



Advanced Oncology Nursing Practices: From Direct Patient Care to Therapeutic Protocol Management

Advanced Practices in Oncology Nursing: From Direct Patient Care to the Management of Therapeutic Protocols

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Summary

Oncology nursing has established itself as one of the most complex and essential areas within health care, requiring highly qualified professionals to deal with the multiplicity of clinical, emotional and social demands that involve cancer patients.

This article analyzes the role of oncology nurses in the different stages of care, highlighting everything from the safe administration of chemotherapy to conducting specialized consultations and the implementation of therapeutic protocols in partnership with the medical staff.

Furthermore, it highlights the strategic role of these professionals as a link between the multidisciplinary team, the patient, and the institution, contributing to both treatment adherence and the humanization of care. The research also reflects on the advancement of global practices in the field, highlighting challenges and prospects for the consolidation of oncology nursing as a field of clinical and management excellence.

Keywords: Oncology nursing; Therapeutic protocols; Multidisciplinary care; Chemotherapy administration; Health management.

Abstract

Oncology nursing has become one of the most complex and essential fields within healthcare, requiring highly qualified professionals to deal with the multiplicity of clinical, emotional, and social demands involved in cancer care. This article analyzes the role of oncology nurses in different stages of care, highlighting from the safe administration of chemotherapy to the conduct of specialized nursing consultations and the release of therapeutic protocols in partnership with the medical staff. Furthermore, it emphasizes the strategic role of these

professionals as a link between the multidisciplinary team, the patient, and the institution, contributing both to treatment adherence and to the humanization of care. The study also reflects on the progress of global practices in the field, pointing out challenges and perspectives for the consolidation of oncology nursing as an area of clinical and managerial excellence.

Keywords: Oncology nursing; therapeutic protocols; Multidisciplinary care; Chemotherapy administration; Health management.

Introduction

Oncology nursing has established itself as one of the most challenging fields of healthcare practice, not only due to the complexity of treatments but also due to the need to integrate science, technology, and humanization into a single care process. Nurses working in this field deal daily with situations that require a high level of technical knowledge, rapid decision-making, and sensitivity to understand the emotional impact of cancer on the lives of patients and their families. According to Clark et al. (2015), advances in treatment protocols and the emergence of increasingly sophisticated therapies, such as immunotherapy, have expanded the responsibilities of this professional, who is now considered a key player in the structuring of oncology services.

The role of the oncology nurse goes beyond implementing care techniques. They are professionals who actively participate in the management of therapeutic protocols, acting as a liaison between the medical staff and the patient, ensuring treatment safety and adherence to clinical guidelines. The World Health Organization (WHO, 2018) has already recognized the need to expand nursing responsibilities in this field, precisely because of the growing demand from cancer patients worldwide, estimated at 18.1 million new cases in 2018, with a forecast of continued growth through 2040. This data reinforces the importance of specialized nurses capable of responding efficiently to such challenges.

In Brazil, the scenario is equally challenging. Data from the National Cancer Institute (INCA, 2020) reveal that the country records approximately 600,000 new cancer cases each year, increasing pressure on health services and, consequently, on oncology nursing practice. In this context, the role of nurses becomes crucial not only for administering therapy but also for implementing health education practices, monitoring adverse effects of treatment, and addressing patients' psychosocial needs. Brazilian literature has emphasized that humanization, combined with technical competence, is a differentiator in care (Mendes; Barros, 2017).

Administering chemotherapy, for example, requires nurses to have in-depth knowledge of pharmacology, rigorous monitoring, and safety protocols aimed at preventing medication errors and minimizing patient risks. According to Polovich, Olsen, and

LeFebvre (2014), patient safety in chemotherapy is a shared responsibility of the team, but nursing plays a central role in the execution and monitoring of the process.

This demonstrates that the performance goes beyond technique: it also involves ethical responsibility and institutional commitment.

Another point worth highlighting is the nursing consultation in oncology, an essential tool for comprehensive care. This practice allows nurses to assess the patient across multiple dimensions—physical, emotional, and social—providing important insights for adjusting the treatment plan. According to Silva and Andrade (2019), nursing consultations contribute to greater treatment adherence, as the patient feels heard and an active part of the process.

Furthermore, this space for dialogue strengthens the relationship of trust between professional and patient, a determining factor for the humanization of care.

