international ICNN cancer nursing news

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Nurse addresses training need

A cancer nurse has filled a crucial education gap by developing and introducing an oncology nursing course at the hospital where she works.

Nyizadiana Mbambo, course lecturer at the Chris Hani Baragwanath Hospital, Soweto, Johannesburg has been recognised by the National Oncology Nursing Society of South Africa for her effort and perseverance.

Ms Mbambo worked as a cancer care nurse for ten years before obtaining the Diploma in Medical and Surgical Oncology Nursing Science at the South African Nursing Council.

She then decided that other nurses at the Chris Hani Baragwanath Hospital needed the opportunity for further education. She developed an oncology nursing programme, which was approved by the South African Nursing Council. Since she introduced the course in 2001, 58 nurses have successfully taken the course.

Nyizadiana Mbambo, pictured with students from the last training course

Early bird conference offer for biggest ISNCC conference ever

Book by April 30th for the 14th International Conference on Cancer Nursing in Toronto to take advantage of the early bird reduction.

The scientific secretariat has received a record number of abstract submissions and is expecting around 2000 international cancer nurse delegates.

Register now and pay a reduced rate of $660 (Canadian dollars) + GST, compared with $830 + GST.

Further reductions are available for students and retired nurses — see **www.isncc.org** for details.

Toronto workshop on patient advocacy

A workshop on how to speak up on behalf of your patient and make the case for optimum treatment will be offered along with other pre-conference workshops.

A full range of workshops will be available on September 27th, the day before the start of the 14th International conference on cancer nursing (see page six for details about pre-conference workshops).

The workshop *Speaking up for the patient*, which is sponsored by Novartis Oncology, offers delegates the chance to develop their advocacy and presentation skills.

Cancer nurses can find themselves caught between the need to preserve the patient's well-being and to follow the treatment plan goals.

The skills to present a convincing and persuasive case to ensure optimum treatment for your cancer patient are not often taught in traditional academic settings.

This workshop is intended to provide training in presentation and speaking skills that could be used to influence an oncology team and provide a convincing case for a new treatment approach.

The training will be given within the context of metastatic bone disease and will provide nurses with an opportunity to practice speaking up for their patient using different scenarios. In addition the workshop will provide a clinical update on the treatments available for prevention and delay of bone complications in metastatic disease.

This issue of International Cancer Nursing News is sponsored by Novartis Oncology

NOVARTIS ONCOLOGY

Looking forward to Toronto in September!

Reaching New Heights Together! What a marvellous theme for the upcoming 14th International Conference on Cancer Nursing. The plenary speakers are lined up, the social activities are being scheduled, and the abstracts have poured in for review. The Scientific Programme Committee and the Local Organising Committee have been hard at work for many months now, planning an exiting and stimulating conference. It is certain to be a wonderful opportunity for learning and networking with other cancer nurses from around the world.

Cancer nurses in all parts of our globe are facing many challenges. The incidence of cancer is growing and the notion that cancer has reached epidemic proportions is being discussed in many quarters. In countries with high resources, populations are aging and chronic diseases are beginning to make escalating demands on the health care and social resources. In countries with low resources, infectious diseases and high maternal/infant mortality are still taking their toll. Often, in these countries, cancer is not labelled as a priority for resource allocation. This results in scarcity of treatment facilities and palliation being the only course of care for individuals with the disease. Yet access to pain medication remains difficult, if not impossible.

Many countries are in the midst of designing nation-wide cancer control strategies. These strategies are plans for meeting the challenges inherent in the growing demand for cancer care. They also contain ideas about cancer prevention, education, and research along with diagnosis, treatment, and supportive care. The best plans have set priorities and developed clear recommendations for action.

Cancer nurses need to know about the cancer control activities in their own countries. They ought to be involved in that work as well. This involvement may be as an expert individual or as a representative of their cancer nursing societies. Cancer nurses possess expertise that is critically important to inject into the planning processes if that planning is to result in appropriate cancer control strategies. By appropriate, I mean ones that are realistic and feasible. It remains a challenge, however, to have nurses participate in these cancer control planning activities. Concerted effort is needed to get nurses to the discussion table.

Many of the conference topics at the 14th international conference are ones that can help cancer nurses in their daily practice. There are also many that can help you in your cancer control activities. Among the many topics that will be covered, we will be hearing about nursing workforce issues, models of care delivery, approaches to symptom management, and patient safety. Sharing knowledge and the lessons we have learned from different parts of the world will be valuable and stimulating.

