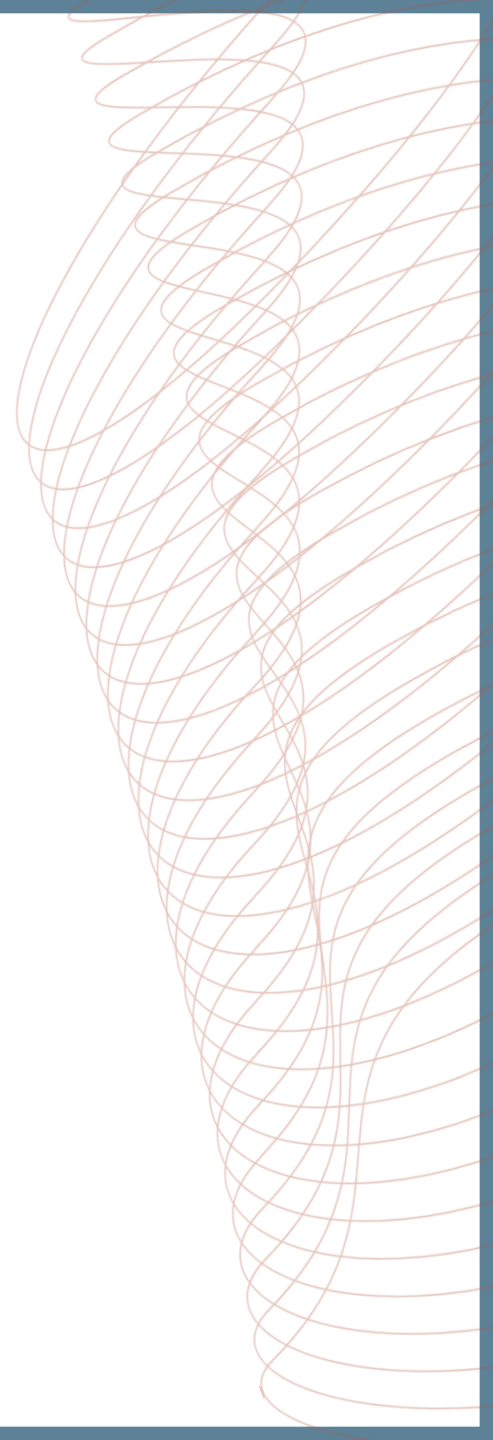


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THE HEART OF MEDICAL EDUCATION



THE EVOLVING ROLE OF THE ONCOLOGY NURSE IN THE UNITED STATES OF AMERICA - A SURVEY EXPLORING THEIR PERSPECTIVE

Nina N. Grenon, Karen S. Waldrop, Natasha Pinheiro, Brittni Prosdocimo
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SELECTED HIGHLIGHTS

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DEVELOPED BY GI NURSES CONNECT

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Please note: The views expressed within this programme are the personal opinions of the experts. They do not necessarily represent the views of the experts' institutions, or the rest of the GI NURSES CONNECT group.

Expert disclosures:

- **Nina N Grenon, Karen S Waldrop, Natasha Pinheiro and Brittni Prosdocimo** have nothing to disclose

THIS PROGRAMME HAS BEEN DEVELOPED BY A GROUP OF EXPERTS

**Nina N Grenon
Nurse Practitioner**

Dana Farber Cancer Institute,
Boston, MA, USA



**Karen Waldrop
Clinical Care Co-ordinator**

University of Alabama,
Birmingham, AL, USA



**Natasha Pinheiro
Nurse Practitioner**

Memorial Sloan Kettering Cancer
Center, New York, NY, USA



**Brittni Prosdocimo
Advanced Clinical Education
Specialist**

UPMC Hillman Cancer Center,
Pittsburgh, PA, USA



BACKGROUND

- **Oncology nurses** support the multidisciplinary team to deal with difficult workloads, while at the same time are the most accessible healthcare professional for patients and their families^{1,2}
- Oncology nursing has a broad scope and set of responsibilities and early post-pandemic studies highlight that COVID-19 has **reshaped oncology nursing** and **increased responsibilities**^{3,4,5}
- Previously reported **studies** have shown how nurses were able to provide quality care during the pandemic by adapting their role as necessary but **have not looked** at how this has continued to shape **the role of the oncology nurse and the support required for them to continue to expand their roles**^{4,5}

STUDY OBJECTIVES

- Explore how the role of oncology nurses in the USA is continuously changing and to evaluate this from the nurses' perspective
- Understand how changes made during the pandemic may have irreversibly altered aspects of nursing

PARTICIPANTS AND METHODS

- **Survey development**

- Survey questions were crafted with input from the Scientific Committee, all oncology nurses
- The survey comprised questions exploring respondents' opinions on the role of oncology nurses in treatment and symptoms management and the evolution of relevant responsibilities over the years; it also assessed oncology nursing practice changes since the COVID-19 pandemic
- A qualitative section gathered feedback about nurses' perceptions of the immediate future of their profession

- **Survey participation**

- Survey was conducted between January and June 2024
- Nurses practising in various oncology care settings throughout the USA were invited to participate in the survey
- Distributed via email to nurses across professional organizations, networks, and various institutions through social media channels and the Scientific Committee
 - 197 responses received from nurses from 17 different states across the country

RESPONDENTS DEMOGRAPHICS

SURVEY RESPONDERS (1)

