

Introduction: Improving Oncology Nursing Through Advances in Quality-of-Life Issues

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In 1995, the Oncology Nursing Society (ONS), with support from Amgen USA and Amgen Canada, held a state-of-the-knowledge conference on quality of life (QOL). The participants included nurse researchers, nurse clinicians, psychologists, nurses who had cancer, and ONS staff. All participants had expertise related to QOL. From this conference, a summary article was published in the *Oncology Nursing Forum* that addressed the current knowledge and issues related to QOL (King et al., 1997). King and Hinds (1998, 2003), with assistance from many of the experts from the conference, published the first nursing book on QOL.

A decade later, the QOL of patients with cancer and their families continues to be of great importance and a challenge to oncology nurses. Although some QOL controversies have not yet been resolved, advances have been made. Many of the advances are the result of contributions by oncology nurses.

The American Cancer Society (2005) projected that 1,327,910 new cases of cancer would be diagnosed and 570,280 people would die of the disease in 2005. Certain subgroups, such as African Americans and women, face more distressing statistics than others. Consequently, oncology nurses must continue to be involved with QOL issues for patients and families. Every oncology nurse, regardless of his or her practice, research, administration, or educational setting, needs to be included in addressing QOL issues.

This supplement on advances in QOL covers key QOL issues for oncology nurses. Experts in QOL contributed articles that include current information on the state of the science for oncology nurses in practice, research, education, or administration.

In the first article (p. 5), I highlight advances in how clinical nurses assess and improve QOL for patients and families. In particular, clinical nurses do assess QOL and intervene, but the evaluations often are less formal and based on the nurse-patient relationship.

In her article (p. 13), Claudette G. Varrichio, RN, DSN, FAAN, discusses measurement issues. Reliable and valid methods for measuring QOL must be used to contribute to improvement in patient outcomes. The purpose of measuring QOL, reliability, validity, generic versus specific measurement, research versus clinical evaluation, single versus multiple items, and linguistic equivalence all are discussed.

In their article (p. 23), Pamela S. Hinds, PhD, RN, FAAN, Elizabeth A. Burghen, RN, MSN, MBA, Joan E. Haase, PhD, RN, and Celeste R. Phillips, MSN, RN, CPON®, who are pediatric nurse researchers, review QOL issues for pediatric patients. They highlight the importance of clinically assessing QOL in children and adolescents. Assessments should be comprehensive and evaluate the immediate and late effects of anticancer therapies. Additionally, advances in defining, conceptualizing, and measuring QOL in pediatric patients with cancer are detailed.


In the fourth article (p. 31), Kimlin Ashing-Giwa, PhD, and Marjorie Kagawa-Singer, PhD, MN, RN, discuss culture and its importance in QOL discussions. The advances in and need for understanding QOL issues related to culturally diverse groups are discussed, which can help nurses to better appreciate survivorship outcomes and the QOL experiences of these groups.

Oncology nurses have been at the forefront of the revolution to understand QOL issues and improve patient and family QOL

outcomes. As with the first state-of-the-knowledge conference, oncology nurses must collaborate with other disciplines (e.g., physicians, social workers, psychologists) to plan, implement, and evaluate new, innovative QOL initiatives.

Hopefully, the articles in this supplement will encourage oncology nurses to (a) increase their knowledge and skills related to QOL, (b) stimulate dialogue among clinicians, researchers, educators, and administrators, (c) stimulate new and creative ways to help patients and families with QOL issues, and (d) contribute to further research efforts.

References

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