I anticipate we will each leave the conference with new ideas about how we can work together collaboratively and what we might do to improve the care we provide to cancer patients and their families.

Cancer patients and their families need cancer nurses. We need to be stepping forward to influence cancer care delivery and make a difference in our own corner of the world.

Margaret Fitch
President ISNCC

Cancer control

ISNCC played a key role in the 1st International Cancer Control Congress in Vancouver, Canada in October 2005. The society was involved in planning the event and was a full participant in the congress which was attended by 325 delegates from 65 countries.

The objectives of the congress were to provide an opportunity for mutual learning and knowledge transfer between countries with existing cancer control strategies and countries with strategies under development.

The congress is developing an international community of practice where global stakeholders such as the World Health Organisation (WHO), the International Union Against Cancer (UICC) and organisations such as ISNCC can share information on how to address common challenges.

The initiative is focusing on learning about the latest science of population-based cancer control and identifying gaps for an international strategic research agenda for cancer control. And it hopes to facilitate international networking among individuals involved in all aspects of cancer control.

A 2nd International Cancer Control Congress is planned for 2007/08.

Global alliance

Guidelines for International Breast Health and Cancer Control have been published by a global alliance including the ISNCC. The guidelines which have recommendations for improving breast-health care and cancer treatment in countries with limited resources have been published by the Breast Health Global Initiative (BHGI), an international coalition led by Fred Hutchinson Cancer Research Center and the Susan G. Komen Breast Cancer Foundation. The guidelines will be featured in the next issue of ICNN, and can accessed at **http://www.fhcrc.org/science/phs/bhgi/news/2006/updatedguidelines.html**

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Sexual consequences of cancer and its treatment

Sexuality, sexual function and sexual difficulties within the context of cancer care are topics which both patients and staff can find difficult to approach. This presentation, given at the ISNCC Sydney conference, examines and analyses published papers in this subject area, highlighting patterns and deficits in research which help to show the way forward

Sexuality remains a sensitive and at times taboo topic for patients, partners and health professionals alike. This evidence review used six databases to extract published sources that addressed the concepts of sexuality, sexual function and sexual difficulties within the context of cancer care.

A five-year time frame was adopted to allow the examination of the most contemporary sources and restricted to English language papers for resource purposes. Of the original 5726 references retrieved, only 500 or 8.7% of sources met the inclusion criteria for the evidence review. A Medline search has recently been completed and is currently being analysed to ensure capture of biomedical literature.

The evidence review excluded related concepts such as fertility or altered body image together with patient populations who have additional considerations that make their assessment and management more challenging (for example, adolescents or those with AIDS-related cancer).

Evidence analysis

This review embraces adult patient populations with cancer, their sexual partners, and those health professionals and services attempting to identify and meet their diverse psychosexual needs.

After removing duplicates and papers that did not meet the inclusion criteria, 263 abstracts and titles were included in the final evidence analysis (see figure 1). It is heartening to see the increase in research papers forming the evidence base for psychosexual practice in cancer care. However in quantitative research, sexuality was often only one component in wider Quality of Life (QoL) studies and thus received limited attention.

Over the past five years there has been a shift in the patient populations studied. While the volume of studies focusing on sexual consequences of breast cancer and its treatment still dominate overall, study of the impact of prostate cancer treatment on erectile function and to a lesser extent on ejaculation and orgasm has grown.

Search results: 263 sources	
Quantitative research papers	90 (34.2%)
Qualitative research papers	82 (31.2%)
Professional opinion papers	65 (24.7%)
Literature reviews	21 (8%)
Books /book chapters	5 (1.9%)

Figure 1

Heterosexual perspective

As you can see from figure 2, the evidence base clusters around the gendered experience of cancer development and treatment. While the specific phase of the cancer patient journey was not clearly stated in 102 of the abstracts reviewed, most of the papers explored sexual morbidity and adjustment in the post-treatment or follow-up phase.

Cancers not affecting the areas of the body conventionally associated with sexual expression, such as head and neck cancer or haematological malignancies were under-represented (see figure 3). This lack of focus is problematic in patient populations where sexual morbidity is significant, but its profile in the literature is low (for example in colorectal cancer patients).