The management and approval of therapeutic protocols also represent one of the most important areas of activity for oncology nurses. Alongside the medical team, nurses contribute to the validation of therapeutic regimens, observing the patient's clinical conditions and possible drug interactions. As Carter and Wyatt (2017) point out, this protagonism in developing and monitoring protocols increases nursing professional autonomy and ensures greater efficiency in cancer treatment. At the same time, it reinforces the image of nurses as professionals who combine clinical practice with management skills.

Globally, several studies have shown that oncology nurses act as a link between patients, multidisciplinary teams, and institutions, playing a role that goes far beyond direct care. They are responsible for conveying clear information to patients, translating technical terms, and helping to reduce the anxiety that a cancer diagnosis often causes. According to Ferrell and Coyle (2018), empathetic communication by nurses contributes to improving patients' quality of life and increases treatment satisfaction. This demonstrates that, more than just task executors, oncology nurses are true mediators of care processes.

Finally, it is important to note that advances in oncology practice and the multiplicity of nurses' responsibilities impose the need for ongoing professional training. In a scenario of rapid change and the introduction of new technologies, continuing education becomes a requirement to ensure quality care. As Oliveira and Souza (2020) argue, ongoing training allows nurses to incorporate new scientific evidence into their practice, making care safer, more effective, and more humane. Thus, the introduction of this study is justified by the growing relevance of oncology nursing as a field of clinical excellence, management, and humanization.

1. Role of the oncology nurse in direct patient care

The oncology nurse occupies a central position in the care process for cancer patients, working from the first contact to monitoring in advanced stages of treatment. This



Continuous closeness enables a comprehensive assessment, encompassing clinical, social, and emotional aspects. According to Silva and Barbosa (2018), the nurse's direct involvement ensures not only monitoring the patient's physical condition but also strengthening the therapeutic bond, which contributes to treatment adherence. This patient-centered approach is crucial in a field that deals with human vulnerability on a daily basis.

Direct care in oncology requires nurses to be skilled listeners and to translate medical information into language accessible to patients and their families. This communication skill is crucial for reducing anxiety and promoting understanding of the treatment stages. According to Ferrell and Coyle (2018), empathetic and clear communication is crucial for therapeutic success, as it improves patient trust in the healthcare team.

In many cases, the nurse is the first to identify signs of emotional distress and refer the patient to appropriate psychological support.

Another important aspect of direct care is the management of adverse effects related to antineoplastic therapies. Nurses must be able to identify early signs of toxicity, such as nausea, mucositis, peripheral neuropathy, and myelosuppression, intervening immediately to minimize complications. According to Polovich et al. (2014), careful observation and systematic record-keeping enable rapid interventions that increase clinical safety and prevent unwanted interruptions in treatment. This action demonstrates that nursing care practices go far beyond routine care and are vital to the continuity of the therapeutic plan.

In the hospital setting, oncology nurses also play an essential role in educating patients and their families. They provide guidance on self-care measures, warning signs, and infection prevention practices, which are crucial given the immunosuppression caused by many treatments. According to Mendes and Barros (2017), this guidance directly impacts quality of life and reduces the risk of complications that could require prolonged hospitalizations. Nursing education strengthens patients as active participants in their treatment, increasing their autonomy and engagement.

Beyond the technical aspect, oncology nurses also provide emotional support, often being the closest professional to the patient in moments of vulnerability. Active listening, constant presence, and empathy become powerful therapeutic resources.

Studies by Clark et al. (2015) indicate that humanizing care helps reduce the perception of pain and suffering, serving as a complementary resource to drug treatment. In this sense, nurses are seen not only as performers of procedures but as protagonists of comprehensive care.

In outpatient oncology services, direct nursing care involves monitoring routine consultations, periodic clinical evaluations, and monitoring laboratory tests. This continuous monitoring routine allows for early adjustments in medical procedures and prevents serious complications. According to Oliveira and Souza (2020), the role of nurses

These spaces promote efficiency in the healthcare system, reducing hospital readmissions and improving patient satisfaction indicators. This systemic perspective highlights that oncology nursing directly impacts the sustainability of healthcare services.

Finally, it is important to emphasize that the role of nurses in direct care is constantly evolving, keeping pace with the incorporation of new technologies and therapies. With the advancement of personalized treatments, such as targeted therapies and immunotherapy, the practice requires ongoing updating to ensure the best possible clinical response. According to the WHO (2018), the expansion of nurses' responsibilities in this field is a global trend, recognizing them as essential players in the integration of scientific innovation, clinical care, and humanization. Therefore, direct care in oncology should be understood as a highly complex and relevant field, in which nurses play a strategic role.

