Introduction
by Kathi Mooney, RN, PhD, AOCN®, FAAN

Lillian M. Nail, RN, PhD, FAAN, became “hooked” on oncology nursing in the early 1980s while she was a student at the University of Rochester in New York. By this time, she was already on a trajectory to become a scientist and a researcher; a focus in oncology was the icing on the cake.

The Early Years
Growing up in a small farming village in the rural Hudson Valley of New York state, Lillian was recognized as bright and curious. This opened doors for her, including participation in a school enrichment program that unlocked the world of culture and ideas. Monthly field trips to New York City introduced her to opera, art, and the exchange of ideas on contemporary issues by prominent thinkers and scientists. One memorable evening was spent having dinner with Margaret Mead. These experiences lead Lillian to value inquiry and set her on her way to an education at the University of Rochester and a nursing degree.

As an undergraduate, she was exposed to research as a vehicle to build knowledge. Lillian made a lifelong connection between her curiosity and research as the means to explore and learn. As a staff nurse, Lillian sought positions where she could care for patients participating in clinical research trials. She eventually worked with a research team involved in the early development of the intra-aortic balloon pump. Out of this experience came her first publication, a coauthored article in Heart & Lung in 1973 about the device. Soon she returned to the University of Rochester for a master’s degree in nursing; after she earned this degree, she took a teaching position in a nursing program at a small liberal arts college. Within a year she missed the excitement she felt in the university research environment, and she soon headed back to the University of Rochester to pursue a doctoral degree in nursing.

The Formative Years
Lillian began her doctoral study committed to research in cardiovascular nursing. She was interested particularly in studying how people evaluated symptoms, such as chest pain, and how they made decisions about what to do. Simultaneously, she began working for Jean Johnson, RN, PhD, FAAN, and later joined her research staff. As they say, “the rest is history.” Intrigued by the symptom experience, Lillian decided to link her dissertation research with Johnson’s work in coping with cancer. Johnson also encouraged Lillian to submit her dissertation proposal for critique to the Oncology Nursing Society (ONS)/National Cancer Institute Research Short Course, and the link was made to the professional society for oncology nursing—ONS. The circle was closed and Lillian became an oncology nurse, researcher, and scientist. The year was 1983.

Program of Research and Knowledge Generation
In the 19 years since her switch to oncology, Dr. Nail has built a progressive program of research that developed on her interest in the cancer symptom experience and the knowledge she gained about coping with cancer treatment from working with Johnson. She has woven these together to advance our understanding of how the symptom experience impacts psychosocial and functional well-being of people with cancer and how to more effectively support patients’ coping processes. Her most recent focus has been on cancer-related fatigue. She is working now with a team of bench researchers and behavioral scientists to further identify the mechanisms, beyond anemia, that underlie cancer-related fatigue.

Dr. Nail’s work is read and recognized widely and has been peer reviewed extensively. Of the more than 20 studies she has been involved with, 15 have been extramurally reviewed and funded. Her commitment to written dissemination of her work is evident with 40 peer-reviewed journal articles and 11 book chapters. These include traditional research reports and papers that are wonderful teaching tools, providing the application of her work for both future researchers and clinicians in practice.

From her research and writing, oncology nurses have a heightened appreciation for cancer and the symptom experience from patients’ perspectives. This has helped oncology nurses to see how patients endeavor to deal with their cancer experience beyond the limited encounter with them at the bedside.