Survey participant demographics		%	NP (N=46)	NN (N=39)	IN (N=45)	ON (N=31)	GN (N=27)
Gender	Female	96%	98%	95%	98%	97%	89%
	Male	4%	2%	5%	2%	3%	11%
Age	< 30	16%	12%	5%	20%	33%	15%
	31-40	30%	35%	39%	22%	13%	44%
	41-50	21%	23%	24%	22%	17%	11%
	51-60	19%	19%	13%	20%	27%	15%
	> 60	14%	12%	18%	16%	10%	15%
Educational background	Undergraduate degree	27%	13%	38%	38%	23%	33%
	Master's degree	26%	46%	18%	9%	13%	15%
	Doctoral degree	7%	26%	0%	0%	3%	0%
Nursing role	Nurse practitioner	23%					
	Nurse navigator	20%					
	Infusion nurse	23%					
	Oncology nurse	16%					
	(other) Registered nurse	14%					
	Other	4%					
Number of years in current role	<1 year	9%	4%	10%	7%	6%	19%
	1-5 years	33%	5%	7%	9%	7%	5%
	5-10	24%	10%	5%	5%	1%	3%
	>10	34%	81%	78%	79%	86%	74%

IN, infusion nurse; NN, nurse navigator; NP, nurse practitioner; ON, oncology nurse; GN, registered nurse.

Grenon et al. Healthcare. 2024. 12(23), 2453

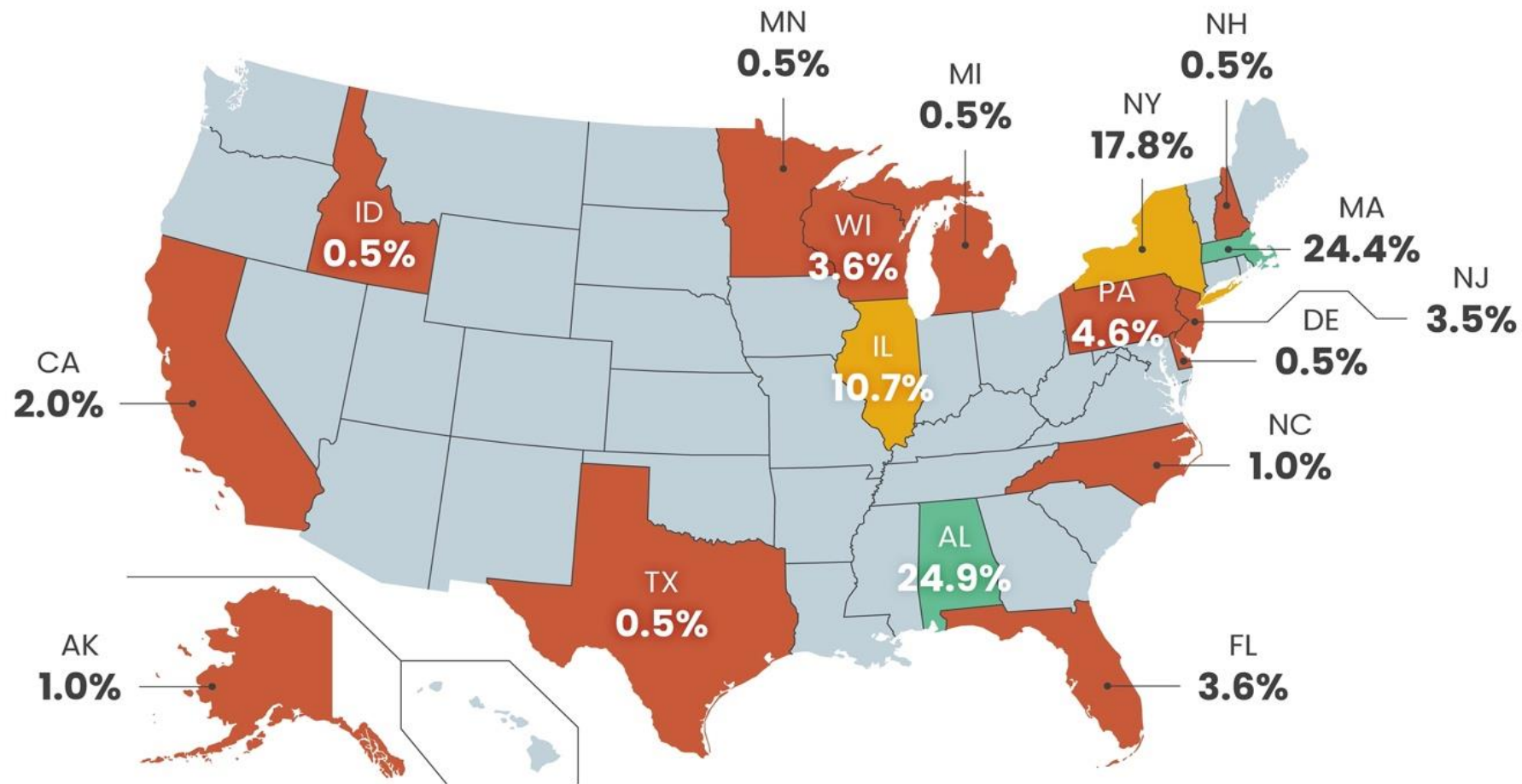
SURVEY RESPONDERS (2)