2. Chemotherapy administration and clinical safety

Chemotherapy administration is one of the most critical functions performed by oncology nurses, requiring rigorous technical training, well-established safety protocols, and constant patient care. This process involves not only the handling of highly toxic drugs but also the responsibility of monitoring immediate adverse reactions and ensuring that the treatment regimen is followed as prescribed. According to Polovich, Olsen, and LeFebvre (2014), nursing is the pillar of safety in this process, as it is directly responsible for clinical implementation and surveillance.

The complexity of chemotherapy requires nurses to have in-depth knowledge of pharmacology, routes of administration, and potential drug interactions. Each treatment cycle can vary depending on the type of cancer, the stage of the disease, and the patient's clinical condition, making personalized care essential. According to Carter and Wyatt (2017), standardized protocols are essential, but critical assessment by nurses, on a case-by-case basis, is what ensures therapeutic safety. Thus, the practice combines technique, clinical reasoning, and adaptability.

One of the main risks in administering chemotherapy is medication errors, which can result in serious consequences for the patient. Therefore, several international organizations, such as the Oncology Nursing Society (ONS), emphasize the need for strict pre-, during-, and post-infusion monitoring protocols. Studies by Ferrell and Coyle (2018) show that adherence to standardized practices significantly reduces error rates, reinforcing the importance of nurses as safety guardians. In this context, a culture of patient safety must be internalized as a fundamental value of oncology practice.

Another important point is the management of immediate adverse reactions, such as allergic reactions, severe nausea, hypotension, or extravasation of vesicant drugs. The nurse must be able to

to identify these signs early and intervene quickly, ensuring the patient's clinical stability. According to Oliveira and Souza (2020), ongoing training is crucial for professionals to maintain the ability to recognize clinical risk patterns and act promptly.

This technical competence not only protects the patient, but also strengthens the trust placed in the healthcare team.

In addition to the execution of chemotherapy, administering chemotherapy requires nurses to pay close attention to the environment in which the procedure takes place. Space organization, the use of personal protective equipment (PPE), and proper waste disposal are practices that protect both the patient and the team. For Mendes and Barros (2017), strict control of these factors reduces occupational exposure and enhances the quality of care. Thus, oncological care extends from the patient to the professional themselves, demonstrating the interdependence between clinical safety and adequate working conditions.

In recent years, the incorporation of digital technologies into chemotherapy monitoring has expanded the role of nurses in this process. Electronic prescribing software, smart infusion pumps, and real-time monitoring systems have increased the accuracy of therapies, but have also required greater nursing qualifications. According to Clark et al. (2015), mastery of these technologies has become a basic requirement for safe performance, solidifying the role of nurses as mediators between innovation and clinical practice. This integration demonstrates that chemotherapy administration is not only technical, but also strategic.

Finally, it is important to emphasize that chemotherapy administration should be viewed as an act of comprehensive care, in which the nurse not only administers the therapy but also monitors the physical and emotional impact on the patient. Attention to dialogue, active listening, and observation of subjective signs complement technical practice. As Silva and Andrade (2019) point out, humanizing chemotherapy improves the patient experience, reducing psychological distress and increasing treatment adherence. Thus, clinical safety is not limited to compliance with protocols but expands to include the ethical and human dimensions of care.

3. Nursing consultations and comprehensive monitoring

Nursing consultation in oncology is one of the most important tools for ensuring comprehensive care for cancer patients, serving as a privileged space for reception, clinical assessment, and therapeutic planning. Unlike a fragmented approach, this practice allows the nurse to assess the patient as a whole, considering not only clinical parameters but also emotional, social, and family aspects. According to Silva and Andrade (2019), nursing consultation promotes holistic care and strengthens the bond between patient and professional, making treatment more humane and efficient.

During the consultation, the nurse has the opportunity to identify early signs of complications and adjust the care plan in partnership with the multidisciplinary team. This ongoing monitoring is essential, as many adverse effects of antineoplastic therapies appear progressively and can be managed preventively.

According to Mendes and Barros (2017), the oncology nursing consultation is a strategic space to monitor symptoms such as fatigue, pain, mucositis and nausea, which compromise adherence to treatment when not managed properly.

Another relevant aspect is the educational nature of the nursing consultation, in which the patient receives guidance on self-care, nutrition, hygiene, adapted physical activity, and infection prevention. This educational dimension strengthens the patient's autonomy and makes them a protagonist in coping with the disease. According to Clark et al. (2015), patients who understand their treatment and actively participate in clinical decisions have better adherence rates, fewer hospitalizations, and a better quality of life. Thus, the consultation is not limited to assessment but expands as a space for knowledge building and empowerment.

