



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. The current article presents 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.

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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