Survey participant demographics		%	NP (N=46)	NN (N=39)	IN (N=45)	ON (N=31)	GN (N=27)
Practice type	Academic/urban hospital	29%	30%	31%	20%	39%	33%
	Community hospital	2%	4%	0%	2%	3%	0%
	National Cancer Institute	34%	39%	28%	20%	42%	33%
	Infusion center	20%	9%	10%	64%	0%	4%
	Academic institution	22%	28%	31%	9%	16%	22%
	Outpatient oncology clinic	63%	57%	72%	62%	52%	85%
	Other	1%	2%	0%	0%	0%	0%
Patient population setting	Inpatient	6%	2%	0%	0%	29%	0%
	Outpatient	93%	96%	100%	100%	71%	100%
	Both	1%	2%	0%	0%	0%	0%
Number of patients per week	1-5 patients	4%	0%	5%	0%	13%	4%
	5-10 patients	6%	2%	8%	4%	13%	0%
	10-15 patients	6%	11%	10%	0%	6%	0%
	15-20 patients	21%	20%	33%	20%	13%	22%
	>20 patients	62%	67%	44%	76%	55%	75%
Types of cancer	Colorectal	63%	54%	56%	87%	52%	63%
	Gastroesophageal	59%	57%	54%	84%	48%	44%
	Liver	50%	35%	49%	84%	32%	37%
	Pancreatic	61%	52%	56%	87%	45%	56%
	Neuroendocrine	54%	54%	46%	78%	35%	48%
	Other	12%	15%	13%	11%	6%	11%
	None	26%	37%	31%	9%	32%	26%

IN, infusion nurse; NN, nurse navigator; NP, nurse practitioner; ON, oncology nurse; GN, registered nurse.

Grenon et al. Healthcare. 2024. 12(23), 2453

GEOGRAPHICAL DISTRIBUTION OF SURVEY RESPONDENTS ACROSS THE UNITED STATES



AK, Alaska; AL, Alabama; CA, California; DE, Delaware; FL, Florida; ID, Idaho; IL, Illinois; MA, Massachusetts; MI, Michigan; MN, Minnesota; NC, North Carolina; NH, New Hampshire; NJ, New Jersey; NY, New York; PA, Pennsylvania; TX, Texas; WI, Wisconsin

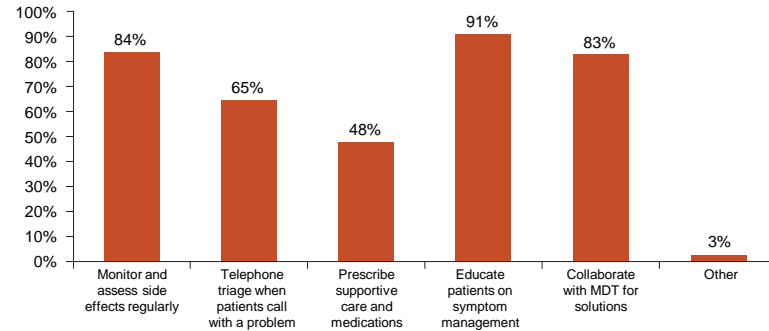
0-5% 5-10% 10-20% 20-30%

SURVEY RESULTS

ROLE IN MANAGING TREATMENT EFFECTS AND ITS EVOLUTION

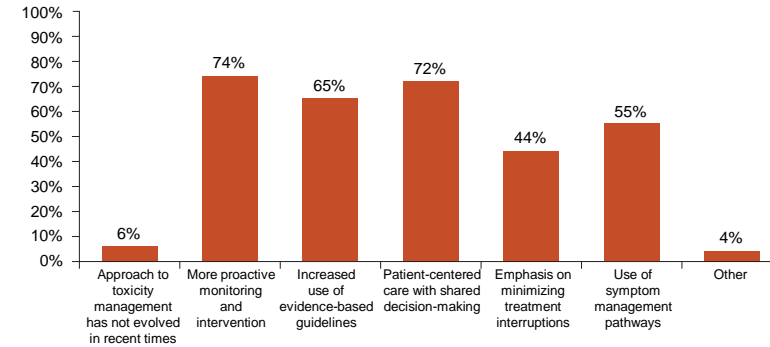
A

IN YOUR ROLE AS AN ONCOLOGY NURSE, HOW DO YOU CONTRIBUTE TO THE MANAGEMENT OF TREATMENT-RELATED TOXICITIES IN PATIENTS WITH CANCERS?



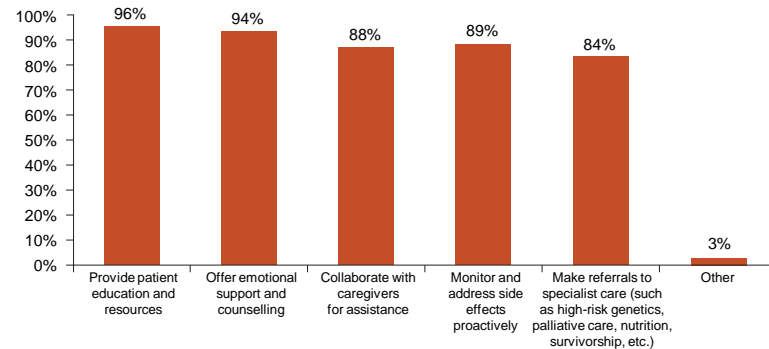
B

HOW HAS THE APPROACH TO TOXICITY MANAGEMENT BY ONCOLOGY NURSES EVOLVED IN RECENT TIMES?



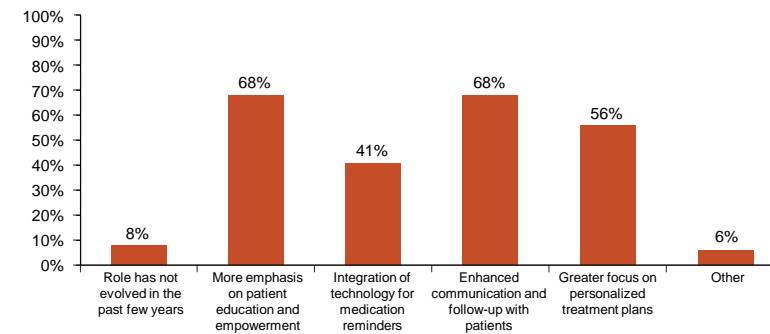
C

IN YOUR ROLE AS AN ONCOLOGY NURSE, WHAT STRATEGIES DO YOU USE TO SUPPORT PATIENTS IN ADHERING TO THEIR TREATMENT REGIMENS FOR CANCERS?



