

The Shift of Oncology Inpatient Care to Outpatient Care: The Challenge of Retaining Expert Oncology Nurses

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The prediction has come true. Patients with cancer are being treated as outpatients, and oncology admissions to hospitals have decreased significantly. Rather than dedicated oncology units, hospitals are combining medical-surgical units with oncology units; this trend seems particularly true in community-based hospitals (Satryan, 2001). With these changes in unit demographics, how will dedicated oncology nurses working in hospitals continue to be experts in their specialty? What strategies can be used to help these nurses maintain their oncology skills and, just as importantly, maintain or increase their satisfaction on mixed units? Because many experienced oncology nurses are moving to the outpatient arena, who will be left to provide care best provided by an oncology nurse to patients with cancer? These questions present unique challenges for nurse leaders, bedside nursing staff, and others concerned about the delivery of quality cancer care.

Background

More than 15 years ago, inpatient chemotherapy was expected to become a treatment of the past (Gullatte & Levine, 1990). The shift of oncology care from inpatient to outpatient has indeed occurred and is documented in the literature (Clark, 2001; Lamkin, Rosiak, Buerhaus, Mallory, & Williams, 2001b). Community hospitals, in particular, have experienced declines in oncology inpatient census and revenue. In fact, oncology units in community hospi-

tals have been reconfigured to allow more medical-surgical patients. Thus, remaining oncology nurses may give up their specialty (Gullatte & Jirasakhiran, 2005). In some institutions, oncology units have been disbanded completely and the nurses dispersed to various other units, with the assumption that cancer care could be incorporated into the general medical-surgical unit. This would leave many patients with cancer without the benefit of receiving care from expert oncology nurses (Satryan, 2001). It also may leave oncology nurses to practice in isolation from each other, a tremendous source of knowledge and support.

Non-oncology nurses providing care to patients with cancer have not been adequately trained to deliver specialized oncology care (Clark, 2001). The Oncology Nursing Society's 2006 position paper on oncology services in the ambulatory practice setting states, "Quality care for individuals with cancer is accomplished best by RNs who have been educated and certified in the oncology specialty." Changes to mixed units have affected the safety of cancer care, psychosocial care, and patient and family teaching (Lamkin, Rosiak, Buerhaus, Mallory, & Williams, 2001a).

As a result of these changing health-care dynamics in oncology, further challenges have arisen in training and

mentoring new oncology nurses. With the shift of treatment of patients with cancer to the outpatient arena, the volume of inpatient oncology patients is no longer available to orient oncology nurses adequately on the unit. Novice nurses working on mixed units often become overwhelmed with nonskilled tasks that medical-surgical patients sometimes require, leaving less time to provide the meticulous and complex care patients with cancer demand. These novice nurses, in particular, need clinical and psychological mentorship as they work toward becoming oncology nurses (Medland, Howard-Ruben, & Whitaker, 2004).

Effect on Patient Outcomes

Adequate specialized nursing staff and patient outcomes are associated (Hayes et al., 2005). The shift of care for patients with cancer from dedicated inpatient oncology units to mixed units has the potential to change quality patient outcomes. In a 2001 American Nurses Association survey, 75% of nurses felt that the quality of patient care had decreased over the past two years, and 56% reported inadequate time to perform patient care (Gullatte & Jirasakhiran,

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