The literature also maintains a dominant heterosexist perspective, with only four papers exploring the needs of lesbian women experiencing the sexual impact of breast cancer. And only one abstract made mention of the inclusion of gay men in their sample of patients with prostate cancer. In the American literature there was some focus on ethnic diversity and its impact on sexuality or sexual identity.

Most of the papers addressed sexuality within the complexity of interactions created by multi-modal therapy. While this is an inevitability of modern cancer treatment, a global focus on heterogeneous populations can mask the treatment-related patterns in the development of sexual difficulties. For example, the early versus late development of erectile dysfunction in surgical versus radiotherapy treatment of prostate cancer.

Patient populations	
Prostate cancer	80 papers
Breast cancer	63 papers
(included 1 x male breast cancer)	
Gynaecological cancer	32 papers
Generic cancer	21 papers
Women's cancers	10 papers
Testicular cancer	8 papers
Advanced cancer	8 papers

Figure 2

Surveillance impact

It is heartening to see the inclusion of active surveillance in prostate cancer as a non-invasive management strategy that can still impact on the gender identity and sexual confidence of couples living with the illness untreated. Likewise it is important to explore the sexual impact of prophylactic mastectomy and oopherectomy in the management of women who are at high risk of genetic inheritance of specific malignancies.

Radiotherapy and chemotherapy induced effects received less attention than surgery, perhaps because of the clearer pathophysiological effects associated with specific operative procedures, that is, vascular and neural disruption.

The majority of studies were descriptive and focused on the prevalence and nature of the sexual difficulties encountered by patients. Despite the impact of concurrent medication such as anti-depressants, anxiolytics and some anti-emetic regimens on sexual desire, arousal and orgasm, there was very limited focus on the sexual side effects of supportive care drugs in use.

In contrast to the wider psychosexual literature, most of the papers focused on the sexual function of the individual following cancer treatment, as opposed to the impact on the couple and intimate relationship (see figure 4).

Patient populations	
Haematological cancers	7 papers
Head and neck cancer	6 papers
Bladder cancer	3 papers
Colorectalcancer	3 papers
Men's cancers	3 papers
Radiotherapy patients	3 papers
Lung cancer	2 papers

Figure 3

Relationship context	
Individual focus	195 papers
Couple focus	30 papers
Prostate cancer	16
Generic cancer	4
Breast cancer	3
Gynae cancer	3

Figure 4

Partners

As sexual expression tends to involve more than one person, ie a coupling, most of the time, an individual focus is likely to limit the assessment and subsequent management of a sexual difficulty. Partners can offer contrasting views on sexual problems both pre and post illness.

As mentioned previously, many of the study abstracts highlighted the assessment of sexual difficulties within the context of a broader QoL paper. This inevitably leads to a more restricted exploration of complex multi-faceted concepts such as sexuality. In addition, many of the assessment methods being tested for validity/reliability would be too lengthy and complex for use outside a research context.

So how can sexual issues in cancer care be addressed without clinical assessment approaches that are known to work in practice? There was a stark contrast between the 20 papers testing research assessment methods compared to only three that evaluated the development and use of clinical methods for sexuality assessment in cancer care.

While both are needed, it is imperative to increase the profile and skills of psychosexual assessment within the clinical workforce in order to develop sensitive and relevant clinical interventions for patients and their partners.

When it comes to the evidence to support clinical interventions in psychosexual care, again the number of studies are limited (see figure 5). As within mainstream psychosexual therapy, cognitive-behavioural and other brief psychological therapies are beginning to be tested in cancer patient populations, mainly in breast and prostate cancer.

Development or testing of a psychosexual intervention	
Total number of papers	13
Cognitive/behavioural and other brief therapy interventions (group or individual)	7
Sexuality patient education programme (group or individual)	3
Provision of sexuality patient information booklets	2
Addressing patient's attitudes to sexuality	2

Figure 5

Other interventions that reduce anxiety and promote sexual adjustment to illness are largely patient information or education strategies for groups or individuals.

Sixteen papers chose to evaluate the impact of a service or clinical role on the sexual well-being of patients (see figure 6). Here partners were rarely involved in the service evaluation as the aim of such provision was mainly to reduce anxiety, increase knowledge and to encourage resumption of sexual contact for patients.

In addition there were ten papers that specifically explored the barriers to effective communication about sexual issues between patients, their partners and cancer care professionals. Seven out of the ten papers made suggestions as to how such discussion could be improved through education and grand rounds[1].

