I have just returned from the Oncology Nursing Society’s (ONS’s) 10th National Conference on Cancer Nursing Research that was held in Orlando, FL. I find this particular meeting an inspiring few days, chock-full of examples of the best and brightest oncology nurses involved in research, attending graduate programs, and engaged in clinical care. Marsha Fonteyn, PhD, RN, OCN® , reported on an examination of the 2003 and 2005 conferences, specifically to determine how much of the research presented at those meetings was published (Fonteyn, Lannen, Hailun, & Berry, 2009). Of the published papers, 51% appeared in the Oncology Nursing Forum. We all can be very proud of that; I was pleased to have a positive set of numbers replace—at least temporarily—the grim statistics about our economy that seem to creep into every home, job, and conversation these days.

Of course, ONS and this journal are not immune from the economic forces that squeeze us from all sides. The healthcare sector of the economy seems to be recession-proof in one sense (we still get sick no matter how bad the gross national product gets), but that does not transfer to the journal in any direct way. Our readers still have jobs, and their need for research to support evidence-based practice seems to be stronger than ever. A key component of ONS’s role as a professional nursing journal is its ability to communicate research findings, innovations, and knowledge gained from experience in ways that make that information accessible, usable, and as free-flowing as possible.

In what has to be the cruelest of ironies, we are enjoying a huge spike in manuscript submissions from the pharmaceutical industry has allowed us the luxury of publishing as many as 90 articles each year while still keeping subscription rates reasonable and print issues flowing to you regularly. Publishing a print journal is no small economic undertaking. Significant costs are associated with every aspect of the job: the computerized submission and review system, editorial staff, software and printing costs, mailing costs, and computerized access and archiving costs. Expenditures in all of these areas continue to rise while the revenue we receive to underwrite those costs shrinks and our profit margin, which, by the way, goes to support many ONS activities, declines. Like every other business and family in the United States, it is time to tighten our belts, conserve our resources, and rethink the way we do what we do.

One of the most effective strategies to keep publication rates high while reducing expenditures on some of the more expensive items in the budget is to rebalance the number of print and online exclusive articles. It has always been our assumption that, as the years went by, we would shift more and more to an online-only format; however, this radical shift in the United States’ economic fortunes will likely force this shift to occur more rapidly than we might have otherwise planned. At first blush, the journal that you receive bimonthly may seem thinner and, in terms of the number of pages in each hard copy issue, it may be. However, this trimmed down version of the journal belies the continued richness, diversity, and absolute numbers of our published articles. Look carefully and you will see that an additional large number of full-length articles are available with a few computer clicks. A hard copy of these online articles, in pdf format, looks exactly like a journal article in print. In addition, the online format can accommodate extensive tables and rich supporting resources that sometimes cannot be included in a print-only format. Online-only articles are open access so that our broader audience of healthcare professionals and the lay public can easily access this content even if they are not members or subscribers.

These adjustments as we go forward will not really take as much getting used to as you might think, but it will require us to readjust our traditional ways of thinking about our journals and our literature. In actuality, our ability to communicate the research and knowledge base to the next generation of nurses will not be reduced and delivery will be facilitated both in terms of our ability to maintain the necessary volume of work and to do it in as cost-effective a manner as possible. I am thinking of these adjustments as less of a problem to be solved and more as an opportunity for us to continue to succeed in an increasingly less certain world. We take our responsibility as stewards of the oncology nursing brain trust very seriously and will continue to provide the best possible journal in a manner that will ensure our robustness in the years ahead.

Reference