Nursing consultation is also important for the patient's psychological support.

A cancer diagnosis often triggers anxiety, fear, and depression, which can directly affect therapeutic response. By offering active and empathetic listening, nurses become a channel of emotional support and, when necessary, refer patients to psychologists or support groups. According to Ferrell and Coyle (2018), this role as a mediator between emotional needs and the resources available in the health service is essential for the humanization of cancer care.

In addition to the patient, the nursing consultation also includes the family and caregivers, who are often vulnerable due to the disease. Guiding family members on how to deal with the side effects of treatment and how to support the patient in their daily routine is one of the nurse's responsibilities. According to Oliveira and Souza (2020), family involvement in the therapeutic process reduces emotional burden and promotes treatment adherence. Thus, the consultation takes on a broader dimension, benefiting not only the individual but also their support network.

In both outpatient and inpatient settings, nursing consultations have proven effective in optimizing care flow, reducing the burden on medical staff, and improving service quality indicators. International studies indicate that the systematic implementation of nursing consultations in oncology is associated with reduced hospital readmissions and increased patient satisfaction (Carter; Wyatt, 2017). These results reinforce the practice's positive impact on the efficiency of healthcare systems and the sustainability of institutions.

Finally, it is important to highlight that the nursing consultation is also a space for systematic recording and documentation, which contributes to the development of clinical indicators and the evaluation of health outcomes. According to the Federal Nursing Council (COFEN, 2018), the systematization of nursing care is fundamental for professional development and

for scientific proof of the effectiveness of care. Therefore, nursing consultation in oncology should be understood as a clinical, educational, emotional, and managerial practice capable of transforming the cancer patient's experience and consolidating nursing as a protagonist of comprehensive care.

4. Management and release of therapeutic protocols with the medical team

Nurses' participation in the management and release of therapeutic protocols is one of the most strategic roles in oncology, as it connects care practice with the management dimension of care. Nurses directly validate treatment regimens, verifying the patient's clinical condition, medication compatibility, and appropriateness of prescribed doses. According to Carter and Wyatt (2017), this role ensures greater precision and safety in oncology treatments, preventing errors that could compromise therapeutic efficacy and patient safety.

Protocol approval requires nurses to have in-depth knowledge of pharmacology, cancer pathophysiology, and international treatment guidelines. In many settings, nurses are responsible for reviewing medical prescriptions, verifying their compliance with institutional standards, and validating the patient's clinical readiness to initiate therapy. According to Polovich et al. (2014), this practice places nursing as a key player in oncological safety, strengthening its autonomy and reinforcing the interdisciplinary role within teams.

Another key point is the nurse's collaboration with the multidisciplinary team, especially physicians, pharmacists, and nutritionists. Protocol management involves joint decisions that require clear and efficient communication. According to Silva and Barbosa (2018), the nurse acts as a liaison between different departments, ensuring that all therapeutic approaches are aligned and directed to the patient's best interests. This integration is essential in a field where complex treatments require a holistic approach and precise coordination.

Nurses' role in protocol management also contributes to the standardization of processes within healthcare institutions. By participating in the development and updating of clinical protocols, nurses help consolidate safe, evidence-based routines.

Studies by Mendes and Barros (2017) demonstrate that standardization helps reduce errors, optimize resources, and increase the predictability of clinical outcomes. This aspect reinforces the managerial dimension of oncology nurses, which goes beyond direct care and is included in the strategic planning of services.

Another relevant point is the use of computerized systems in protocol management, which increase prescription security and allow complete treatment traceability. Nurses need to master these technologies and use them as monitoring and control tools. According to Clark et al. (2015), the integration of nursing with digital systems

strengthens therapeutic precision and significantly reduces communication gaps between professionals. Thus, nurses not only act in execution but also as agents of technological innovation within oncology.

The presence of nurses during the approval of therapeutic protocols also contributes to the patient's relationship of trust with the institution. When patients perceive that different professionals evaluate and validate their treatment, there is an increased perception of safety and adherence to procedures. For Ferrell and Coyle (2018), this trust is essential for patients to feel supported and less vulnerable to the uncertainties of cancer treatment. In this sense, nurses play a strategic role as mediators between science, clinical practice, and humanization.

