

# Into the Millennium: Open the Door and Let the Future in for Cancer Nursing Research

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**W**e welcomed the New Year 2000 in with new expectations and excitement and somehow talked about “new” and “millennium” as though our lives, professional and personal, would be different—that we would feel different and that we would see differences in our environment. We looked forward with eagerness and anticipation to a period of happiness in the indefinite future. Well, that was 14 months ago. Who among us was “transformed”? Probably few. On January 3, 2000, most of us returned to our same patterns of functioning within our same environment with our New Year’s resolutions starting to be broken. This suggests that we have to take deliberate action if change is to occur. It does not just happen by a change in date—even if that date is the millennium.

You have challenged me to talk about cancer nursing research for the new millennium. When we think of “millennium,” it sounds as if there should be some “new excitement” or “new expectations,” a period of happiness in the indefinite future, or real transitions. To prevent “more of the same,” we each have to make a deliberate commitment to act—to move the cancer nursing science forward. I challenge you to make deliberate choices so that happens. I ask that we deliberately open the door to the future of cancer nursing research. Graham Greene once observed that certain moments in history occur that give us the chance to open the door and let the future in. Let us consider that our opportunity is now. I have no great view or wisdom; I only suggest ways to create our future. I ask you to make deliberate choices to create this exciting future by opening the door and exploring new opportunities for cancer nursing research in this new millennium.

Cancer nursing research has grown and flourished over the past two decades. We have many accomplishments for which we can be proud. We have well-established nurse researchers successfully obtaining funding for their research activities from the National Institute of Mental Health, National Institute on Aging, Agency for Healthcare Research and Quality (AHRQ), National Cancer Institute (NCI), Center for Alternative Medicine, National Institute of Nursing Research (NINR), Department of Defense, American Cancer Society

(ACS), Oncology Nursing Society (ONS), Komen Foundation, Sigma Theta Tau, Leukemia Society of America, Robert Wood Johnson, Mayday, Center for Death, state health departments, and pharmaceutical companies. Nurse researchers are successfully competing for funds through agencies beyond those primarily focusing on funding nursing research. Nurse researchers also have funding for projects across the cancer-care spectrum: epidemiology, genetics, prevention, screening, acute-care treatment, maintenance, recurrence, survival, and palliative and end-of-life care.

Nurse researchers have center of excellence grants and are administrators of cancer control in both community and comprehensive cancer centers. We have predoctoral, postdoctoral, and numerous R (R03, R21, R01, R13) and K awards and have responded successfully to requests for application for research funds. We have tracked and reported our many successes in cancer nursing research, which Ada Lindsey, PhD, RN, reported on during this conference two years ago. She took us on an impressive and historical pictorial journey of our cancer nursing research.

We have made substantial strides—it has been a great journey. All of this background has provided us with a good infrastructure and perspective as we embark into this new millennium. We should take this journey with excitement, but also with deliberation to keep our nursing science progressing. I will suggest a few areas to consider for deliberate action. I do not suggest that this is a complete view, but it is my view, and perhaps narrow compared to the many opportunities before us.



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