D

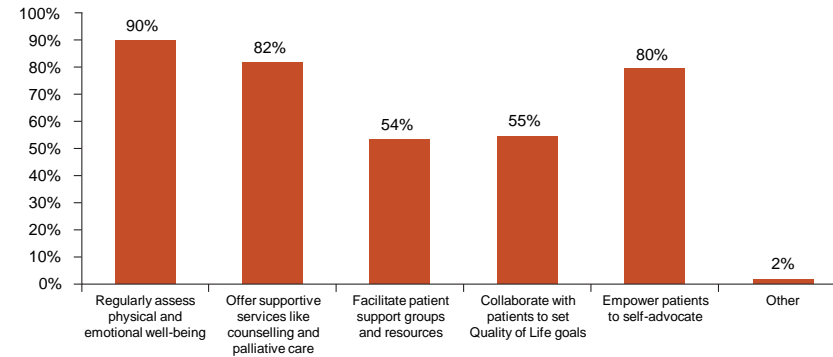
HOW HAS THE ROLE OF ONCOLOGY NURSES IN PROMOTING TREATMENT COMPLIANCE EVOLVED OVER THE PAST FEW YEARS?



ROLE IN MANAGING TREATMENT EFFECTS AND QUALITY OF LIFE: EVOLUTION POST COVID-19 PANDEMIC

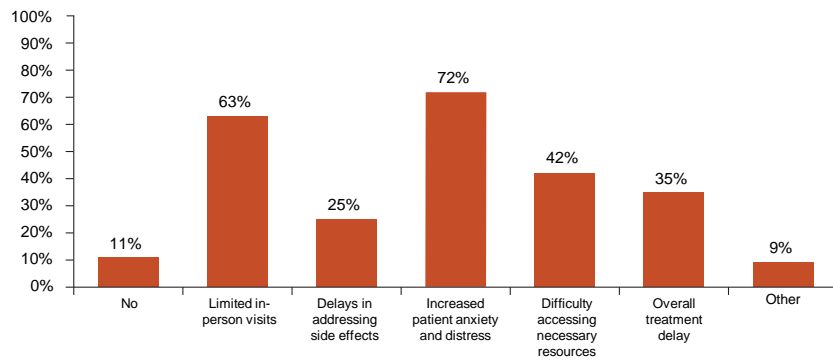
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HOW DO ONCOLOGY NURSES ASSESS AND ADDRESS PATIENTS' QUALITY OF LIFE CONCERNS WITH CANCERS DURING THEIR TREATMENT JOURNEY?



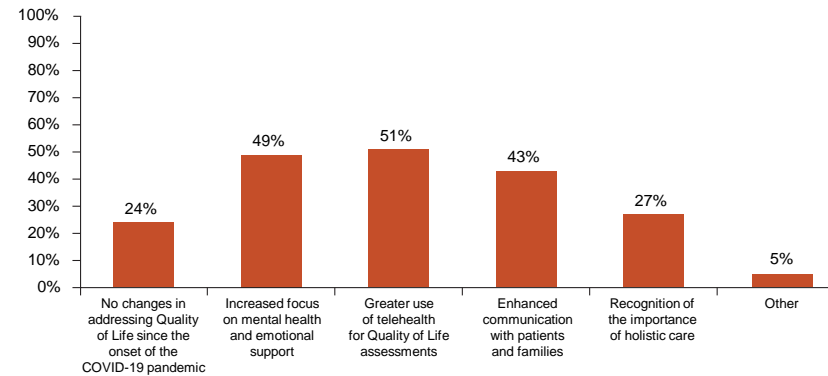
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DID YOU ENCOUNTER SPECIFIC CHALLENGES IN MANAGING TREATMENT TOXICITIES DURING THE COVID-19 PANDEMIC?



