Editorial

Innovation, Evidence, and Proximity in an Age of Compressed Futures: Oncology Nursing and the AIIAO 2026 Congress

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Oncology has rarely promised so much, and rarely asked so much of the professionals expected to translate that promise into care. Precision therapeutics and immunotherapy have redrawn the prognostic landscape of diseases that, a generation ago, admitted far less hope. Electronic patient-reported outcome systems have improved symptom monitoring and patient-reported outcomes, and earlier trial evidence suggests that, when embedded in responsive clinical workflows, systematic symptom surveillance may even be associated with longer survival (Basch et al., 2017, 2022). Video-delivered early palliative care has also been shown to produce quality-of-life outcomes equivalent to in-person delivery among patients with advanced lung cancer (Greer et al., 2024). Read from the vantage point of the research literature, the future of cancer care appears increasingly bright. Yet the same health systems expected to deliver that future are operating under conditions that make it feel repeatedly deferred: the World Health Organization estimates a global nursing shortage of 5.8 million nurses in 2023, projected to remain 4.1 million by 2030 (World Health Organization, 2025); public budgets are constrained; populations are ageing and increasingly multimorbid; and the global burden of cancer continues to rise (Kocarnik et al., 2022). This is the compression in which contemporary oncology nursing now works: between a scientifically plausible future of unprecedented therapeutic possibility and an economically, demographically, and organizationally uncertain present.

This compression is not only material. It is also cultural. Zygmunt Bauman described late modernity as "liquid": a condition in which institutions, careers, and collective identities lose the solidity that once allowed people to plan their lives within them, leaving individuals to absorb systemic uncertainty as if it were a private burden (Bauman, 2000). Healthcare is not exempt from this condition. The vocabulary that now circulates in the nursing workforce

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literature (e.g., burnout, moral distress, intention to leave, disengagement, and most recently quiet quitting) reads like a clinical chart of liquid modernity entering the hospital. Quiet quitting, commonly understood as remaining in post while withdrawing discretionary effort and engagement, should not be reduced to anecdote or generational stereotype. Recent multicentre evidence from hospital settings suggests that such behaviours may be widespread and closely associated with burnout and job satisfaction (Ghahramani et al., 2026). It would be a serious interpretive error to read this as a moral failing of professionals. Disaffection is better understood as a signal: of perceived organizational injustice, of meaning eroded, and of the widening gap between what nurses were trained to value and what systems allow them to enact. Signals should be measured, interpreted, and answered; not moralized.

Nurses in oncology fields occupy the precise point at which this compression becomes visible, because nursing is where the promissory language of innovation meets the finite reality of a shift, a consultation, a ward, a home visit, or a telephone call from a patient in distress. Every breakthrough (e.g., a new oral anticancer agent, a remote-monitoring platform, an artificial-intelligence triage tool, a redesigned survivorship pathway) becomes real, or fails to become real, through nursing work. Nurses integrate innovations into pathways, explain them to patients and families, monitor their consequences, compensate for their gaps, and often absorb their unintended effects. When adoption outpaces role design, staffing, training, and accountability, innovation stops being a promise and becomes a load. The question facing oncology nursing is therefore not whether to embrace the future, but how to govern the terms on which that future arrives.

The title of the AIIAO 2026 Congress is "Innovation, Evidence, and Proximity" and should be read in this light, not as a slogan, but as a disciplinary strategy. Each term names a different counter-move to liquidity. Innovation asks not only what can be introduced, but under what conditions it becomes care rather than burden. Digital health, advanced technologies, and new organizational models are opportunities only insofar as they are accompanied by explicit role definition, competency frameworks, adequate training, and attention to equity; otherwise, they risk widening digital and organizational divides within the profession and among patients. Evidence is the counterweight to both hype and fatalism. It turns enthusiasm into testable programmes, turns discouragement into tractable problems, and supports the deliberate engineering of professional development, including the international consolidation of advanced practice roles in cancer care (Dowling et al., 2024). Proximity is nursing's most distinctive answer to a liquid world. Where institutions feel unstable and futures uncertain, relational continuity, which means being reliably present across the trajectory of illness, from hospital to community and from treatment to survivorship or palliation, restores a form of solidity that no technology can replace and that every technology should ultimately serve.

The scientific programme of the congress operationalizes this triad deliberately. It begins from proximity: continuity-of-care models, individualized care planning as a digital instrument, and the implementation of Italy's territorial-care reform are placed at the centre of the discussion rather than treated as organizational background. It then moves through innovation and specialist competence: device selection, infusion safety, standards of excellence, and Entrustable Professional Activities are addressed as practical infrastructures through which oncology nursing can make advanced care safer, more consistent, and more accountable. Finally, the programme turns to evidence, networks, and impact in Italian and European perspective. This includes, not incidentally, an explicit session on quiet quitting and its implications for the profession, and a lecture on the language of nursing itself: standardization, guidelines, and good practices as the grammar through which a discipline makes its knowledge durable. A profession that names its own disaffection from the podium, rather than leaving it to corridor conversation, is a profession treating uncertainty as an object of inquiry rather than as a private burden.

This special issue extends that stance from the podium to the page. The commentary that opens it applies lexicometric analysis and topic modelling to the corpus of abstracts included in the AIIAO 2026 proceedings, identifying five latent thematic areas: care pathways and procedural safety, self-management and adherence, research capacity and symptom-distress measurement, professional roles and leadership, and palliative and supportive care

(Caruso et al., 2026). These topics are offered prudently: not as a representative map of the entire field, but as a reproducible observatory of the priorities made visible by a scientific community at a specific moment in its development. The corpus itself, however, conveys a message that no statistical model could detect. The congress received 91 submissions, the largest volume of scientific work ever submitted to an AIIAO congress, of which 82 accepted abstracts entered the final proceedings. In a season often described in the language of disengagement, an entire professional community chose to respond to uncertainty with data, projects, peer review, and public scientific exchange. That choice is not a statistical finding but a disciplinary signal. Between the future promised by research and the present constrained by systems, Italian nurses working in every oncological field appear to have located a third position: neither naïve optimism nor quiet withdrawal, but engaged, measurable, and cumulative work. It is the position this journal exists to document, and the one this congress exists to sustain.

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