Evaluation of a service or role addressing sexuality issues	
Total number of papers	16
Provision of patient information booklets	5
Impact of clinical nurse specialist (CNS) role on sexual concerns	3
Role and efficacy of patient support groups addressing sexual concerns	2

Figure 6

So, in summary, there remain a number of deficits in our evidence base to support psychosexual practice that serve to undermine our collective confidence and vision in meeting the sexual consequences of contemporary cancer therapy (see figure 7).

Sexuality continues to be defined in narrow functionalist terms that limit, for example, our understanding of more complex aspects of sexual behaviour, such as sexual interest or desire. As a result the search continues in vain for a biomedical or pharmacological panacea that will soothe our collective conscience.

Evidence deficits for practice
Descriptive studies of prevalence / nature of sexual morbidity dominates
Superficial study of sexual concerns as part of QOL studies as opposed to sole focus
Functionalist perspective defines sexual morbidity
Biomedical perspective defines clinical interventions

Figure 7

A number of cancer patient groups remain under-studied (see figure 8), despite evidence for sexual difficulties in clinical practice, particularly if patients are followed into the rehabilitation and survivorship phases of their journey; which happens perhaps too infrequently.

Evidence deficits for practice
Limited focus on colorectal, head & neck or haemato-oncology patients despite presence of significant sexual morbidity in practice
Limited focus on couple perspective may offer inadequate understanding of the sexual difficulty
Inadequate focus on clinical assessment of sexual difficulties in cancer care
Inadequate focus on clinical interventions

Figure 8

While patient-centred care remains paramount, when it comes to addressing sexual recovery the partner becomes an indispensable ally in both the assessment and management of sexual problems associated with cancer.

Evidence development priorities for sexuality in cancer care
Study sexual consequences of cancer in its own right as opposed to a sub-component of QOL
Draw on existing psychosexual research themes & methods in designing studies within cancer care
Incorporate analysis of HCP, patient, partner & relationship issues in study of sexual difficulties & their resolution
Increase number of studies that address clinical assessment of sexual difficulties in cancer care
Increase number of intervention studies

Figure 9

The diverse expertise of clinicians and researchers who are passionate about promoting the sexual rehabilitation of couples living with cancer needs to be harnessed together with those who work full-time in psychosexual medicine and therapy. Together they can design clinical assessment strategies; develop the skill and knowledge base for relevant clinicians; and promote the study of sexuality and sexual health interventions to inform cancer practice in the 21st century (see figure 9).

Isabel White, Cancer Research UK Nursing Research Training Fellow
European Institute of Health & Medical Sciences (EIHMS), University of Surrey, Guildford, Surrey, United Kingdom

1. Grand rounds are a type of medical teaching round where senior medical staff use current clinical cases to debate and explore the management of a particular clinical issue. In this instance they were used to address the sexual impact of particular cancer treatments on a specific patient.

Pre-conference workshops at Toronto

The Scientific Planning Committee has been working with cancer nursing groups on a series of pre-conference workshops. They will take place on September 27, just before the start of the 14th International Conference on Cancer Nursing in Toronto.

The workshops will be held at the conference centre and led by oncology nursing experts. Participants at previous workshops have described them as superb learning and networking opportunities. Here is a taster of what will be on offer. You can register at **www.isncc.org**. Numbers are limited so book early to avoid disappointment.

After breast cancer: survivorship and the role of the oncology nurse

Although breast cancer breast cancer continues to rise in North America, mortality in breast cancer is steadily declining, due to better early detection and increasingly effective treatments. Survivorship issues have been receiving increasing attention.

The overall goal of this workshop is to provide a synthesis of the evidence regarding two of the most commonly occurring domains of concern for breast cancer patients; lymphoedema of the arm and managing menopause.

Evidence-based care pathways will be discussed and examples of moving evidence into nursing practice will be highlighted through case examples.

Oncology advanced practice nursing role: an interactive workshop on strategies for successful role implementation

Over the last five years, the Canadian province of Ontario has witnessed unprecedented growth in the number of new oncology advanced practice nursing roles. The goal of this interactive full-day workshop is to build on research and the lessons learned from the Ontario experience. The workshop will provide participants with hands-on experience in applying systematic and evidence-based approaches to define, implement and evaluate new models of care delivery that include oncology APN roles.