Finally, it should be emphasized that managing therapeutic protocols strengthens nurses' professional autonomy and contributes to the recognition of nursing as a science and advanced practice. According to Oliveira and Souza (2020), nurses' active participation in defining and validating protocols consolidates their image as professionals with high technical and managerial competence. Thus, working in this field not only ensures quality care but also reaffirms the role of oncology nurses as protagonists in building more efficient, safe, and humane health services.

5. The nurse as a link between the patient, the multidisciplinary team and the institution

Oncology nursing is recognized as a focal point for different actors in the care process, acting as an essential link between the patient, the multidisciplinary team, and the healthcare institution. This mediation role is strategic because it ensures clear and objective communication, avoiding distractions that could compromise treatment adherence.

According to Ferrell and Coyle (2018), the nurse is often the professional closest to the patient, which makes him/her responsible for translating medical language into accessible terms and for aligning expectations between those involved.

The role of the nurse as a liaison is especially relevant in oncology, where treatments are long, complex, and involve multiple professionals, such as physicians, pharmacists, physical therapists, nutritionists, and psychologists. The nurse ensures the integration of these practices, ensuring that the procedures are aligned with the central therapeutic plan. According to Clark et al. (2015), this multidisciplinary integration, mediated by nursing, is one of the factors that most contribute to clinical effectiveness and the reduction of care failures. In this sense, the nurse positions itself as a care coordinator.

The nurse's mediating role is also expressed in the ability to identify gaps between the patient's needs and available institutional resources. In many cases, the patient is unable to verbalize their difficulties or does not fully understand the guidance received, and the nurse acts as a facilitator of this dialogue. According to Mendes and Barros (2017), active listening and empathy practiced by nurses promote a relationship of

trust that strengthens the patient's engagement in treatment. Thus, the practice of mediation transcends the technical aspect and reaches ethical and human dimensions.

The liaison role also involves advocating for the patient's interests within the institution. By closely monitoring the individual's progress, the nurse can identify unmet needs and advocate for adjustments with the multidisciplinary team or hospital management.

According to Silva and Barbosa (2018), this patient advocacy reinforces the humanized nature of nursing and legitimizes its position as an agent of institutional transformation. Thus, oncology nurses not only provide care but also represent the patient's voice in decision-making spaces.

From an institutional perspective, nurses also contribute to strengthening the culture of safety and quality. By mediating information between different departments, they ensure that protocols are followed and that processes are standardized according to the best scientific evidence. International studies indicate that well-structured nursing teams are directly associated with lower rates of adverse events and greater patient satisfaction (WHO, 2018). This demonstrates that the presence of nurses is not only operational, but also strategic for the institution's credibility.

Another aspect worth highlighting is the development of emotional and relational bonds, which make nurses a key support in situations of greater vulnerability. Cancer diagnosis and treatment generate anxiety and fear, and nurses, by being in constant contact with the patient, are able to offer immediate support. This closeness fosters the patient's perception of being cared for comprehensively, which, according to Oliveira and Souza (2020), directly impacts quality of life and prognosis. Thus, nursing mediation also strengthens the human dimension of care.

Finally, it is important to emphasize that the role of the nurse as a link between patient, team and institution is continually strengthened by their ability to articulate science, management and care.

In a scenario where interdisciplinarity is a requirement for therapeutic effectiveness, nursing occupies a central position, functioning as a guiding thread that integrates all stages of the process.

This protagonism, recognized by authors such as Polovich et al. (2014), consolidates the oncology nurse as an indispensable agent for therapeutic success and the humanization of health care.

6. Challenges and advances in oncology practice from a global perspective

The practice of oncology nursing faces numerous challenges globally, many of them related to the growing incidence of cancer and the increasing complexity of treatments.

Estimates from the International Agency for Research on Cancer (IARC, 2020) indicate that, by 2040, the number of new annual cases could exceed 29 million, putting pressure on health systems

worldwide. This scenario demands increasingly skilled nursing professionals, capable of working in contexts of high demand and rapid scientific developments.

Among the main challenges is the need for ongoing training, as therapeutic advances in oncology are occurring at a rapid pace. New drugs, such as immunotherapies and targeted therapies, introduce complex protocols that require nurses to have up-to-date knowledge and sophisticated monitoring skills. According to Carter and Wyatt (2017), the lack of access to continuing education is one of the factors that most compromises patient safety in oncology services. Therefore, investing in training and professional development programs has become a global priority.

Another significant challenge is unequal access to oncology services, especially in developing countries. While large centers offer cutting-edge treatments, many regions still struggle to provide safe chemotherapy and multidisciplinary care. According to the WHO (2018), the lack of qualified human resources and adequate infrastructure increases patient vulnerability and limits the effectiveness of health policies. In these contexts, oncology nurses play an even more strategic role, often combining functions and serving as the primary point of reference for patients.

