

Will They Come and Will They Stay?

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We were heartened to see a number of abstracts at the Oncology Nursing Society (ONS) 34th Annual Congress (2009) that addressed the orientation and mentoring of nurses new to oncology, including the following examples.

- Delivering a Consistent Message: Standardizing an Ambulatory Preceptor Program (Abstract 3628)
- Sowing the Seeds of Oncology Nursing: A Student Mentorship (Abstract 3682)
- Smoothing the Transition Into Practice: A Survival Guide for New Oncology Nurses (Abstract 3801)

Several abstracts described orientation or transition programs with didactic and clinical experiences. Others discussed preceptor or internship programs that paired new oncology nurses with more seasoned oncology nurses for mentoring, whereas others described innovative programs such as developing survival kits or guides for new nurses and celebrations to acknowledge new nurses' skill development at the end of the first year in oncology.

Currently, about 15% of ONS members have been in oncology nursing for less than a year and about 16% are at the other end of the spectrum, with more than 21 years of experience; 8% of members are in their 20s whereas 9% are in their 60s. Although that may look like a balance of nurses entering and leaving our specialty, to meet projected needs, we need more nurses coming into the specialty and fewer nurses leaving. In addition, there is a fair amount of turnover in the first one to two years in the specialty. In the ONS (2007) Environmental Scan, members chose to let their membership lapse because, among other reasons, they left nursing (22%) or switched specialty (17%). That is concerning because turnover is expensive and compromises high-quality patient care and satisfaction. It is in our best interest to retain oncology nurses

for as long as possible. So how can we get them to stay? The Congress abstracts give us some hints to programs trying to address that issue. Creating and sustaining a healthy work environment also will be important factors in retention. Be sure to visit www.aone.org/aone/pdf/PrinciplesandElementsHealthfulWorkPractice.pdf for information.

We need to think about where new oncology nurses are coming from. Some of the abstracts described nursing student programs to encourage interest and provide good experiences in oncology. ONS currently has 900 student members. Wouldn't a membership be a nice thank-you gift for students who have worked with you? Some may even continue on in the specialty with encouragement.

We need to harness the wisdom of more experienced oncology nurses in these efforts (Hatcher, 2006). We cannot afford the "brain drain" as these seasoned nurses approach retirement. We need to offer programs for preceptors and mentors to tap their expertise. We also might want to expand opportunities and create new roles in oncology for seasoned nurses such as a best-practice coach, team builder, patient safety officer, and technology facilitator, to name a few roles identified by Hatcher. Flexible work arrangements, including part-time work, health and retirement benefit programs, and phased retirement, also may be strategies for retaining seasoned oncology nurses.

The largest growing populations related to cancer incidence are older adults and minorities (Smith, Smith, Hurria,

Hortobagyi, & Buchholz, 2009). By 2030, new cancers are projected to increase by 142% in Hispanics, 132% in Asians and Pacific Islanders, 101% in multiracial individuals, 76% in Native Americans and Alaskan Natives, and 64% in African Americans compared to 33% in non-Hispanic Caucasians. This has obvious implications for learning more about gerontology, about delivering culturally sensitive cancer care, and for being bilingual. It also has implications about developing a more diverse oncology nursing workforce to reflect a changing population. How does nursing become a more diverse profession? We may need to start oncology recruitment efforts when students are in high school or maybe earlier. ONS should continue partnering with other organizations in making our profession a viable career option.

A two-day Institute of Medicine workshop resulted in the National Cancer Policy Forum's (2009) publication. One of the key recommendations for strategies to address the projected shortage was to improve recruitment and retention of various oncology professionals. Because of the economy, nurses are increasing their work hours or delaying retirement; in some organizations, positions are frozen or the number decreased. New graduates are having difficulty finding jobs of their choice, but jobs are available (American Association of Colleges of Nursing, 2009).

Unfortunately, some healthcare executives and policy makers think that the nursing shortage is over. It is not. It may be tempered, but the factors contributing to

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the future shortage still exist—an aging population, an aging nursing workforce, and a shortage of faculty to prepare future nurses. Ceasing the initiatives to recruit people into nursing is not the correct course of action. Every ONS member needs to understand the workforce issues and be advocates for strategies to ensure an adequate nursing workforce 10, 20, 30 years from now. Take a look at what some of your colleagues are doing to recruit and retain nurses in oncology. Think about what you can do in the short and long term inside and outside of your current employment setting. And then tell us about it at Congress next year.

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