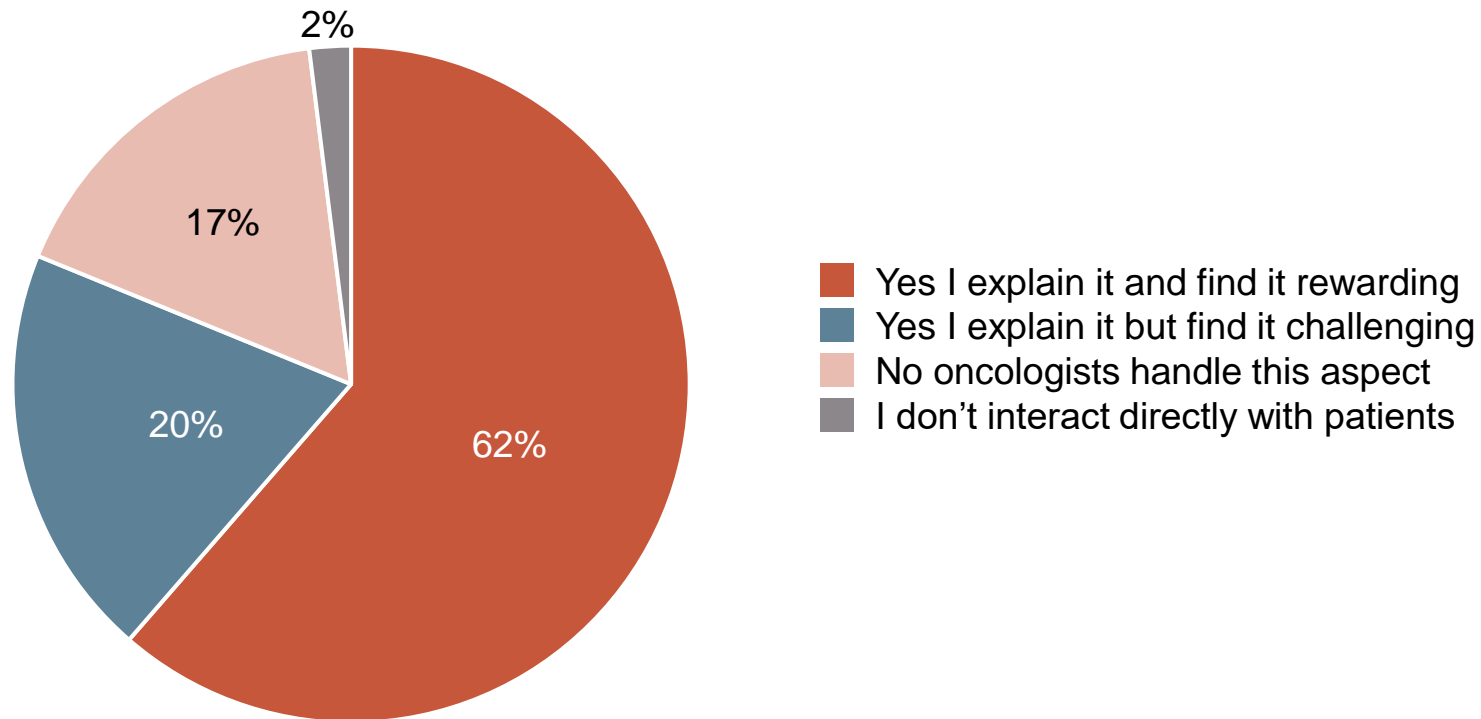
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HAVE YOU NOTICED ANY CHANGES IN THE EMPHASIS ON ADDRESSING PATIENTS' QUALITY OF LIFE SINCE THE ONSET OF THE COVID-19 PANDEMIC?



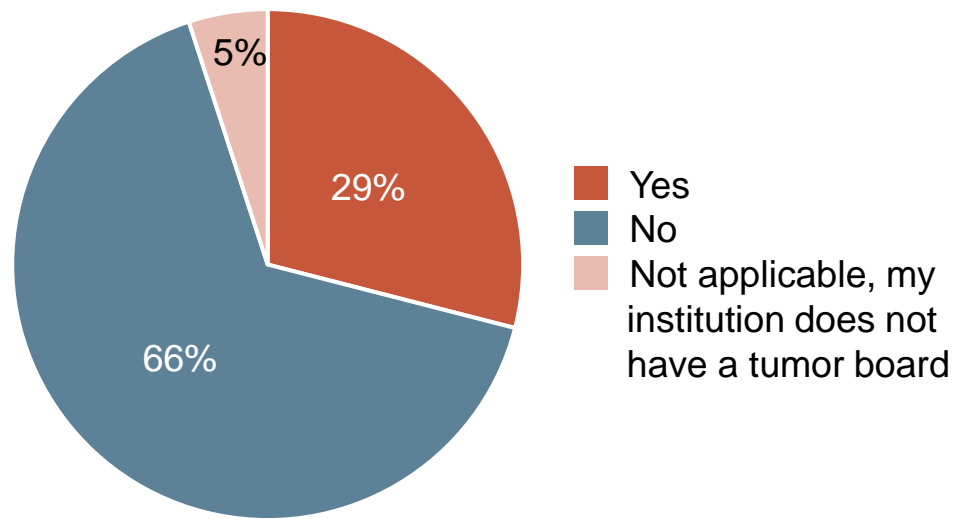
ONCOLOGY NURSE ROLE AS AN 'EDUCATOR'

DO YOU HAVE A RESPONSIBILITY TO EXPLAIN OR EDUCATE THE PATIENT REGARDING THEIR DISEASE? HOW DO YOU FIND THAT EXPERIENCE?

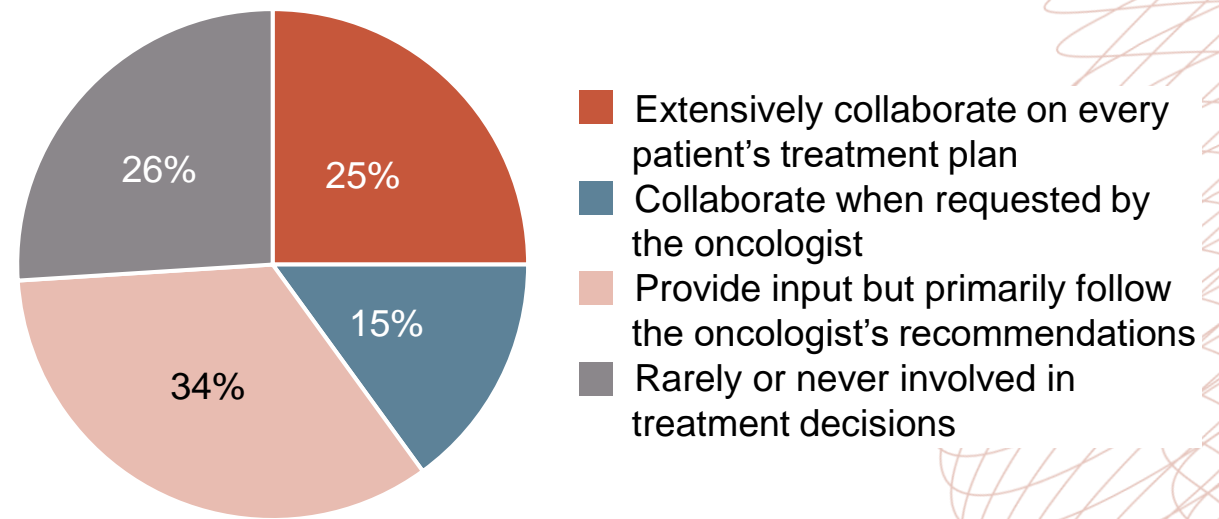


ONCOLOGY NURSE PARTICIPATION IN TREATMENT DECISION-MAKING

DO YOU PARTICIPATE IN TUMOR BOARD DECISIONS?