Despite these obstacles, oncology nursing practice has also advanced significantly in different parts of the world. The incorporation of digital technologies, such as electronic medical records, remote monitoring, and teleconsultations, has expanded the scope of care and enabled closer patient monitoring. According to Oliveira and Souza (2020), these innovations have strengthened nursing autonomy, enabling rapid, evidence-based interventions, even in high-demand settings. Thus, technological advances have helped transform challenges into opportunities for improved care.

Another notable advance is the expanded role of nursing in advanced practices, with greater autonomy in prescribing care and participating in developing clinical protocols. In countries such as the United States, the United Kingdom, and Canada, oncology nurses already work as *nurse practitioners*, assuming responsibilities previously restricted to medical staff. Studies by Ferrell and Coyle (2018) demonstrate that this expanded role improves access to care, reduces wait times, and increases patient satisfaction. Although this process is still in its infancy in Brazil, it is expected to expand, in line with global changes.

From a scientific perspective, oncology nursing has also distinguished itself through research production and the consolidation of evidence that guides clinical practice. Engagement in multicenter studies and systematic reviews strengthens the scientific foundation of the profession and contributes to the academic recognition of nursing as a science. According to Mendes and Barros (2017), the appreciation of nursing research is essential for developing evidence-based protocols, ensuring greater efficacy and safety in cancer treatment. This investigative dimension reinforces the legitimacy of the profession on the global stage.



Finally, it should be emphasized that the challenges and advances in oncology practice intertwine, creating a dynamic scenario in which nursing must constantly adapt. The increasing complexity of treatments, combined with growing patient demand, requires resilient, critical, and innovative professionals. For Clark et al. (2015), oncology nursing must be understood as a practice in constant development, capable of absorbing innovations, overcoming inequalities, and reaffirming its commitment to humanization. Thus, a global perspective reveals that, despite the challenges, oncology nursing continues to advance as a field of excellence and is indispensable for the future of healthcare.

Conclusion

Over the past few years, oncology nursing has established itself as one of the most important pillars of healthcare, playing a role that transcends direct care and encompasses educational, managerial, and institutional dimensions. This study demonstrated that oncology nurses work on multiple fronts: from administering chemotherapy and conducting comprehensive follow-up appointments to managing therapeutic protocols and mediating between patients, multidisciplinary teams, and institutions. This diversity of responsibilities confirms the nurse's position as a central link in the therapeutic process, essential for clinical efficiency and the humanization of care.

It was observed that the practice of oncology nursing requires rigorous technical knowledge, ongoing scientific development, and refined interpersonal skills, especially empathic communication and active listening. These competencies are essential in a highly complex setting, marked by innovative therapies, such as immunotherapies and targeted therapies, and the exponential growth in cancer incidence globally. Furthermore, nurses have distinguished themselves as health education agents, empowering patients and families to practice self-care, which strengthens treatment adherence and improves quality of life.

Another relevant point highlighted in this study is the managerial and strategic dimension of the practice, especially regarding the standardization and release of therapeutic protocols. The nurse's work, alongside the medical team, increases clinical safety, strengthens institutional standardization, and ensures that treatment is aligned with the best available scientific evidence. This integration reinforces the leading role of nursing, which goes beyond technical execution and assumes leadership and management responsibilities.

From a global perspective, oncology practice faces significant challenges, such as unequal access to services, the need for ongoing training, and increasing pressure on healthcare systems. However, significant advances have also been observed, such as the incorporation of digital technologies, the expanded role of nursing in advanced practices, and the strengthening of scientific production. Such progress points to a profession in constant evolution, capable of absorbing innovations and adapting to diverse contexts, without losing sight of the centrality of the patient.



The analysis confirms that oncology nurses are essential for therapeutic success and the humanization of healthcare. Their work increases safety, optimizes institutional resources, and ensures that patients feel supported throughout their journey. In this sense, it can be stated that oncology nursing not only keeps pace with the evolution of medicine but also contributes to redefining it, integrating science, management, and humanization.

the same process.

Therefore, given current and future challenges, investing in the appreciation, training, and autonomy of oncology nurses is essential for consolidating safer, more efficient, and more humane healthcare systems. This appreciation is not limited to academic or institutional recognition, but must be reflected in public policies and organizational practices that strengthen the profession and ensure that every patient has access to comprehensive, ethical, and excellent care.

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