

Update on the Role of Research in the Oncology Nursing Society

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Changes are underway at the Oncology Nursing Society to align resources so that scientists have the support needed to generate new knowledge and clinicians have access to tools needed to use evidence-based interventions that can speed the translation of research to transform cancer care.

The Oncology Nursing Society (ONS) is one of the largest professional nursing specialty organizations in the United States. Research has been a core component since its inception in 1975. In fact, the development of the first research committee blossomed within ONS in 1979, just four years after its initiation, and the creation of the Advanced Nursing Research Special Interest Group was established 10 years later (Mayer, 2015). The special interest groups, now called communities, provide a forum for members to share ideas and information with others who have similar interests.

Research is evolving within ONS and has undergone transformation. The objectives of this commentary are to provide an overview of the structure of research within the organization, discuss the varied research components, and provide an update of initiatives being developed to improve quality cancer care.

Structure of Research Within ONS

Nursing research experts from around the United States were convened in March 2017 for a Research Think Tank for roundtable discussions to examine future cancer nursing research directions. This two-day meeting resulted in the following recommendations for future ONS research leadership and other research-related activities:

- ONS needs a focused research agenda.
- ONS needs an experienced researcher to direct research activities.

- ONS needs to develop mentorship opportunities for nurse researchers.
- The Oncology Nursing Foundation should explore funding mechanisms and levels to develop opportunities for oncology nurse scientists.

Historically, ONS had appointed a Director of Research to oversee research activities. The first Director of Research was appointed in 1993, and the second Director of Research assumed the position from 1999–2017 (ONS, 2017). Based on feedback from the roundtable discussions, members from the Research Think Tank recommended that ONS create a research leadership position and a Research Advisory Panel that would be charged with advising on the role of the new proposed research leader within the organization.

As a result of this meeting, a scholar-in-residence (SIR) position was created to serve as the face of ONS at research meetings, work with leaders in academia to forge collaborative relationships, advocate for nursing on national panels, collaborate with the Oncology Nursing Foundation to identify areas for targeted fundraising to support mentorship and research activities, provide direction for research-related activities, and work closely with the chief clinical officer for strategic planning for research at ONS and representing the organization at a national level.

The structure of research within ONS was reconfigured so that the SIR fits within the clinical portfolio and works closely with the chief clinical officer and other personnel focused on research activities and creation of clinically focused programs to enhance quality cancer care for the ONS membership. This new infrastructure allows for interaction and ongoing dialogue between the research team and clinical experts to enhance the synergy between the generation and synthesis of research and more effective translation and implementation into clinical settings.

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Research Components

Research is operationalized within ONS in a multi-faceted way and covers the range from support for research generation, synthesis, translation, and usage (see Figure 1). The mission for research at ONS is to “promote excellence in oncology nursing and quality cancer care by fostering generation and usage of new knowledge, provision of evidence syntheses and dissemination of evidence to support nursing practice and quality patient outcomes” (Mallory, 2015, p. 1).

Research Generation

The two main research initiatives underway are addressing mentorship to promote career development of the next generation of scientists and updating the research priorities that will guide ONS-directed research activities. Given the anticipated retirement of a number of experienced faculty, who are also funded scientists, there is an urgent need to promote career development and support the next generation of oncology nurse scientists (Moore & Badger, 2014). To address this need, a mentorship task force has been developed and will be formulating a plan to provide career activities to support nurse scientists across the trajectory, from encouraging students to enter PhD programs to providing opportunities for new and mid-career investigators to learn and be mentored by experienced nurse scientists. The ultimate goal is to strengthen the pipeline of oncology nurse scientists who have the ability to transform cancer care.

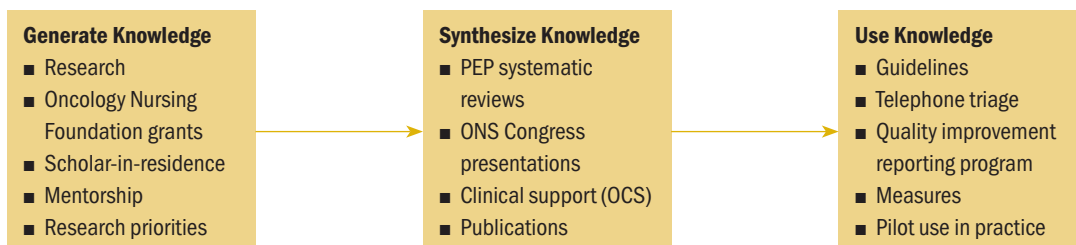
The second main initiative is to update the ONS research priorities (Knobf et al., 2015). ONS has had research priorities since 1984 that have been updated in regular cycles (Given, 2009; Mayer, 2015). Given the recommendation from the Research Think Tank, the updated research priorities will identify three major targeted priorities that will provide direction for future research activities. The narrower

focus on research priorities will allow ONS to direct resources to reach the goal of enhancing the pipeline of researchers and providing resources for targeted research to improve the quality of cancer care. One important resource available to ONS is the Oncology Nursing Foundation, which provides support through awards, grants, scholarships, and educational initiatives. The major goal going forward is to align the ONS research priorities with funding opportunities to provide enhanced support through the Foundation and provide the funds necessary to address gaps identified through the research priorities and transform cancer care.