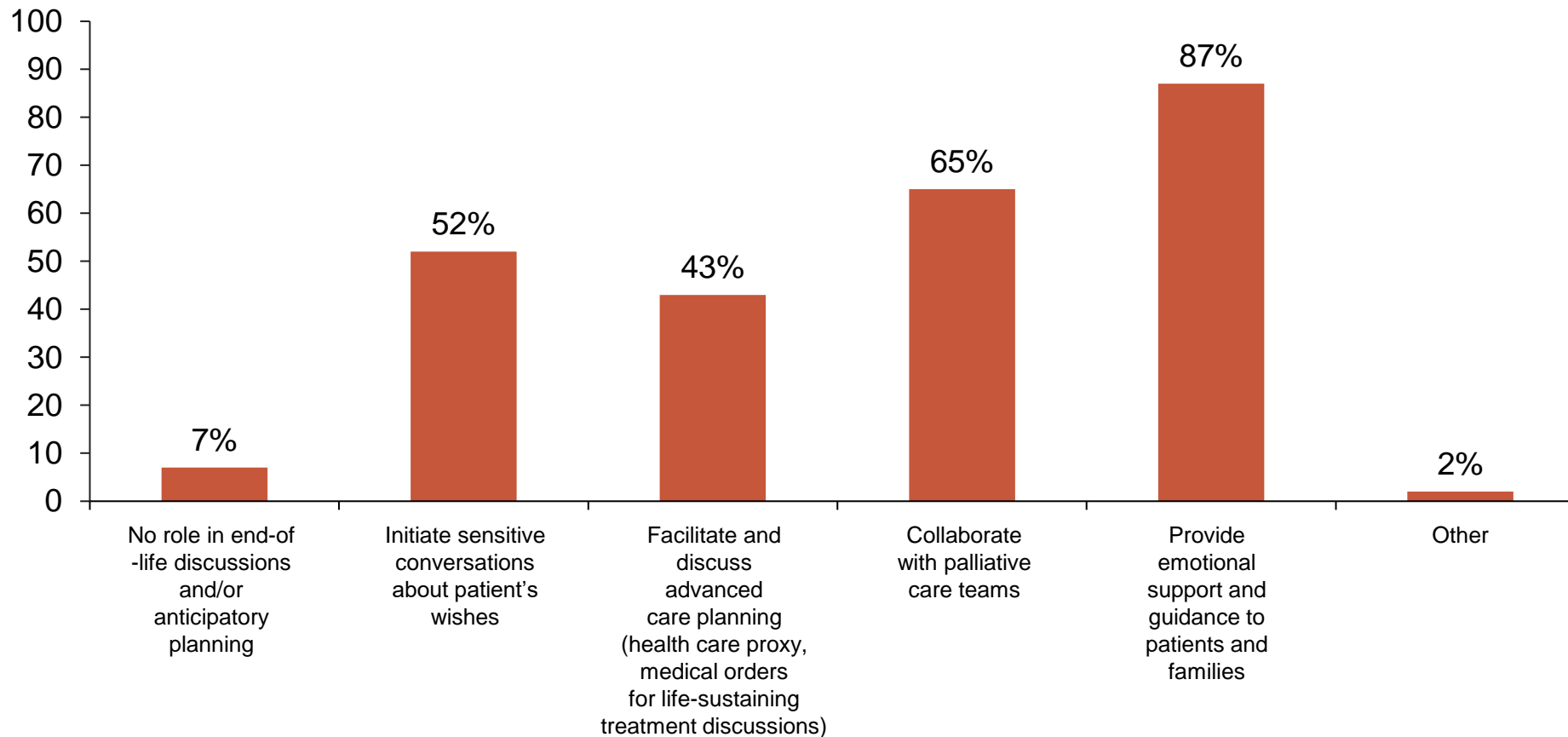


IN YOUR ROLE AS AN ONCOLOGY NURSE, TO WHAT EXTENT DO YOU COLLABORATE WITH ONCOLOGISTS IN MAKING TREATMENT-RELATED DECISIONS?