The paediatric cancer care trajectory

Dealing with the diagnosis of cancer for a child and family requires different nursing roles at different times during the trajectory of care. This interactive workshop will focus on the various roles that nurses have as part of the care team.

These roles are varied and include: the nurse practitioner in ambulatory care and inpatient settings, the Interlink nurse aiding in the transition from hospital to home, the blood and marrow transplant nurse practitioner, research nurse in the "new agent" programme, and the palliative care nurse in various settings.

Other topics which are currently being developed as workshops include: *Skin and malignant wound management*, *Oncology emergencies*, *Pain* and *Research*.

In addition ISNCC and ONS will hold a research workshop and CANO will host two workshops on *Writing for publication*, and *Standards and competencies*.

Esther Green and Candy Cooley, Co-chairs, Scientific Committee

VIRTUAL CANCER CARE

Patients and carers viewpoints

Ask any health professional who has fallen ill and become a patient within the "system" whether their views have been influenced and changed as a result of the experience and you are likely to be in conversation for some time.

If cancer and palliative care services are to become truly patient-focused then it's important that the views of those who use these services are listened to and taken notice of. With this in mind, it is useful to take a look at the web sites which aim to disseminate the views and experiences of service users.

Dipex

http://dipex.org/

This fascinating UK site shares a wide variety of patient-related health and illness experiences and has a large database of interviews available to listen to, read, or watch on line if you have windows media player.

There is little sentimentality in these stories, just profound, enlightening and insightful dialogue of how individuals have coped with their diagnosis and treatment. If you take the time to register then you can share your opinion, ask questions and seek advice from others. But if you just want to browse and access the vignettes or even submit your own story then there is the opportunity to do so.

Cancer guide: inspirational patient stories

http://www.cancerguide.org/stories.html

This simply laid out US site has a good range of patient stories that are presented in a simple format and load up quickly without delay. A wide variety of cancers are covered and although some of them date back a decade or more and the treatment regimes discussed have moved on, there is still a lot to gain from reading about the pragmatic coping mechanisms used by these patients.

Eyes on the prize

http://www.eyesontheprize.org/stories

This US site is dedicated to providing support and information for gynaecological cancers and has a good range of cancer survivor stories categorised by either diagnosis or treatment. The site is easy to navigate around and the quality of presentation and information provides a good insight into the patient experience.

BBC – cancer stories

http://www.bbc.co.uk/health/conditions/cancer/stories_living.shtml

This UK site is produced by the British Broadcasting Corporation. There are a selection of written and video diaries from *Living with Cancer*, a documentary series. If you intend to watch the videos you will need Real Player which is free to download.

Worth a look

The Rhode Island cancer council

http://www.ricancercouncil.org/issues/nav_views.php

This US site has a small number of well written and highly personal vignettes that are simply presented and worth a read.

Multiple myeloma survivors' stories

http://mm.acor.org/

This site is a great example of simple construction with an "easy on the eye" background, and contains some immensely powerful stories from across the world.

Lifetime television for women

http://www.lifetimetv.com/reallife/bc/survivors/

The site focuses on breast cancer with some interesting short vignettes that are well worth reading.

Rare & paediatric cancer support

http://survivor-support.rare-cancer.org/adult-stories.html

This is an unpretentious site that gives the reader a chance to hear the views of people who have suffered from some of the rarest life-threatening cancers.

Robert Becker, Macmillan Senior Lecturer in Palliative Care, Staffordshire University Faculty of Health and Sciences and Severn Hospice

Cancer nursing report from ECCO 13

The Federation of European Cancer Societies held its biennial conference, ECCO 13, in Paris in November 2005, the biggest multidisciplinary cancer conference in the world, attended by over 10,000 delegates.

A strong focus on symptoms as a core concern of cancer nursing was reflected in many presentations. For example, K. Papadaoplou's work on family caregivers in Greece highlighted the limited knowledge of family members regarding pain management, yet the important role they play.

Several notable symptom intervention studies were reported. Emma Ream, UK, reported on the effects of arm massage on anxiety and pain. Her findings suggest there was no overall benefit of the intervention on the key outcomes, pain and anxiety. However she noted that it was evident that women, younger patients and patients receiving vesicant drug regimes were more likely to experience procedural pain and anxiety, and therefore the arm massage intervention may be of benefit for these groups.

Key elements of supportive care practices provided by cancer nurses were explored. A study reported by Hilary Plant, UK, identified active components of an intervention for family support as including acknowledgement, listening, monitoring, continuity and facilitating access.

