

# ONCOLOGY NURSING: EDUCATING ADVANCED PRACTICE NURSES TO PROVIDE CULTURALLY COMPETENT CARE

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More than 37 million persons or 12.4% of the U.S. population are older than 65 years. These numbers are expected to reach 71.5 million (20% of the population) by 2030. This older population is becoming more racially and ethnically diverse as the overall minority and culturally diverse populations increase. Although the incidence and mortality rates from several major cancers have declined due to advances in cancer care, these advances have lagged among the underserved and more vulnerable racially and culturally diverse populations. Moreover, the disparity between the gender and the racial mix of nurses and the overall population continues to widen. Thus, a growing need for professional nurses and advanced practice nurses with formal educational preparation in all areas of oncology nursing exists. This article (a) highlights significant cancer disparities among diverse populations, (b) describes how cultural belief systems influence cancer care and decision making, and (c) explicates the need to prepare advanced practice nurses for careers that include cancer care of diverse and vulnerable populations through formal oncology educational programs. The “Top 10” reasons for becoming an advanced practice nurse specializing in the oncologic care of patients from diverse and underserved populations are presented. (Index words: Cancer care; Diversity; Cultural competence; Graduate nursing education; Oncology nursing) *J Prof Nurs* 27:245–254, 2011. © 2011 Elsevier Inc. All rights reserved.

**T**HE PURPOSES OF this article are to (a) highlight significant cancer disparities among diverse populations, (b) describe how cultural belief systems influence cancer care and decision making, and (c) explicate the need to prepare advanced practice nurses (APNs) for careers that include cancer care of diverse and vulnerable populations through formal oncology theoretical educational programs such as the Advanced Practice Oncology

Nursing Program for Diverse and Underserved Populations at Thomas Jefferson University School of Nursing. This program received grant support from the Department of Health and Human Resources, Health Resources and Services Administration (HRSA, 2001). The authors present the “Top 10” reasons to become an APN focusing on diverse and underserved cancer populations and attitudes toward diversity. More than 1.5 million new cases of cancer are expected annually in the United States (Jemal, Siegel, Xu, and Ward, 2010), adding to the approximately 11 million existing cancer survivors (American Cancer Society [ACS], 2009). The incidence of cancer increases with advancing age; therefore, as the number of persons older than 65 years increases, so will the number of cancer cases. By 2030, the number of Americans older than 65 years will rise from 35 million to 72 million. Smith, Smith, Hurria, Hortobagyi, and Buchholz (2009) predict that new cases of cancer in

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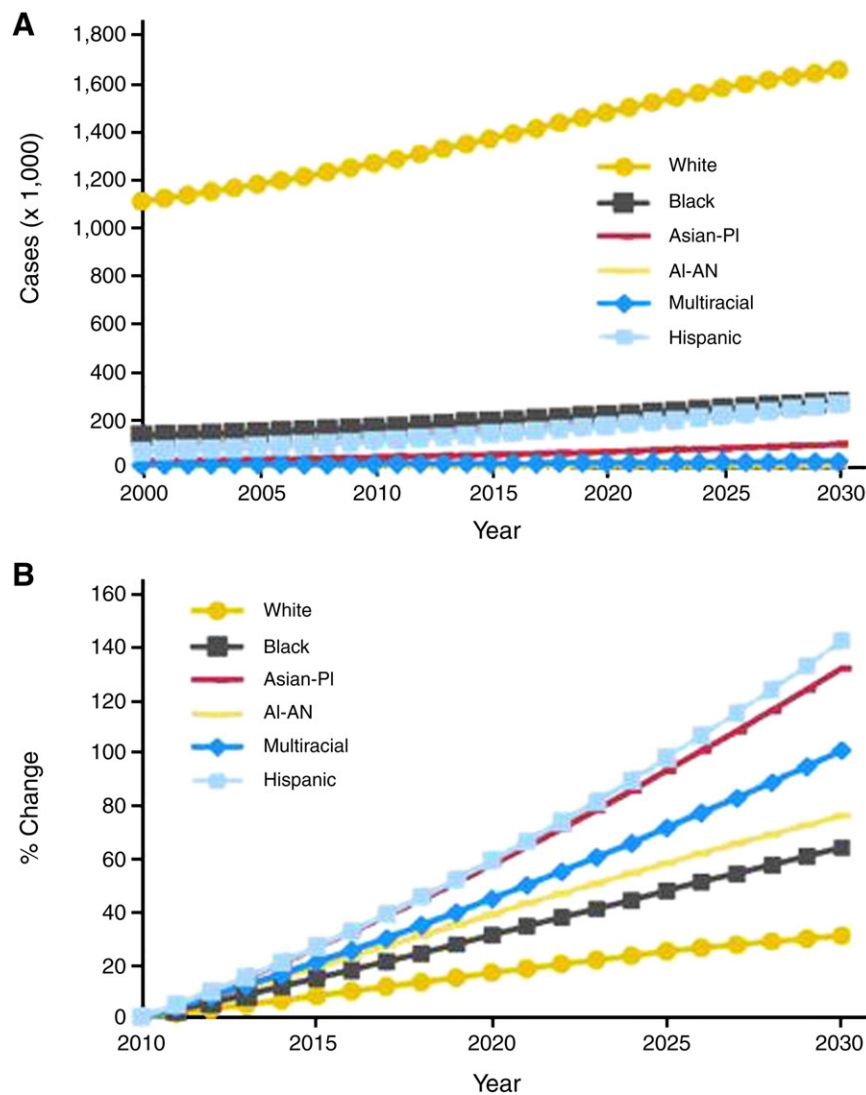
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**Figure I.** Projected cases of all invasive cancers in the United States by race and origin.

this age group will increase by 67%. Decreases in the incidence of and mortality from several major cancers have been reported over the past 15 years due to advances in diagnosis, treatment, and risk factor reduction (ACS, 2007). However, these decreases have not occurred to the same degree among underserved vulnerable and racially and culturally diverse populations (Jemal et al., 2010). Recent predictions point toward a 100% increase in the number of new cancer cases (330,000 to 660,000) in minority populations over the next 20 years (Smith et al., 2009; see Figure 1).

Cancer disparities have become particularly challenging in the United States, due in part to the changing demographic characteristics of the population of the United States. The United States is currently the most polyracial, polyethnic, and polyreligious nation in history (Andrews & Boyle, 2002).

Moreover, the present shortage of general nurses and oncology trained nursing personnel is unprecedented, with 2009 marking the 12th continuous year of shortfalls in the nursing workforce (Buerhaus, Auerbach, &

Staiger, 2009). In 2007, the Oncology Nursing Society (ONS) issued a position paper expressing concern that a diminishing workforce of oncology trained RNs and APNs will negatively affect the quality of cancer care (ONS, 2007). In addition to the changing demographics and cultural characteristics, the projected increase in future cancer cases have created a growing need for nurses and APNs with formal theoretical educational preparation and clinical training in oncology nursing (Oncology Nursing Society Position, 2007).

Our current oncology nursing force is called upon to provide culturally competent cancer care to diverse populations. The increasing proportion of the population older than 65 years and the growing multicultural U.S. population warrant particular attention. Persistent disparities in cancer screening and detection and access to high-quality cancer treatment among underserved populations including older adults; racially, ethnically, and culturally diverse populations; and marginalized minority groups such as lesbians, gay, bisexual, and transgendered population are noteworthy.

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