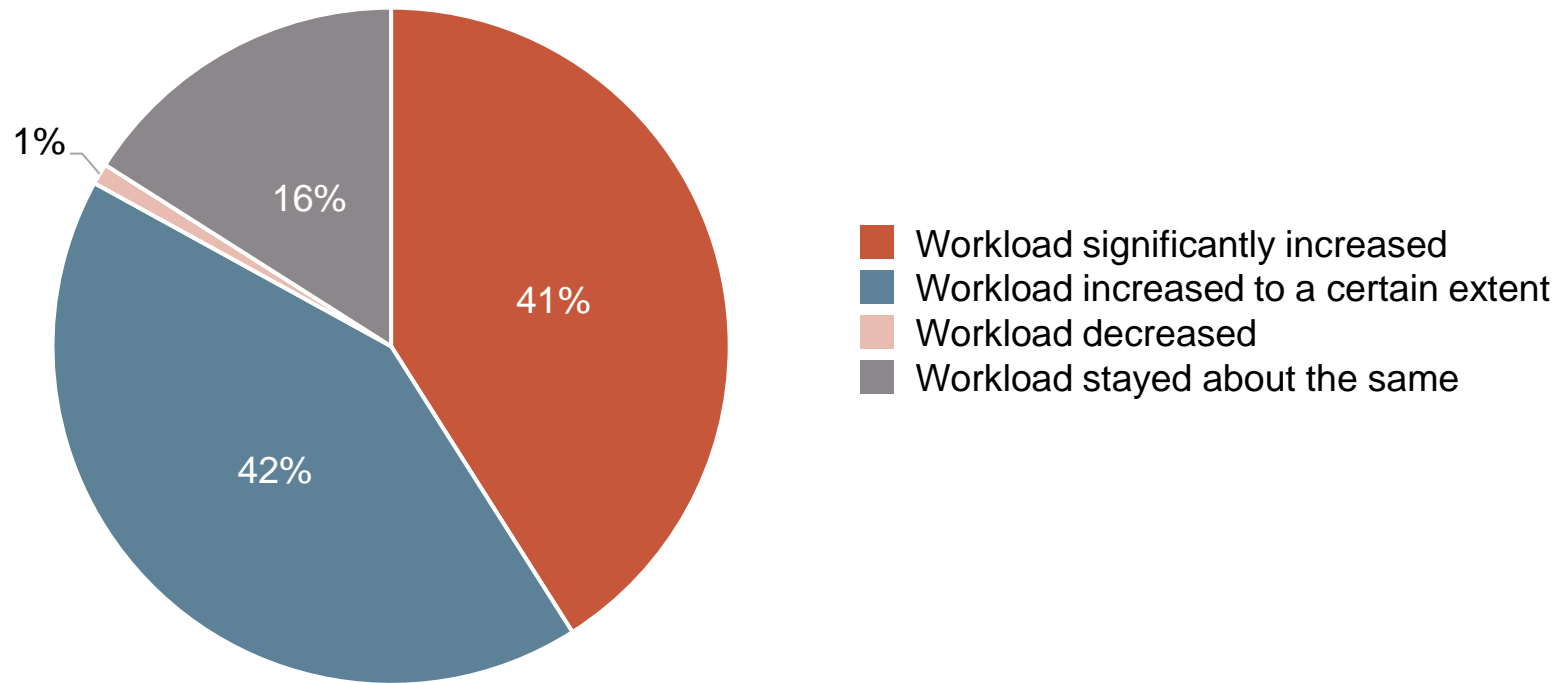
ONCOLOGY NURSE PARTICIPATION IN END-OF-LIFE DECISIONS AND PLANNING

HOW DO NURSES PLAY A ROLE IN END-OF-LIFE DISCUSSIONS AND/OR ANTICIPATORY PLANNING?



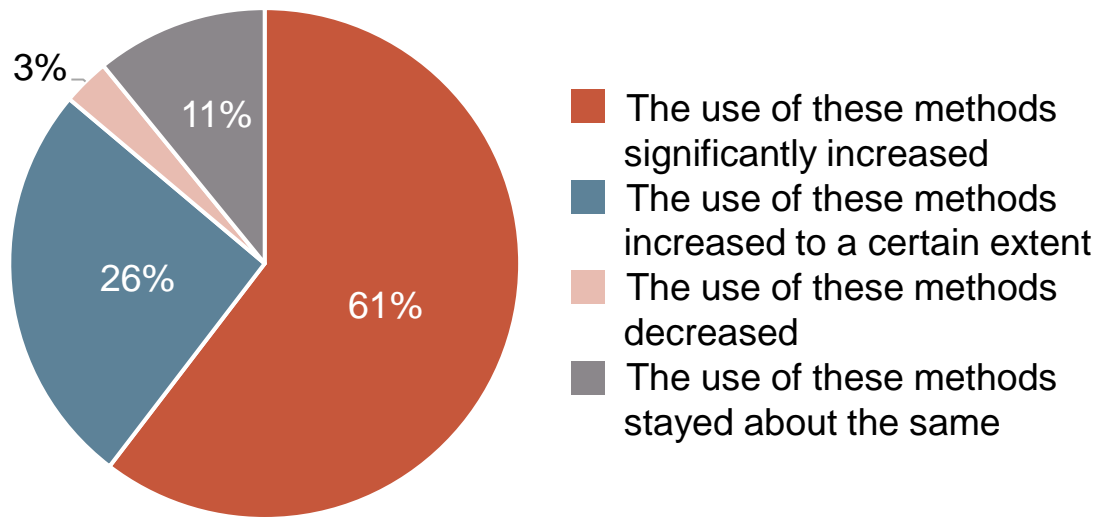
ONCOLOGY NURSE WORKLOAD DURING THE COVID-19 PANDEMIC

IN WHICH WAYS HAS THE COVID-19 PANDEMIC AFFECTED THE DAILY RESPONSIBILITIES AND WORKLOAD OF ONCOLOGY NURSES TREATING CANCER PATIENTS?