European nurses are making important contributions to developing the evidence base for the use of complementary therapies for cancer patients. Alex Molassiotis, UK, presented an update of a large European survey which found that about one-third of patients are using a wide range of therapies. The survey identified some reports of benefits for patients, as well as some potential risks. He also presented findings from an initial study which suggested potential positive benefits of acupressure in the management of chemotherapy-related nausea and vomiting.

The programme also covered some important system level issues. For example, a number of presentations described innovative methods for improving quality of cancer services. A collaborative "train the trainer" model for undertaking an oral mucositis audit provided an interesting example of how quality efforts can be supported across a number of institutions to provide feedback to local sites for improvement initiatives. Mary Wells, UK, described the introduction of a nutritional care assistant to improve nutritional screening practices and nutritional outcomes.

An interesting session on how to integrate new nurses into the cancer environment generated considerable discussion about issues such as workforce shortages, how to create a supportive working environment, and how to encourage new nurses into oncology nursing. Consistent with this theme, Sara Faithfull, UK, summarised contemporary challenges in developing competency-based education in cancer nursing. She also highlighted the priority that needs to be given to ensuring education and workforce development programmes result in learning outcomes that are relevant to today's cancer care environment.

Professor Patsy Yates, Acting Director of Research, Centre for Palliative Care Research and Education, School of Nursing, Queensland University of Technology, Australia

EDUCATION COLUMN

e-learning – the way forward

Distance learning is at the forefront of nurse education. It is certainly the most effective way of communicating information, formally and informally. Many in poor countries may argue that they do not have access to modern technology, but most nurses in developing countries have access to computers, if only by the means of internet cafés.

Some advantages of e-learning or distance education include:

- providing an opportunity to pursue a formal, academic degree or certificate or short course from home,
- conducted in flexible, convenient and interactive formats to allow easy access to course materials, faculty, health care and research experts, as well as other student's expertise using a variety of media and technology,
- courses can use videotapes, audio tapes, the internet, printed study guides, textbooks and/or CD-ROMs, conference calls, iChats, and synchronous discussions,
- offers options for busy adult learners with competing professional, personal, and financial commitments.
- quality multimedia presentation reduces cost despite large initial investments,
- effectiveness of the teaching and learning is improved because of greater motivation, retention, and mastery of learning,
- production is improved because of increased satisfaction and enjoyment .

Dr Peter Kokol states that "intelligent systems" should have the following characteristics (Kokol 1999):

- they must be user friendly in a natural way: at some level, people will be in control and must interact with these systems naturally and effortlessly,
- they must be competent: they must represent and reason with domain knowledge as well as general knowledge, the user, and the task,
- they must be articulate: they must effectively communicate (both what they know and don't) to people or other intelligent systems and explain the rationale behind their actions,
- they must be trainable: they must improve over time, either by learning from being told, or by capturing experience themselves.

Susan Mills-Zorzes however identified five disadvantages to distance learning working in isolation (Mills-Zorzes S, 2005). The student may have difficulty:

- developing motivation and interest,
- initiating and maintaining motivation,
- grasping the structure of the subject,
- learning both analytical and instructive thinking,
- evaluating progress in learning.

Bearing in mind that nursing students in developing countries might not have the practical experience of the theory that is offered to them, the last three points made above may become obstructive barriers to a distance learning course and courses will therefore be adapted or students will have to be sensitised to this issue.

Another disadvantage in developing countries is the language barrier and translation of courses will often be required. However, e-learning is successfully being used at present and provides an exiting avenue of disseminating educational material to the developed and developing world.

Petra Fordelman, Nursing Services Manager, iThemba LABS, Cape Town, South Africa

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RESEARCH COLUMN

Advancing cancer care in China through the ISNCC network

The International Society of Nurses in Cancer Care (ISNCC) was established in 1984 with a mission to protect and preserve health, relieve cancer-related sickness; and to promote and coordinate activities of cancer nursing through the advancement of education, research, and practice.

The society provides a communication network for oncology nurses from all over the world for the exchange of knowledge and practice. In fact, the society now represents more than 80,000 oncology nurses from 43 countries. The society is governed by a board of 18 trustees from five designated geographical areas: Europe, Africa and the Middle East, Far East and Australasia, North America, and Central and South America.

