Introduction:
Improving Oncology Nursing Through Advances in Quality-of-Life Issues

Cynthia R. King, PhD, NP, MSN, RN, FAAN

In 1995, the Oncology Nursing Society (ONS), with support from Amgen USA and Amgen Canada, held a state-of-the-knowledge conference on quality of life (QOL). The participants included nurse researchers, nurse clinicians, psychologists, nurses who had cancer, and ONS staff. All participants had expertise related to QOL. From this conference, a summary article was published in the Oncology Nursing Forum that addressed the current knowledge and issues related to QOL (King et al., 1997). King and Hinds (1998, 2003), with assistance from many of the experts from the conference, published the first nursing book on QOL.

A decade later, the QOL of patients with cancer and their families continues to be of great importance and a challenge to oncology nurses. Although some QOL controversies have not yet been resolved, advances have been made. Many of the advances are the result of contributions by oncology nurses.

The American Cancer Society (2005) projected that 1,327,910 new cases of cancer would be diagnosed and 570,280 people would die of the disease in 2005. Certain subgroups, such as African Americans and women, face more distressing statistics than others. Consequently, oncology nurses must continue to be involved with QOL issues for patients and families. Every oncology nurse, regardless of his or her practice, research, administration, or educational setting, needs to be included in addressing QOL issues.

This supplement on advances in QOL covers key QOL issues for oncology nurses. Experts in QOL contributed articles that include current information on the state of the science for oncology nurses in practice, research, education, or administration.

In the first article (p. 5), I highlight advances in how clinical nurses assess and improve QOL for patients and families. In particular, clinical nurses do assess QOL and intervene, but the evaluations often are less formal and based on the nurse-patient relationship.

In her article (p. 13), Claudette G. Varricchio, RN, DSN, FAAN, discusses measurement issues. Reliable and valid methods for measuring QOL must be used to contribute to improvement in patient outcomes. The purpose of measuring QOL, reliability, validity, generic versus specific measurement, research versus clinical evaluation, single versus multiple items, and linguistic equivalence all are discussed.

In their article (p. 23), Pamela S. Hinds, PhD, RN, FAAN, Elizabeth A. Burghen, RN, MSN, MBA, Joan E. Haase, PhD, RN, and Celeste R. Phillips, MSN, RN, CPON®, who are pediatric nurse researchers, review QOL issues for pediatric patients. They highlight the importance of clinically assessing QOL in children and adolescents. Assessments should be comprehensive and evaluate the immediate and late effects of anticancer therapies. Additionally, advances in defining, conceptualizing, and measuring QOL in pediatric patients with cancer are detailed.

In the fourth article (p. 31), Kimlin Ashing-Giwa, PhD, and Marjorie Kagawa-Singer, PhD, MN, RN, discuss culture and its importance in QOL discussions. The advances in and need for understanding QOL issues related to culturally diverse groups are discussed, which can help nurses to better appreciate survivorship outcomes and the QOL experiences of these groups.

Oncology nurses have been at the forefront of the revolution to understand QOL issues and improve patient and family QOL outcomes. As with the first state-of-the knowledge conference, oncology nurses must collaborate with other disciplines (e.g., physicians, social workers, psychologists) to plan, implement, and evaluate new, innovative QOL initiatives.

Hopefully, the articles in this supplement will encourage oncology nurses to (a) increase their knowledge and skills related to QOL, (b) stimulate dialogue among clinicians, researchers, educators, and administrators, (c) stimulate new and creative ways to help patients and families with QOL issues, and (d) contribute to further research efforts.

References


Cynthia R. King, PhD, NP, MSN, RN, FAAN, is the program director for nursing research and an assistant professor in Public Health Sciences at Wake Forest University Baptist Hospital in Winston-Salem, NC.

Digital Object Identifier: 10.1188/06.ONF.S1.3
These issues are of demonstrable significance for the nursing profession. Nurses are often at the forefront of requests either for life support to be withheld or withdrawn or, alternatively, for everything possible to be done. The ‘rightness’ or ‘wrongness’ of such requests, however, are not always clear-cut and, in contexts where different values, attitudes and beliefs prevail, deciding these things can be extremely challenging. Since these issues have significant moral implications for the profession and practice of nursing, some discussion of them here is warranted. Not For Treatment (NFT) By highlighting the ways nurses can contribute to improving oncology care in LMICs, this report addresses the issues facing the workforce and includes recommendations to illustrate how health and educational systems can be used to strengthen the expertise and expand the role of oncology nurses in LMICs. Oncology nurses with Master's and Doctoral education contribute in advanced practice, education and scientist roles. This section will outline what has been done in oncology, from prevention through end-of-life care and survivorship, by nurses working in Advancing nursing research in LMICs will not only enhance the cadre of cancer researchers (Price et al. 2012), but has the potential to improve service delivery, training, policy and health outcomes ((De Raaf et al. Summary Background The literature shows that oncology nurses have more stressors than nurses in other units. They face many challenges both within and outside the work environment that affect them ... The purpose of this study was to explore the challenges experienced by oncology nurses in Jordan during their daily practice. Method. A qualitative descriptive approach was adopted. Semistructured individual face-to-face interviews were conducted with 24 nurses. Participants were selected from oncology departments in one of the biggest governmental hospitals in Jordan. Results. Two main themes were drawn from the data analysis. The first discussed the personal challenges that oncology nurses encountered.