007). Those approaches can help reduce the harm of indoor tanning and discourage its use, particularly among adolescents and young adults. Nurses must remember that they are one of the most trusted professions and sources of information in health care (Gallup Inc., 2013), and that trust makes nurses accountable as role models for healthy living.

References


