

The Nightingale Legacy

The World Health Organization (WHO, 2020) has designated 2020 as the International Year of the Nurse and the Midwife to mark the 200th anniversary of Florence Nightingale's birth. This celebration honors her work and impact on the nursing profession—one of engagement and advocacy for public health. Nightingale's *Notes on Nursing* (1860) illustrated her observations of social determinants for health wellness and illness. She championed efforts for community access to clean water and public sanitization and emphasized the importance of nutrition and hygiene on healing and wellness. Her calls for action still resonate with enduring worldwide healthcare shortcomings, which contribute significantly to morbidity and mortality.

By 2030, there will be an estimated 22 million individuals newly diagnosed with cancer and 12 million cancer deaths (Fidler et al., 2018). However, an estimated 30% of cancers worldwide could be prevented by modifying behaviors and exposures (Bray & Soerjomataram, 2015). In low- and middle-income countries, human development—the interrelationship between life expectancy, educational attainment, and standard of living—plays a pivotal role in the rising rates of cancer morbidity and mortality (Fidler et al., 2018). In particular, cancer rates and types have been affected by the uptake of Western practices, such as red meat- and sugar-based diets, sedentary lifestyles, and alcohol and tobacco consumption, among others. By 2030, the projected cancer burden in low- and middle-income countries is expected to increase by 100% (Bray & Soerjomataram, 2015).

It is essential for nurses to lead efforts in engaging the public, including policymakers, with cancer control strategies. Kreuter

et al. (2007) described how finding the right narrative to facilitate cancer control communications can influence the uptake of desired behaviors for better cancer outcomes. They suggested the following four narratives: overcoming behavioral resistance, facilitating information processing, providing surrogate social connections, and characterizing emotional and existential issues that surround prevention and screening behaviors (Kreuter et al., 2007). Based on those narratives, this supplement to the *Clinical Journal of Oncology Nursing*

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establishes a clinical nursing foundation in practice for cancer control communication.

Providing specific behavioral examples, Glenn (2020) describes counseling narratives that promote patient and community adoption of healthy behaviors. Through motivational interviewing or the five A's model of counseling, nurses can support individuals toward healthier living. According to de Vries et al. (2012), the act of avoiding or reducing exposure to harmful ultraviolet rays (e.g., sunlight, tanning beds) could reduce incidence of cutaneous melanoma by 31%, basal cell carcinoma by 35%, and squamous cell carcinomas by 46% by 2050. However, clinicians in practice caring for cancer survivors report that survivors may not adopt healthy behaviors. In the article by Hirschey et al. (2020), the difficulties in persuading cancer survivors to adopt healthy behaviors, such as smoking cessation and exercise, and reengage in cancer screenings is addressed.

Since the 1930s, carcinogenic environmental and occupational exposures have been recognized as causes for industrialized air pollutant-induced cancers. The WHO International Agency for Research on Cancer established the first list of recognized carcinogenic agents in 1965, and this repository is updated as new research establishes the carcinogenic potential of hundreds of substances. However, many carcinogenic substances, such as asbestos, continue to exist in the environment. In 1987, WHO recognized asbestos as a

carcinogen that can lead to the development of mesothelioma and lung cancer (International Agency for Research on Cancer, 1987). Although only 12%–18% of cancers in the United States and Britain are attributed to past asbestos-related exposures, the future burden of asbestos-related cancers is expected to increase in Russia, China, and India, where asbestos continues to be present and used in working materials (Bray & Soerjomataram, 2015).

In this supplement, Dike and McGowan (2020) report on everyday environmental and occupational exposures, including radon, arsenic, pesticides, and hazardous drugs. Pertinent to these examples are the advocacy that nurses promote to avoid or significantly reduce exposures. Similarly, Watson (2020) illustrates the possible actions of nurses resulting from the cancer narratives described by Kreuter et al. (2007), such as advocacy in cancer control programs and local or national policy