The board members from these five areas have a vital role in acting as a bridge between the society and oncology nurses from their areas. The board members work with the nurses they represent to achieve the society's goals.

This column describes how the board member from the Far East and Australasia worked with oncology nurses in her geographical area to strengthen the connection with the society. In addition, this column addresses how to advance nursing practice and research with the assistance of the society. Specific mechanisms for achieving these goals are described below.

Nursing conference

In China the development of nurse specialists, including those in oncology, is at an early stage. The Ministry of Health in China has produced a document *Nursing development strategic plans from 2005 to 2010* in which oncology nursing is one of the areas targeted for development as a specialty.

In order to gain more knowledge and enhance the standard of nursing practice a number of organisations have come together to hold a cancer conference. The Nursing Profession Committee of the Chinese Anticancer Association worked collaboratively with the Fujian Cancer Hospital, the Fujian Institute for Cancer Research, and the Fujian Anti-cancer Association to organise the Second National Cancer Nursing Conference in the Fujian province which was held in November 2005.

The conference was aimed at promoting advances in cancer care. Topics presented in plenary sessions included the development and training of cancer nursing in China, Hong Kong and worldwide, development of palliative care, symptom management, and precautions when handling chemotherapeutic agents. The conference was a good opportunity for oncology nurses from various provinces in China to meet and to disseminate advances in cancer care.

Wang Qi, an ISNCC board member for the Far East and Australasia, took the opportunity to use the conference to introduce the ISNCC to the participants and to share the trends in the development of cancer nursing from around the world with them. Participants gave positive feedback, and many of them approached Ms Wang to find out more about the society.

Link-nurse network

To continue the development of cancer nursing in China, Ms Wang is currently working with a group of oncology nurses to develop what is called a "link-nurse network". The goal of this project is to develop a critical mass of oncology nurses in China. Through this link-nurse network, oncology nurses in China can get access to advances in cancer care from the society through Ms Wang. She also can make use of the network to elicit their concerns and comments, and then pass them along to the society. In addition, this network can strengthen communication and enhance the coherence and collaboration among oncology nurses in China.

Translating the ISNCC newsletter

As English is not the major language of communication in China, most oncology nurses cannot effectively receive current news from the society. In order to have better connections between the society and oncology nurses in China, two of the authors (Winnie So and Wang Qi) are planning to summarise and translate the newsletter, ICNN, into Chinese. The translated summary will then be disseminated to oncology nurses in China through the link-nurse network. This strategy will help oncology nurses in China to gain new knowledge from the society's official publication and make use of this information to enhance quality of care.

ISNCC conference 2006

The biennial ISNCC conference is another good opportunity to strengthen the connection between Chinese oncology nurses and oncology nurses from different parts of the world. It also offers the opportunity to obtain information about advances in cancer care.

However only a few Chinese oncology nurses have attended past ISNCC conferences, probably due to insufficient financial support and inadequate promotion of the international cancer nursing conference. In order to encourage participation of oncology nurses from China, Ms Wang promoted the coming ISNCC Toronto conference to oncology nurses at the 2005 National Cancer Nursing Conference in Fujian.

Ms Wang and Ms So plan to help Chinese oncology nurses who wish to submit an abstract for presentation at the ISNCC conference in Toronto by reviewing their abstracts. In addition Ms Wang is working to acquire sponsorship to support oncology nurses to go to the conference if their abstracts are accepted for presentation.

Clearly, participation in the ISNCC conference is a good opportunity for Chinese oncology nurses to broaden their horizons, meet oncology nurses from all over the world, and possibly develop collaborations with others to advance education, research, and practice in cancer care in China.

ISNCC membership

ISNCC currently considers China as a developing country and has offered membership without fees if Chinese oncology nurses join as individual members. This is good news for Chinese oncology nurses as they will have more opportunities to participate in various international cancer nursing activities organised by the society. These opportunities would not otherwise be available without the society's support.

The development of the oncology nurse specialist is at an early stage in China, as described above. However, with the assistance of the society, the advancement of cancer nursing in China will be accelerated.

This column demonstrates how ISNCC is contributing to the development of cancer nursing world-wide through specific support provided to oncology nurses from a particular geographical area. The key to success in this effort has been the bridging role taken by a board member (from a particular country in the geographical region) between the oncology nurses in that area and the society. They have worked hand-in-hand to promote collaboration to achieve the society's international goals as well as to improve cancer care in a specific region of the world.

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