Oncology Nursing Society: Evidence-Based Practice

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Today's health care environment demands constant improvement in patient outcomes. As part of the multidisciplinary team, oncology nurses are particularly interested in effective cancer-symptom management and have identified an essential need for resources that facilitate easy access to the best evidence for managing

common cancer symptoms. Evidence in support of nursing practice is expanding exponentially, creating a demand to bring this new knowledge to the bedside. The Oncology Nursing Society (ONS) is committed to identifying the evidence base for oncology nursing and demonstrating the impact of oncology nursing interventions on patient outcomes.

In late 2003, the ONS commissioned nursing scientists to develop evidence-based summaries for the management of specific cancer symptoms. The project identified cancer symptoms amenable to nursing interventions, and valid and reliable measurement tools for these symptoms. Summaries include tables on measurement tools for each outcome. The first four summaries on fatigue; nausea, vomiting, and retching; prevention of infection; and return to usual function were developed in 2004. Seven more summaries were developed in 2005, addressing peripheral neuropathy; mucositis; pain; sleep and wakefulness; depression; dyspnea; and nutritional status. All summaries are available through the ONS Web site's Evidence-Based Practice Resource Area (EBPRA) at www.ons.org/outcomes.

Users visiting the state-of-the-art online EBPRA practice in a multitude of roles. Monthly visit reports indicate that the EBPRA is the most frequently visited ONS Web site resource area (9,876 views in November 2005). The EBPRA serves as an online resource for health care practitioners who wish to integrate evidence-based practice into their health care systems.

In 2005, teams of nurse scientists, advanced practice nurses, and staff nurses reviewed and synthesized the literature to identify levels of evidence for nursing interventions for select cancer symptoms. The collective evidence for interventions was classified into six categories on the basis of the quality of the data, the magnitude of the outcome, and concurrence among the evidence. The categories include

- *Recommended for Practice*—Interventions for which effectiveness has been demonstrated by strong evidence from rigorously designed studies, meta-analyses, or

systematic reviews, and for which expectation of harms is small compared with the benefits

- *Likely to Be Effective*—Interventions for which the evidence is less well established than for those listed under "recommended for practice"
- *Benefits Balanced With Harms*—Interventions for which clinicians and patients should weigh the beneficial and harmful effects according to individual preferences and priorities
- *Effectiveness Not Established*—Interventions for which there are currently insufficient data or data of inadequate quality
- *Effectiveness Unlikely*—Interventions for which lack of effectiveness is less well established than those listed under "not recommended for practice"
- *Not Recommended for Practice*—Interventions for which ineffectiveness or harmfulness has been demonstrated by clear evidence, or the cost of the burden necessary for the intervention exceeds anticipated benefit.

The first four sets of these "PEP—Putting Evidence into Practice" documents provide definitions, references, and links to integrated reviews or meta-analyses of evidence-based oncology nursing interventions related to each outcome, and a review of the evidence that summarizes existing knowledge and identifies gaps in evidence and future research directions will be available on the ONS Web site (www.ons.org/outcomes) by May 2006. The first four PEP documents address fatigue, nausea and vomiting, prevention of infection, and sleep/wake disturbances.

Evidence-based interventions will serve as the foundation for nursing-sensitive patient-outcomes projects. Professional accountability requires that nurses be able to identify and document outcomes influenced by nursing care. As knowledge continues to expand and evidence-based practice is more widely implemented in practice settings, it will be important to evaluate the effectiveness of interventions used for cancer symptom management. Using evidence-based interventions and measuring responses in a standard fashion will facilitate evaluation and result in recommendations of best practices to improve patient care.

The ONS and ASCO have a long collaborative history. ASCO's work in developing clinical guidelines and ONS's development of evidence-based symptom-management summaries offer significant resource to the multidisciplinary oncology team caring for the patient across the illness continuum. The current emphasis on evidence-based practice and quality outcomes is certainly supported by each organization's efforts.

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