

## Peer Review File

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### Response to Reviewers' comments

We thank the reviewers for their thoughtful feedback. After considering the feedback, we have decided it is best to provide a generalised response that addresses several of the comments from Reviewer 1, followed by a point-by-point response to some of the specific comments not covered by our initial generalised response.

The authors thank Reviewer 1 (R1) for their comments regarding the broad scope of the paper, specifically that it “tries to cover too much ground”, that individual topics covered in the paper could be “the focus of a piece in its entirety”, the use of generic terms which make it “difficult to draw deep meaning out of the statements being made”. We agree with R1’s comments and acknowledge that the information provided in the paper is broad. However, this reflects our very broad aim for the paper, which was to “provide an overview of cancer nursing in Australia, including a brief historical account of the evolution of cancer nursing, highlighting capacity and capabilities of nurses to inform future development of this important workforce”. To summarise an entire discipline from inception to its future development, requires a high-level approach, without the opportunity for many specific examples or description of the various aspects covered. We agree knowledge translation was not addressed in adequate detail, and have added the following description:

*“Inadequate knowledge translation is a well-established and complex problem in healthcare, and nurses are well-placed to initiate, participate and advocate for problem identification, knowledge creation and synthesis, and implementation and evaluation of new knowledge into practice (Chan et al. 2023).”*

We agree with R1’s implication that achieving readability and logical and flow of an article covering such a large topic can be difficult. However, we argue that the reader is oriented by the use of the major headings of “The Past and Present” and “What does the Future hold”. We have then used sub-headings to address the key topics and aspects of oncology nursing (i.e., education, workforce, research and capacity building). We have positioned these under the logical major headings, and in an order where earlier topics facilitate understanding needed to take on board subsequent topics. However, we agree with R1’s point that “scope of practice” should have been introduced earlier in the manuscript, and have therefore added reference to scope of practice in the following revision:

*“With the shift over the last several decades of cancer care delivered as a hospital inpatient to now a model largely focused on ambulatory and community care, the cancer nursing workforce has needed to be agile and adapt “to the expanding scope of practice of oncology nursing”.*

### Reviewer Comments

#### Reviewer A

I appreciate you addressing the important topic of how nursing plays a significant role in the life of patients with cancer. There are many important points made within your manuscript and they definitely deserve attention. However, it seemed that the scope of the article would need to be more targeted. In its current form, I believe it is trying to cover too much ground. In many instances, statements are made without any context. Many of those statements could be the focus of a piece in its entirety (e.g., nursing education and training, change in scope of practice, workforce planning, level of satisfaction, access to specialty care, involvement in research, differences in academic versus clinical settings, patient-nurse interactions, patient reported outcomes, knowledge translation, etc.)

I did not find the content aligned with what I had expected would be the focus based upon the title of the piece.

Some of the terms being used are so generic that it is difficult to draw great meaning from the statements being made.

In terms of the progression of the article (if it is truly focused on oncology nursing), I would suggest some reference to the nature of oncology care and how the changes that have occurred are (or are not) being met with the skills and training being offered to the nursing workforce. For example, oncology care has grown increasingly more complex (e.g., there are numerous additional therapeutic options, added complexities in terms of side effect management, and there is heightened significance in the timely and accurate reporting adverse events – all aspects that are central to a nurse's role).

I see many broad statements being made and I struggled with the order in which new topics were raised – many times without any specific citation (or dated citations with small samples involved).

Here are some specific lines that I believe need attention (either for reasons of being out of place, straying from the core message, or simply lacking sufficient context).

68-72 What makes them unique?

77-80 Seems like a generalized sample

84-86 Say more about the nature of cancer care and address that first, before noting broad dissatisfaction in the field

Reference #4 was from 2002 and involved 243 oncology/haematology nurses working in 11 Queensland health care facilities.

Are there more recent references?

**Reply 1:** Reference #4 is an appropriate reference given it is provided as an example of the past/present of oncology nursing and is the only Australian study of this nature.

(NOTE: later in the piece, reference #18 noting challenges in care – Line 237 - is from 2002 and reference #19 which speaks to cancer survivorship - is from 2008. There has been much improvement noted in cancer survivorship and so the timing of these references do not seem to strengthen this manuscript.)

Reply 2: We have added the more recently published reference to support our statement about challenges in care (i.e. Gribben et al 2021)

We have also replaced Reference #19 with the more recently published: “Vardy J, et al (2020)”.

95-98 Seems out of place

105-108 Table 1 listing Adv. Council – no context provided. Unclear why this is significant.

Reply: We have included the list of the 13 Professors interested in cancer control on the Professorial Advisory Council of the CNSA to demonstrate the high number of senior nurse researchers in Australia. It in itself is significant for a country of our size.

147 It seemed unusual to start with an Editorial

190, 193-196 First mention of scope of practice. Would expect that point to be further explained.

198 The quote from Einstein seems misplaced. Who is displaying insanity? (patients or nurses?).

216-218 Bold statement indicating that “Australian leaders have demonstrated [...] but research in the clinical setting has lagged considerably.” No reference?

228 Knowledge translation is mentioned, but not explained. This seems to be a key point and should be better integrated into the piece.

In my view, the manuscript needs to have a better structure and a more clear focus. In addition, a decision should be made as to whether it is actually intended to hone in on the integration of research and practice in oncology nursing. As previously stated, in its current form, it appears to be attempting to cover too much ground.

### **Reviewer B**

This is a well presented discussion paper about the current and future state of cancer nursing in Australia.

Authors have really considered the multiple facets of cancer nursing across clinical, education and research which is to be commended.

A really interesting paper that provides a useful summary of current context and need for the profession to move with future demands.

### **Reviewer C**

Thank you for the opportunity to review your important paper. It is timely to provide an historical overview of cancer nursing in Australia as we look to develop strategies to attract, support and grow our cancer nursing workforce into the future. I have provided in-text suggestions for specifically mentioning the significance of AHPRA adding a 'tick box' for cancer nursing and further iterating the need for clinical nurses to be given capacity to be involved in research. It is also recommended that you articulate clear pathways to direct undergraduate nurses into cancer nursing as the need to secure our future workforce is very real. I also suggest considering replacing Table 1 with a timeline or similar of significant events/achievements in cancer nursing. Overall the paper provides a snapshot in time of cancer nursing in Australia and will no doubt be a well cited point of reference.