

Oncology Nursing Essentials: Then and Now

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In the past 40 years, the foundation of cancer care has evolved, adjusting to the growing number and complexity of patients diagnosed with cancer and to combination and novel treatments, more effective symptom management, and technology that enhances and improves care and its delivery. However, the essentials of oncology nursing practice remain the same. This article reviews these essentials and highlights factors that will advance oncology nursing practice in the coming years.



At a Glance

- The foundation of oncology nursing has been built from a core knowledge base about the latest in prevention and detection, clinical care delivery, targeted care toward a variety of populations, basic science of cancer diagnostics, treatment, and psychological support.
- The essentials of oncology nursing will continue to be driven by technologic advances and evidence-based practice.
- Moving forward, nursing must be vigilant and transformative in leadership, education, and practice.

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“Study the past if you would define the future.”

—Confucius

Forty years ago, in 1975, if you were a practicing clinical oncology nurse, you may have been working in an inpatient setting, acting as a primary care nurse during your 8- to 10-hour shift, and caring for patients with lymphoma or leukemia who were receiving multiple-day infusion treatment. These patients, most of whom were receiving a variation of standard chemotherapy regimens, were treated as inpatients because they were

or would be very sick, based on their reaction to chemotherapy and their need for urgent symptom management.

If you were a surgical nurse, some of your patients diagnosed with cancer underwent major surgeries if the tumors were resectable. If your patients received radiation treatment, the protocols were somewhat limited, with many leading to extensive radiation side effects.

For patients in 1975 who had been diagnosed with cancer, their perception—and, in many cases, reality—was that cancer treatments would be arduous, with limited assurance for long-term success.

Adjuvant chemotherapy was just being introduced as a standard component of treatment. If you practiced in one of the first bone marrow units, the patients being treated there were unbelievably sick. If you were caring for patients at the end of life, the terms *hospice*, *palliative care*, and *quality of life* were infrequently used, despite patient status.

What was important during that time as a foundation for oncology clinical practice? Based on oncology nursing peer-review literature from 1975, those early years focused on review articles about the general care of broad classifications of patients (e.g., those in pediatric and radiation oncology), psychosocial and educational needs of patients, and supportive strategies intended to provide sometimes effective symptom management care for pain or side effects from chemotherapy.

Current Trends

Fast-forward to 2015, the 40th anniversary year for the Oncology Nursing Society (ONS). The essentials of oncology nursing practice have become broad and deep. To put these 40 years in perspective, this article provides a review of what have become practice essentials, evolving and transforming oncology nursing practice.

In 2014, the *Clinical Journal of Oncology Nursing's* Oncology Essentials column included the topics of electronic cigarettes; re-evaluating the neutropenic diet; cancer genetics and genomics; lactic acidosis in patients with cancer; psychosocial care for lesbian, gay, bisexual, and transgender patients; and the bioavailability of tyrosine-kinase inhibitors. As evidenced by these topics, the essentials of oncology nursing encompass knowledge about the latest in prevention and detection, clinical care delivery,