

# Oncology Nursing for the Future: Multisector Planning Is Needed

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**A**ssessing the landscape for oncology nursing of the future, the biggest problem that faces the specialty is that of workforce shortages. In the United States, it is estimated that there may be a shortage of 200,000–450,000 nurses (10%–20%) by 2025 (Berlin, 2022). On the practice side, nursing turnover, resignations, and early retirements have contributed to a nursing shortage that was exacerbated by the COVID-19 pandemic. The high levels of attrition of newly licensed nurses during the first years of practice continue. From the academic and educational vantage point, many of the same factors are at play. As the baby boomer generation has accelerated retirement, there is much discussion and concern about the education, career span, and lack of pool for future nursing faculty (Fang et al., 2024). Compounding the problem in educational settings, the time span needed to develop faculty requires many years of educational preparation and clinical experience to meet baseline criteria for faculty requirements established by accreditation standards and state boards of nursing. Although the workforce issues are recognized across practice and academic settings, the viewpoints of academic and practice leaders continue to diverge about what steps are needed to begin to remedy these long-standing yet essential issues for producing the nursing workforce of the future. Findings also suggest these changes need to occur at the in-

dividual level (learner, instructor, and shared outcomes) and the aggregate level (systems, academic programs, and population evaluation methods).

The scale of the nursing shortage may contribute to the seeming lack of a shared view of how to systematically intervene. Barriers to increasing the number of students in nursing tends to focus on the responsibility of academic units to expand class size, particularly for prelicensure students. In many states, increased funding has been allocated to expand class sizes in nursing schools. This strategy requires having a readily available and adequate faculty to substantially add to the focus of educating prelicensure students. Yet, university-based schools of nursing have multiple missions and national rankings promote low student-to-faculty ratios, research and scholarly productivity, and doctoral faculty preparation. In university settings, rankings may be adversely affected by having a larger proportion of prelicensure students who need highly skilled clinicians and preceptors to provide clinically up-to-date education and require 1:8 or lower faculty-to-student ratios in clinical settings. Although an inadequate number of qualified educators is often cited as a core reason for limiting student enrollments, another perspective may be that the educational and experiential background of faculty required by accreditation bodies and state boards of nursing may need to be reconsidered in light of a shortage of RNs. For example, why can credentialed RNs without advanced degrees not be qualified to teach in their specialties, or oncology certified nurses not be considered qualified faculty for clinical teaching? Credentialed clinical nurses serving as faculty makes sense for increasing the breadth of faculty for prelicensure education and promoting credentialing as a viable pathway for practice and academic teaching.

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How do these overarching nursing issues affect oncology nursing? Although there is much concern from the academic and practice perspectives, it is unlikely that solutions can be developed from one entity or interest. Multisector collaboration, including regulatory and legislative input, is needed. Legislative solutions would include mandating safe nurse-to-patient ratios and other safeguards to enhance working conditions (Fidelindo, 2024). Regulatory strategies could address requirements for nursing education, particularly for prelicensure students in the clinical setting. Academic leaders could work with nursing accreditation bodies to address simplifying the criteria for requisite educational backgrounds for faculty. In addition, the variability and lack of evidence-based curriculum and clinical instruction, including simulated experiences, for entry into practice need to be considered. Although curriculum is an important part of the purview of faculty governance, the individually constructed curricula and clinical implementation, differing from school to school, results in a lack of quantifiable data for the profession, at large, to use to evaluate educational content and pedagogical methods. This lack of standardization has led to relatively little study across entry levels, including accelerated baccalaureate programs. With a push to educate nurses more quickly, further study of the efficacy of teaching models is needed.

An example of a strategy for a broad-based perspective on the future of oncology nursing is using a format similar to the 2022 Emory University Business Case for Nursing Summit (Buerhaus & Hayes, 2024). The Emory Summit brought together representatives from multiple sectors with organizational philosophies that have different missions,

operational challenges, and perspectives. This type of approach is needed for oncology nursing. For oncology nursing, with a history of prominent nurse scientists, dedicated clinicians, generous benefactors, and highly active professional organizations, there are multiple perspectives that can approach the workforce shortage in a more integrated manner. An oncology nursing summit engaging multiple constituencies working from an integrated format may be needed to address workforce shortages across the many aspects of acute care, survivorship, and nursing science of the future.



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