Research Synthesis and Translation

ONS members are recognized leaders in cancer symptom management. Oncology nurses are often the first line of defense for patients during and after cancer treatment, and nurses at all levels are vital to improving symptom management and patient outcomes. In the 1990s, ONS held state-of-the-knowledge conferences on fatigue, cancer pain, and quality of life and, later, sleep-wake disturbances and neutropenia. These conferences brought nurses together who were engaged in seminal research on these symptoms, while inspiring others to pursue research in oncology. The research infrastructure within ONS continued to build national programs on symptoms, such as Priority Symptom Management and the Fatigue Initiative Through Research and Education (Rutledge, 2005). In 2005, ONS began the Putting Evidence Into Practice (PEP) program, which became a cornerstone of ONS’s emphasis on symptom management. PEP provides a synthesis of evidence-based recommendations on prevalent symptoms based on rigorous systematic reviews and evaluation of evidence. The primary goal of PEP is to identify and disseminate the best available scientific

FIGURE 1. Research and Evidence-Based Practice at ONS



OCS—oncology clinical specialist; ONS—Oncology Nursing Society; PEP—Putting Evidence Into Practice

TABLE 1. CMS MIPS Measures

Measure Title	CMS High-Priority Area	Measure Type
CMS MIPS 2019 measures		
Care Plan (advanced care plan or surrogate decision maker)	Yes	Process
Preventive Care and Screening: Influenza Immunization	No	Process
Pneumococcal Vaccination Status for Older Adults	No	Process
Documentation of Current Medications in the Medical Record	Yes	Process
Pain Assessment and Follow-Up	Yes	Process
Oncology: Medical and Radiation: Pain Intensity Quantified	Yes	Process
Oncology: Medical and Radiation: Plan of Care for Pain	Yes	Process
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	No	Process
Use of High-Risk Medications in the Elderly	Yes	Process
Closing the Referral Loop: Receipt of Specialists Report	Yes	Process
ONS custom measures^a		
Goal Setting and Attainment for Cancer Survivors	Yes	Care coordination
Exercise Recommendation to Adult Cancer Survivors	No	Process
PCR Test With Molecular Response 2 or Greater Results (BCR-ABL1 < 1%[international scale]) for Patients Receiving TKI for at Least 6 Months for Chronic Myelogenous Leukemia ^b	No	Intermediate clinical outcome
Patient-Reported Health-Related Quality of Life During Treatment for Advanced Cancer ^b	Yes	Outcome
Assessment for and Management of Immune-Related Adverse Events During Cancer Treatment with Checkpoint Inhibitors ^b	Yes	Outcome
^a Pending CMS approval for use in MIPS 2019; available for quality improvement purposes ^b ONS/Premier, Inc. measure; development supported by Bristol-Myers Squibb CMS—Centers for Medicare and Medicaid Services; MIPS—Merit-Based Incentive Payment System; PCR—polymerase chain reaction; TKI—tyrosine kinase inhibitor		

evidence to help nurses improve patient outcomes. Using a team-based approach with content experts, the ONS PEP teams search for relevant literature, create comprehensive summaries of empirically tested interventions, and then rank interventions according to their effectiveness. PEP resources are available online and in textbooks to healthcare providers caring for people with cancer and their caregivers (Johnson, 2014).

The PEP resources are one pathway used by ONS to advance excellence in quality cancer care (Mallory, 2010). Looking to the future, ONS has plans to extend its work in symptom management. ONS is

transitioning its PEP resources to clinical practice guidelines using GRADE (Grading of Recommendations Assessment, Development, and Evaluation) methodology and following the National Academies of Sciences, Engineering, and Medicine criteria for trustworthy guidelines (Institute of Medicine, 2011). ONS also is leading a collaborative translational project that will include a survey of members related to evidence-based practice (EBP), a systematic review of published studies focused on implementation of EBP interventions in oncology and then a follow-up qualitative study to identify key facilitators, barriers, and strategies used to implement EBP in oncology.

Use of Research

In 2008, ONS launched an initiative to develop patient-centered quality measures built on systematic reviews and interventions published in ONS PEP resources. This work created 14 symptom-focused, patient-centered quality measures; six addressed care for patients undergoing active cancer treatment. The measures are housed in the oncology Qualified Clinical Data Registry (QCDR). ONS has maintained Centers for Medicare and Medicaid Services (CMS) approval as a QCDR and for provider reporting to the Merit-Based Incentive Payment System (MIPS). The registry offers six e-specified custom ONS measures and 10 CMS MIPS measures (see Table 1). The e-specification means data can be extracted from an electronic health record for reporting without the need for manual data abstraction.

ONS expanded the quality resources tool to include an ONS-developed “How Do I Improve?” model. The model provides resources specific to each heading that demonstrates best practices and approaches to improve in each of the five inter-related areas of healthcare improvement science. This model has been updated annually since 2016.

In early 2018, ONS offered this registry as a clinical data registry (CDR) to researchers and clinicians to track outcomes data for scientific studies and quality improvement purposes. The CDR includes dashboarding capabilities, peer-comparator resources, and improvement resources for quality improvement purposes. This CDR offers clinicians and scientists an opportunity to use patient-centered electronic quality measures that represent interprofessional evidence-based care of people with cancer without the requirement of submitting data for MIPS reporting.

Conclusion

ONS is committed to promoting the professional development of nurse scientists to strengthen the pipeline and future impact of the science. The changes underway at ONS are being undertaken to align resources so that scientists have the support needed to generate new knowledge and clinicians have access to tools needed to use evidence-based interventions that can speed the translation of research to improve quality and transform cancer care.

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