JOYCE P. GRIFFIN-SOBEL, RN, PHD, AOCN®, APRN-BC

The Unique Voice of Nursing

Having recently attended the annual meetings of the American Society of Clinical Oncology (ASCO) and Oncology Nursing Society (ONS), I have been thinking about the great differences between them. Let me give you some examples.

> The care that nurses deliver is the essense of health "care," and only a nurse understands and can describe that care.

At ASCO, during discussion of a study comparing capecitabine to infusional 5-fluorouracil in metastatic colorectal cancer, hand-foot syndrome was described as an inconvenience but not a serious side effect. After picking myself up from the floor, I reviewed the abstracts, posters, and discussion session materials. In study after study detailing complex multidrug chemotherapeutic regimens, nursing care was never mentioned. Not once. Patient assessment, symptom prevention and management, patient teaching, psychosocial care, family counseling, care coordination, and the myriad nursing interventions that enable patients to complete treatment were not mentioned in any discussion of study results. In contrast, the ONS sessions usually discussed the medical and chemotherapeutic treatments in a detailed manner before elaborating on nursing interventions.

What could explain this discrepancy? I certainly do not believe that our physician colleagues view our work as unimportant. Certainly, patients are extraordinarily aware of the invaluable role that nurses play in their care. Yet, in many instances, nursing's contribution to patient outcomes remains inarticulated or assumed.

To give a different example of this problem, others assume that they are competent to speak for nurses. A company with a financial interest in a product or drug may approach a nurse and offer him or her the services of an editorial company to assist with developing a manuscript about that product or drug. In some cases, the article may be written largely by the interested company, that is, essentially a ghost-writing situation. The company may offer the nurse financial incentives, and to a new author, these enticements may be seen as a quick and easy route to publication.

All nurses should be aware that ONS has established a financial disclosure policy and use of such services must be disclosed. Please review this policy, which is described in the "Information for Authors" on page 544. The *Clinical Journal of Oncology Nursing* now includes the name of the editorial company that provided assistance along with the author credits, thus allowing readers full disclosure. I encourage you to read Rose Mary Carroll-Johnson's, MN, RN, editorial on this topic in the April 2000 issue of the *Oncology Nursing Forum.*

In addition to the philosophical and ethical issues involved, one of the basic problems with manuscripts developed in this manner is the assumption that someone other than a nurse "knows better." You have successfully completed nursing school, perhaps graduate school, and on a daily basis care for some of the sickest patients known to health care. You can recite the actions, interactions, and side effects of hundreds of drugs and treatments. You help people through one of the biggest crises of their lives and often ease their way into the next life. You care for your own children and help patients talk to theirs. The care that nurses deliver is the essence of health "care," and only a nurse understands and can describe that care. Nurses possess the skills required to write a manuscript or give a presentation on a drug, treatment, nursing intervention, research study, or clinical trial. Allowing someone else to write our papers, tell our stories, ignore our contributions, and decide what is best for us is manipulative, paternalistic, and deceitful.

Recent studies have documented the direct relationship between poor nurse staffing and negative patient outcomes (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002). Oncology nurses know that patients cannot endure cancer treatment without the care we provide. We must effectively communicate that knowledge to all stakeholders—our patients, physician colleagues, other healthcare colleagues, hospital administrators, and profession. Each and every one of us must do our part in telling our story—in the unique voice of the RN.

References

Aiken, L.H., Clarke, S.P., Sloane, D.M., Sochalski, J., & Silber, J.H. (2002). Hosipital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA, 288,* 1987–1993.

Carroll-Johnson, R.M. (2000). Financial disclosure: Why should we care? [Editorial]. *Oncology Nursing Forum, 27,* 421.

Needleman, J., Buerhaus, P., Mattke, S., Stewart, M., & Zelevinsky, K. (2002). Nurse-staffing levels and the quality of care in hospitals. *New England Journal of Medicine, 346,* 1715–1722.

Digital Object Identifier: 10.1188/04.CJON.443