

The Oncology Nursing Shortage and Its Impact on Cancer Care Services

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As newspapers across the country continue their focus on health insurance and managed care, the media are giving little attention to a serious problem that has the potential to impact quality health care nationwide: the current nursing shortage. Although nursing shortages have occurred before, this time is unlike any previous shortages because long-term strategies, not quick fixes, are essential to preserving the nursing profession.

Shortages of registered nurses have been reported by hospitals in all regions of the country since 1988.¹ Today, these shortages are evident in community and teaching hospitals located in both urban and rural areas.^{2,3,4} One of the most startling aspects of the current nursing shortage is the aging of the current workforce. Buerhaus and colleagues⁵ reported that the average age of working RNs increased by 4.5 years from 1983 to 1998. The current average age of RNs is 45.4 years. This aging trend is expected to continue over the next 10 years, when more than 40 percent of the RN workforce is expected to be older than 50 years of age.

The aging of the RN workforce in bedside nursing also extends to

nursing faculty. According to the American Association of Colleges in Nursing (AACN), the average ages of associate professors and assistant professors are 52.1 and 48.5 years, respectively.⁶ The combination of an aging nursing faculty and inadequate numbers of doctorally prepared faculty members will impact the ability of nursing schools to prepare the numbers of registered nurses required to fulfill future demand. By 2015, the U.S. expects 114,000 full-time registered nurse vacancies.⁷

The aging RN workforce appears to be a direct result of the declining number of individuals entering the nursing profession. Historically, women have dominated the nursing profession, with females comprising 90 percent of RN roles. Since the women's movement of the 1970s, however, there has been an explosion in the number and kinds of career opportunities available for young women. The trend toward choosing careers other than nursing has resulted in the decline in nursing program enrollment.

In the fall of 1999, enrollments in entry-level baccalaureate nursing programs decreased by 4.6 percent, according to AACN.⁸ This was the fifth consecutive year of declining enrollment in BSN programs across the country.

Although demand for advanced practice nurses—nurse practitioners, clinical nurse specialists, nurse midwives, and nurse anesthetists—continues to climb, enrollments in advanced practice clinical programs have also experienced declines over the past two years, according to AACN.⁹

Today's health care environment must shoulder part of the blame for the current nursing shortage. As acute care institutions grappled

with managed care's cost controls, administrators focused on their nursing department's labor costs—the largest portion of the organization's budget. Budgetary cuts with accompanying reductions to staff (including advanced practice nurses) changed the nurse-patient ratios, overworked staff, and in turn negatively affected quality health care. The publicity associated with the downsizing and replacement of registered nurses with less qualified health care workers, as well as the difficult working conditions of RNs who remain employed, has sent a negative message to potential nursing students. Many believe the field of nursing offers few opportunities for young people. The question remains: Who will care for the increased number of elderly patients over the next 10 to 20 years at a time when the baby boomers in increasing numbers begin to access health care facilities for acute and chronic illnesses?

THE IMPACT ON ONCOLOGY NURSING

As institutions struggled with prospective payment systems and the effects of the Balanced Budget Act of 1997, specialty nursing units came under fire. Hospital administration officials combined units, closed others, and dispersed staff to all parts of the hospital. Oncology services were not excluded. As administrators cut budgets and oncology care shifted to the outpatient setting, the number of dedicated oncology inpatient units declined. At some institutions, members of the oncology staff, many of whom were certified oncology nurses, were dispersed to various units. The belief was that cancer care could be incorporated into the general medical/surgical

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unit. Unfortunately, many oncology patients would no longer have the benefit of certified oncology nurses to administer their chemotherapy or other treatment modalities, nor would they have a dedicated multidisciplinary team approach to their care.

Cost-cutting measures included downsizing master's prepared advanced practice nurses in oncology and oncology clinical nurse specialists (CNS), who along with the physician handled complex symptom management and pain control. The loss of this valuable resource for education and research utilization has the potential to negatively impact quality cancer care.

As the delivery of cancer care services has changed, experienced oncology nursing personnel have moved from the bedside to other care points along the health care continuum. Today, oncology nurses are present in primary care offices, outpatient chemotherapy and radiation centers, managed care services, home care, and hospices, as well as in pharmaceutical companies and internet businesses. The technological explosion has created numerous career opportunities for the oncology nurse, which, in turn, have depleted the pool of experienced oncology nurses at the bedside.

Nurses have always cared for patients with cancer, however, the subspecialty of oncology nursing is relatively new. In the 1970s, nurses working with patients undergoing oncology clinical trials met together to learn from one another and to validate their own practice. It was during that time that the Oncology Nursing Society (ONS) became a professional nursing organization. Over the years, the ONS has strived to set standards and guidelines by which all oncology nurses practice. Oncology nurses have become an integral component of the health team in the field of cancer care.

