Nursing-Sensitive Patient Outcomes—
A White Paper

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Executive Summary

Cancer imposes a significant burden on patients, their families, and society, often affecting quality of life for years following initial diagnosis. Outcomes and quality of care for patients with cancer recently have come into question, emphasizing the need to understand the role of oncology nurses in ensuring the delivery of high-quality care aimed at producing measurable and acceptable outcomes. This article describes patient outcomes that are amenable to nursing intervention (nursing-sensitive patient outcomes [NSPOs]) and the role of the Oncology Nursing Society (ONS) in ensuring nurses’ ability to receive care that enables them to achieve the best outcomes. A focus on improving NSPOs allows us to “drive quality oncology care through clinical practice, research, education, and policy” (ONS, 2004c).

Statement of the Issue

As a result of the chronic and potentially debilitating and life-threatening nature of the diagnosis and treatment of cancer, it is important to describe and measure the impact of nursing care on outcomes such as quality of life, symptom management, physical function, performance status, patient satisfaction, resource utilization, and cost. An emphasis on NSPOs has implications for nursing, the public, and policymakers for several reasons. First, because nursing interventions play a vital role in preventing or minimizing symptoms and complications during all phases of cancer care (positive outcomes sensitive to nursing care), nurses continue to be challenged to provide evidence of the extent (Committee on Quality of Health Care in America, Institute of Medicine [IOM], 2001; Hewitt & Simone, 1999) and quality of their contributions to patient outcomes. The demand for professional accountability regarding patient outcomes dictates that nurses are able to identify and document outcomes that are influenced by nursing care. Establishing nurses’ role in patients’ clinical course and outcomes underscores their importance as a vital and integral member of the multidisciplinary cancer care team.

Second, the public recognizes that the primary mission of oncology nurses is to deliver high-quality care to people with cancer and their families, yet we struggle with ways in which to measure our influence on patient outcomes. Establishing NSPOs for patients with cancer helps to provide tools for use in measuring the impact of nursing care on patients’ lives. This enables us to more clearly articulate to consumers the value of our contribution to their care. Finally, establishing NSPOs is critical for policymakers. The quality of patient healthcare outcomes has become a priority for legislators, healthcare agencies, purchasers, regulators, insurers, providers, and consumers as decisions are being made regarding the quality of, access to, and reimbursement of healthcare services. Establishing the impact of nursing care on patient outcomes can justify the contribution of nurses to increasing patient comfort, physical function, and ability to cope and reducing death, disability, suffering, and the economic burden caused by cancer.

To this end, the Committee on Quality of Health Care in America, IOM (2001), advocated that we incorporate interventions and outcome measures into our daily work, making it possible to understand the extent to which nursing performance is consistent with quality care. Doing this allows us to examine and establish NSPOs, ensuring that optimal nursing care is being delivered to patients and reaffirming nurses’ contributions to quality patient care. It is within this context that we examine NSPOs for ONS to provide a firm understanding of how oncology nurses enhance cancer care delivery to reduce suffering and promote quantity and quality of life.

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