Establishing Priorities for Oncology Nursing Research: Nurse and Patient Collaboration

Anna Cox, PhD, MSc, BSc(Hons), Anne Arber, PhD, MSc, RN, Ann Gallagher, PhD, MSc, RN, Mairead MacKenzie, and Emma Ream, RN, PhD, MSc, BSc(Hons)

Purpose/Objectives: To obtain consensus on priorities for oncology nursing research in the United Kingdom.

Design: A three-round online Delphi survey.

Setting: Oncology nurses were invited via the United Kingdom Oncology Nursing Society (UKONS) database. Patient participation was invited through patient organizations.

Sample: 50 oncology nurses and 18 patients.

Methods: Eligible and consenting individuals reported five priorities for oncology nursing research (round 1), rated their level of agreement with them (round 2), and restated and revised their responses in light of the group’s responses (round 3). Consensus was defined as 80% agreement.

Main Research Variables: Research priorities for oncology nursing as reported by oncology nurses and patients.

Findings: Consensus was reached on 50 of 107 research priorities. These priorities reflected the entire cancer pathway, from diagnosis to palliative care. Highest agreement was reached within and across groups on the need for research relating to prevention, screening, early diagnosis, and psychological care across the cancer trajectory. Little consensus was reached regarding symptoms and side effects. Some evident divergence existed: Only patients reached consensus regarding palliative care research, and only nurses reached consensus regarding eHealth and technology research.

Conclusions: Oncology nurses and patients do not necessarily prioritize the same research areas. Prevention, screening, and early diagnosis are of the highest priority for future research among oncology nurses and patients.

Implications for Nursing: Patients usually play little part in priority setting for research. This study provided the opportunity for meaningful patient and nurse involvement in setting a research agenda for oncology nursing that is relevant and beneficial to oncology nurses and patients.

Cancer care is in continual flux, driven by advances in science, technology, and treatment. Improvements have been made across cancer services, including in the areas of prevention, screening (e.g., home testing kits for colorectal cancer), surgery (e.g., robotic surgical systems), chemotherapy (e.g., cancer immunotherapy), and enhanced recovery and survivorship programs. Many innovations have enabled care to be delivered closer to people’s homes with benefits in terms of patient convenience and cost savings for service providers. However, innovations in cancer care alter patients’ interactions with cancer services, as well as the care they require. Nursing care needs to be responsive to service changes and patient outcomes, and it should be underpinned by contemporary and rigorous evidence addressing key challenges for nurses and patients. Because finite resources are