The mission of the ONS is to promote excellence in oncology nursing and quality cancer care. One of the most important visible signs that quality cancer care is being delivered is to have oncology certified nurses provide the care. Since 1986, the Oncology Nursing Certification Corporation (ONCC) has provided certification examinations to nurses in the subspecialty of oncology. Three sepa-



rate examinations are offered. They include the OCN®, the AOCN®, and the CPON. The OCN is the general oncology certification credential. The AOCN represents an advanced certification. Those individuals seeking an AOCN must have a master's degree. The CPON credential is for those nurses working within the subspecialty of pediatric oncology nursing. To date, 22,000 oncology nurses hold some type of oncology certification. Each year 4,400 nurses become certified or renew their certification in oncology nursing.¹⁰

Chapter 15, "Oncology Nursing Services" of the Association of Community Cancer Centers' *Standards for Cancer Programs*, includes the following standard: "Nursing care of the cancer patient is provided by nurses with specialized knowledge and skill in oncology."¹¹ Certification in oncology nursing demonstrates that specialized knowledge and skill. In addition, the application for the American College of Surgeons' Commission on Cancer Approvals Program asks for the number of oncology certified nurses working in a particular institution. Oncology nurses are also expected to participate in activities within a cancer program.¹²

Cancer care continues to evolve as new drugs, drug regimens, and treatment modalities are put into practice. The impact of the Human

Genome Project¹³ on cancer care and services, although still unknown, will probably be far-reaching. The field of cancer genetics is still emerging. Yet, it promises to affect cancer care from primary prevention through treatment.

No doubt, cancer care will look different in 10 to 15 years. Not only must we assure that oncology nurses are available, but also that they are prepared to assume the roles established by the new technologies.¹⁴ Moreover, they must be schooled to deal with issues of cancer survivorship, on-line health care, and integrative and complementary therapies.¹⁵ Continued collaboration between physicians and oncology nurses will be imperative for quality cancer care in the future.

HOW TO SHIFT DIRECTION

The nursing shortage is here and by all projections will not be alleviated any time soon. It is anticipated that by the year 2015, 114,000 full-time registered nurse vacancies will be recorded in the U.S.⁷ How can hospitals attract registered nurses? Sign-on bonuses up to \$10,000, assistance with moving expenses, increased wages, hiring of nurse recruiters, and major ad campaigns have been instrumental in alleviating previous shortages and are currently being implemented to relieve today's nursing shortage. Still, these attractions represent only a quick, temporary fix to a much broader problem.

Through the 1980s, the hourly salaries of registered nurses increased by approximately 3 percent each year, but little growth occurred in the 1990s. The current average annual salary for a full-time registered nurse is \$37,938, with geographical ranges from \$33,938 to \$41,944.¹⁶

As institutions begin to struggle to fill vacancies, especially in specialty areas, salaries will begin to rise in order to attract qualified and experienced nurses. How high an institution may go in raising salaries is undetermined at this point.

Nursing schools must ardently seek ways to recruit students into the nursing profession. In addition, schools of nursing are focusing on recruitment and retention of faculty members.

The long-term future of nursing depends on the ability of nursing

schools to employ new strategies aimed at attracting students to their program, including "telescoping" the time from baccalaureate enrollment to doctoral degree,¹⁷ recruitment of minority students and faculty,¹⁸ improving financial aid,⁹ and using long-distance education to reach students where they live.^{19,20}

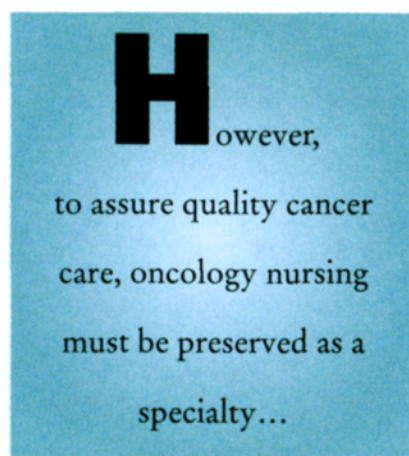
The Oncology Nursing Society is dedicated to assuring the continued role of the oncology nurse in providing quality cancer care. The ONS Board of Directors approved the Work Force Study Outcomes Pilot Project, which will identify the relationship between staffing (including staffing mix) and quality outcomes. Results of this study may allow oncology nurses to present to hospital administrators and financial officers critical information about nursing's positive effect on quality outcomes.

In response to the decentralization of oncology services, the 1998 ONS Board of Directors issued a position paper entitled "Medical Oncology Services in the Nonacute Setting."²¹ The position paper identified the minimum level of services necessary for providing safe medical oncology care in the nonacute setting.

The ONS, whose membership continues to grow, recognizes that nurses, specifically oncology nurses, must become involved in public policy in order to assure communication with legislators, change practice standards, and encourage funding to increase the number of young people entering the profession of nursing. ONS participated with the ACCC to create the First Annual Policy Institute in February 2000. The program brought together 40 oncology nurses and cancer center administrators to learn about legislative and regulatory processes.

The 2000-2003 ONS Strategic Plan addresses the need to assure the continuation of the specialty of oncology nursing²² and sets as a priority working with other organizations to correct the overall nursing shortage. ONS has joined 17 other project partners in supporting "Nurses for a Healthier Tomorrow."²³ This 36-month national advertising campaign initiative is devoted to attracting individuals into nursing and inspiring current nurses to remain in the profession.

Tomorrow's cancer care services will require well-educated and skilled oncology nurses to provide complex nursing care. Oncology nurses will have a multitude of opportunities. However, to assure quality cancer care, oncology nursing must be preserved as a specialty... and to preserve the oncology nursing specialty, the nursing profession in general must be secured. Doing so will require formulating strategies to reverse long-term the



current nursing shortage trend. Collaboration among all health care workers and joint efforts to educate legislators will also be required. Innovative and creative thinking on the part of current nursing leaders can bring positive and profound changes to nursing and oncology nursing in the years to come. ■

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