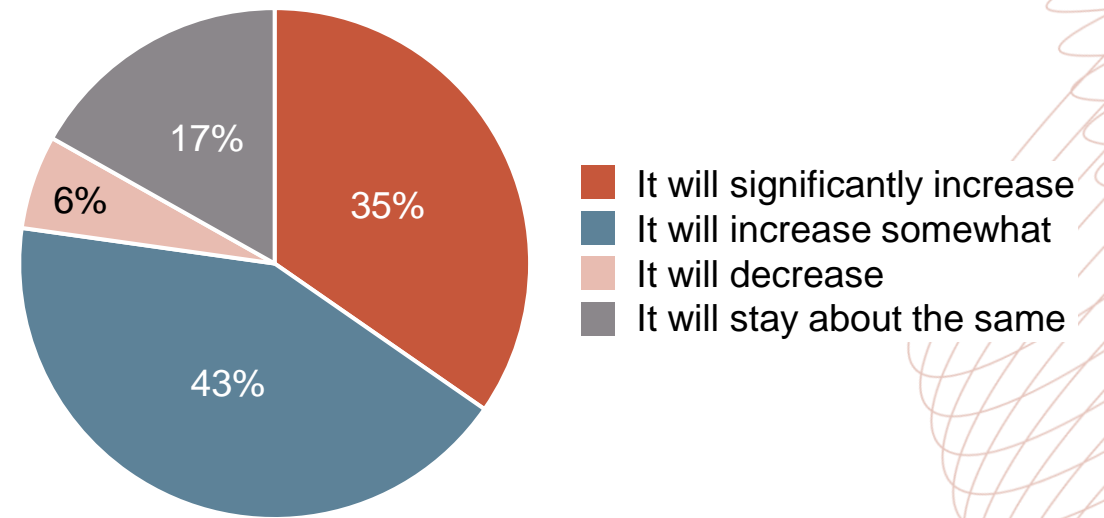


THE USE OF TELEHEALTH AND VIRTUAL HEALTHCARE TOOLS DURING THE COVID-19 PANDEMIC AND MOVING FORWARD

TO WHAT EXTENT DID TELEHEALTH AND VIRTUAL CARE METHODS BECOME A PART OF YOUR PRACTICE IN CARING FOR PATIENTS WITH CANCERS DURING THE PANDEMIC?



HOW DO YOU ANTICIPATE THE ROLE OF TELEHEALTH EVOLVING IN THE ONCOLOGY NURSING PROFESSION MOVING FORWARD?



ONCOLOGY NURSE REMARKS ON SHARED PANDEMIC EXPERIENCES

Learnings to take forward and improvements in oncology nursing practices

- “I believe we have learned a lot from the COVID pandemic and many of the challenges are behind us as we have adapted to virtual care and changing clinic needs. I hope that we will be better equipped for a future pandemic.”
- “The COVID-19 pandemic highlighted the importance of nursing and the strong communication, collaboration, and care that nurses provide on all levels.”
- “By now things have improved, telehealth has made the portal essential for all patients, so communication and engagement are better.”

Burnout and making time for self-care

- “Unfortunately, nothing has improved and has gotten so much worse. Burnout is a big concern.”
- “Making time for self-care must be a priority. That is true for nurses and caregivers.”
- “We need more support and more hands on/in-person care from providers other than nurses. The amount of responsibility and expectations of the RN seems to increase exponentially without increase in compensation.”

EMERGING THEMES REGARDING THE FUTURE OF THE ROLE OF ONCOLOGY NURSES

- Increasing use of telehealth, virtual clinics and online apps
- Specialized symptom management
- Individualized care (especially via virtual or remote interactions)
- Increased involvement in multidisciplinary teams and more teamwork
- Increased responsibilities, workload and burnout
- Changing practices through introduction of AI tools
- Need for more advanced IT skills or knowledge
- Need for understanding of new therapies
- The role of genetics and genomics in cancer care
- Need for counselling and communication skills especially concerning patient self-advocacy, and how to have difficult conversation with patients
- Better education for both patient and nurses

Evolution in a positive direction:

- “I anticipate that virtual/telehealth remain an active part of our clinic days as a way to continue to increase access to patient care”.
- “As AI becomes more available nurses will need to use symptom management pathways fueled by technology.”
- “The role of the oncology nurse will include educating the patient not only about their treatment, but how to navigate the health care system to receive the best possible care.”
- “Much more targeted symptom management and treatment individualized, more prediction of symptoms before they occur. Will be a lot more specialized care”
- “I envision becoming more of an integral part of the team.”

But worries regarding workload remain:

- “The workload and complications are getting harder and harder to deal with - it is nonstop and exhausting”

DISCUSSION

- The participating nurses perceive that their central role is **managing treatment-related toxicity and disease-related symptoms** by consistently monitoring patients
- The findings of this study indicate a heavy workload. The emotional experience, heavy workload and resulting distress underlie burnout, poor communication, the inability to provide compassionate care and compassion fatigue^{1,2,3}
- Approximately **two-thirds of all nurses** surveyed in this study **do not participate in multidisciplinary tumor boards** despite the well-documented positive impact of clinical nurse specialists on the decision-making^{4,5}
- The survey confirmed how some **changes** incorporated during the **pandemic have now become part of routine practice**, especially concerning the use of telehealth and virtual care tools, but the survey also highlighted the need for continuing education
- Oncology nurses are requesting support to overcome some of the barriers. There is a need to **enhance training and education** in the immediate future

CONCLUSION



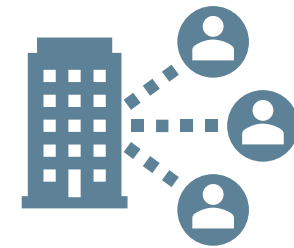
Nurses' role

Oncology nurses' roles in the USA are expanding and evolving. Some changes have brought opportunities to improve patient care and make it more accessible



Nurses' needs

There is a need to decrease the workload and emotional demands that are currently affecting nurses. They demand enhanced education and training



Joint effort

Joint efforts from societies and institutions to work collaboratively and make existing education more accessible could improve this workforce's current challenges.



For more information visit



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