

Strengthening Oncology Nursing by Using Research to Inform Politics and Policy

Debra Lyon, RN, PhD, FNP-BC, FAAN

Strategies for sustainable health promotion, clinical care, and research necessitate collective political activism to promote the health of our nation and health across the world.

As we move into a highly political season, filled with campaign advertisements, editorials, and heightened rhetoric regarding the upcoming November local, state, and national elections, it is time to address one of the tenets of the old-school indoctrination into nursing. This tenet, which was fundamental to the education and training of generational cohorts still active in the nursing profession, was that nurses should not be political. We were taught to focus on taking care of the patients at hand, with a lens that was limited to the patients and families encountered during clinical interactions across a limited time frame, such as an eight-hour shift. Our education and experiential learning were focused primarily at the individual level: the effect of one nurse and their individual impact on patients, families, and organizations. Although our advocacy was limited to individual patients and families, we were asked to be change agents in clinical settings; again, the focus was one nurse to one patient and family, and the change agent was a single nurse advocating for an individual or family. Addressing macro-level issues or advocating for others at more than an individual level was considered antithetical to

the underpinnings of nursing practice—the nurse as apolitical and interpersonally directed instead of focusing on larger societal issues. For some of us, the focus on the nurse and the patient and family at an individual rather than a collective level may have contributed to a lack of skills and knowledge as well as subsequent reticence for addressing the macro issues facing health care. In response to the polycrisis associated with the pandemic, strategies for sustainable health promotion, clinical care, and research necessitate collective political activism to promote the health of our nation and health across the world. For this, the focus on the primary requisite element of health care, the well-being and sustainability of the nursing workforce, requires activating bolder strategies to initiate the changes that are needed, based on the scientific evidence as well as the societal trends that have accelerated during the current pandemic.

Research has accumulated during the past 25 years that demonstrates that improving the work environment remains a solution for hospitals looking to concurrently improve nurse burnout and patient outcomes (Schlak et al., 2021). For inpatient health care, mandated nurse-to-patient staffing ratios are the most important issue to stabilize the inpatient acute care setting for patients and nurses. Although on the face they may seem noncontroversial, mandated staffing ratios have not been widely enacted because of financial implications and a purported shortage of nurses. Not surprisingly, decision makers in healthcare systems are reluctant to enact staffing ratios because of

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the high costs. As of March 2022, 16 states address nurse staffing in hospitals through either laws or regulations. Only California and Massachusetts have nurse-to-patient ratios/standards. Fourteen states have regulations that address hospital nurse staffing, such as staffing committees or public reporting of staffing levels (American Nurses Association, n.d.). Recently, the American Association of Critical Care Nurses, American Nurses Association, American Organization for Nursing Leadership, Healthcare Financial Management Association, and Institute for Healthcare Improvement launched a nurse staffing think tank to find solutions to the nurse staffing crisis. The nurse staffing think tank will focus on priority topics and recommendations to create healthy work environments that elevate clinician safety—physical and psychological—to the level accorded patient safety and informed by research on appropriate levels of staffing (Partners for Nurse Staffing Think Tank, 2022).

How can oncology nurses continue to make a difference and focus their collective strengths for these major challenges? Of the nearly 4.3 million RNs in the United States, there are about 100,000 oncology nurses. The Oncology Nursing Society (ONS) has a well-developed policy and health advocacy mission that focuses on enacting a legislative strategy as well as educating and integrating oncology nurses from across the nation into focused political activism. One example of targeted legislative advocacy is the annual ONS Capitol Hill Days, where a cohort of about 100 oncology nurses from across the nation gather in Washington, DC, to meet with their congressional offices (ONS, 2022). One of the recommendations from the staffing think tank is for specialty nursing organizations to investigate evidence related to scope of practice and minimum safe staffing levels for patients in their specialty. This important work requires the specific knowledge and insights of specialty nurses. For

oncology nurses, further developing, retaining, and retraining the overall nursing workforce at large is a key strategy for moving forward the larger goals of cancer prevention, detection, and treatment. We need additional workforce-focused research to provide evidence for safe oncology staffing levels that promote patient, family, and nurse well-being. There is a role for every nurse in this movement to protect our profession as well as the health of our citizens. Even those of us from the old school can learn how to make our voices heard and more collectively powerful and contribute to political and legislative changes; the health of our citizens depends on it.



Debra Lyon, RN, PhD, FNP-BC, FAAN, is the executive associate dean and Kirbo Endowed Chair in the College of Nursing at the University of Florida in Gainesville. Lyon can be reached at ONFEditor@ons.org.

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