



## Singapore hosts 15<sup>th</sup> ICCN

Over 600 cancer nurses from 37 different countries attended the 15<sup>th</sup> International Conference on Cancer Nursing in Singapore in August 2008. The theme of the conference was *Creating Partnerships, Championing Progress and Celebrating Practice*.

This is the first time that the ISNCC conference has been held in Asia. The 15<sup>th</sup> ICCN was jointly hosted by the International Society of Nurses in Cancer Care in conjunction with SingHealth.

### Opening ceremony

The conference was opened with a ceremony that included traditional dancers, spectacular costumes and drumming.

Delegates were warmly welcomed by ISNCC president Professor Sanchia Aranda who holds a joint appointment as Head of the School of Nursing and Social Work, University of Melbourne, and Director of Cancer Nursing Research at the Peter MacCallum Cancer Centre, Australia.

She told delegates: "ISNCC is the voice of cancer nurses in the international arena. At each ICCN we come to understand the many challenges and experiences that we share as well as where we differ.

"This conference is a unique experience where we learn from our colleagues in many different countries where sometimes the most remarkable innovations are those that are borne of the ingenuity of nurses with little support but great commitment.

"In particular we come to understand why collective effort is required to overcome the great disparities that exist in cancer outcomes for many people, exacerbated by poverty."

She urged nurses to respond to the call for action from the International Union against Cancer (UICC) and endorse the targets for



Traditional Singaporean dancers perform during the opening ceremony of the 15<sup>th</sup> ICCN

2020 which include reducing tobacco consumption, obesity and alcohol intake.

Professor Aranda thanked the steering committee chaired by Margaret Fitch, the scientific committee chaired by Patsy Yates and Chua Gek Phin and the local planning committee chaired by Ow Jee Hia for their hard work in organising the conference.

Lim Swee-Hia, Nursing Director and representative of the co-host SingHealth added her welcome to delegates and encouraged them to take advantage of the numerous networking opportunities that the conference offered.

### Guest of honour

The guest of honour at the opening ceremony was Hawazi Daipi, senior parliamentary secretary at the Ministries of

Health and Manpower, Singapore. He told delegates: "This conference is a significant milestone in the development of oncology nursing in Singapore."

He highlighted the impact that cancer has in Singapore where it causes 28% of deaths, the biggest cause of mortality in the country. The incidence means that 23 new cases are diagnosed every day — almost one every hour of every day.

Mr Daipi detailed how oncology nursing has steadily grown in Singapore with the development of post-basic oncology training in 1989. A specialism at master's level has been available since 2003.

He acknowledged the importance of nurses in cancer care saying "nurses are in a unique position to support the physical and psychological care of patients".

# Keynote address on cancer control

The keynote address at the 15<sup>th</sup> ICCN was given by Cecilia Sepulveda, senior adviser, WHO cancer control who told delegates that cancer is a global health problem that needs to be “attacked on multiple fronts” with nurses playing a key role.

She said: “Nurses have a key role in education, intervention, early detection, treatment, rehabilitation and in palliative care. Being here at this conference gives an opportunity to strengthen links with the ISNCC for more collaboration in the future, getting nurses more involved.”

Ms Sepulveda outlined the global picture for delegates with some key statistics. Worldwide, cancer kills more people than Aids, TB and malaria combined. In 2007, 8m people across the world died from cancer with another 20m living with the disease. Around 80% of all cancers occur in low and middle income countries (LMCs) where resources are limited.

Risk factors vary globally, with a quarter of cancers in sub-Saharan Africa caused by infection, compared with 6% in Europe. Exposure to tobacco use is increasing in LMCs, and decreasing in more affluent countries. Survival rates are improving in affluent countries because more cancers are detected and treated early; whereas in LMCs up to 80% of cancers are diagnosed in late stages.

Ms Sepulveda then focused her speech on cancer control and the barriers to its effectiveness. She said: “One of the main barriers is that cancer control is not on governments’ health agendas. There is a lack of political will and public health leadership in cancer control.”

She pointed out that the UN Millennium Development Goals and international cooperation agencies focus on infectious diseases. Other barriers to cancer control that she highlighted included scarce resources, inequalities, competing health problems, a lack of awareness of cancer and the stigma attached to it.

## Knowledge and practice

She emphasised the current gap between knowledge and practice as a barrier saying “at the action level there is a lot to be done to translate knowledge into practice”.

Current knowledge shows that:

- Over 40% of cancers deaths can be prevented
- A third of cancer cases can be cured if detected early
- All cancer cases can benefit from palliative care
- Comprehensive strategies are more effective and efficient.

However in practice, prevention and palliative care are often neglected. The



From left to right: Chua Gek Phin and Patsy Yates co-chairs of the scientific planning committee, Hawazi Daipi, senior parliamentary secretary, Ministries of Health and Manpower, Singapore, Cecilia Sepulveda, senior adviser WHO cancer control, Sanchia Aranda, ISNCC president and Ow Jee Hia, chair of the local planning committee

major emphasis is put on treatment-oriented approaches which are in general not linked to early detection programmes. Services are often provided through fragmented initiatives without coordination and systemic vision.

## Opportunities

Ms Sepulveda told delegates that nevertheless there are opportunities. *The Framework Convention on Tobacco Control*, the *Cancer prevention and control resolution* and the *Global Noncommunicable diseases Action Plan* have all been adopted by the 197 WHO Member States.

And she added that there is an increasing involvement of international and national organisations with resources to guide countries in cancer control. There is an increasing availability of effective low-cost technologies and access to information-communication technologies.

One of the key strategies that the WHO is focusing on is the promotion of national cancer control programmes. These are public health programmes established by governments with the support of all sectors. Their goal is to reduce cancer risk factors, the cancer burden, and improve the quality of life. Interventions are based on cost-effectiveness, equity, affordability and sustainability and are tailored to the socioeconomic and cultural setting.

For example in areas with very low levels of resources, initiatives can focus on areas such as the control of most prevalent risk factors such as tobacco and community-based palliative care. Ms Sepulveda said: “In the developing world patients are diagnosed late, so palliative care is an urgent need. The evidence of mammography screening is that it reduces mortality but the resources needed are high so it will

work well in a resource high country but is not affordable in a low income country.

“A good example is childhood cancers such as lymphatic leukaemia which can be treated and cured. In developing countries about 80% of cases are cured and the resources needed are not huge.”

Ms Sepulveda demonstrated to delegates the small number of countries that have comprehensive cancer control policies. The WHO is promoting a model where some countries offer support to others. She said: “We want to foster collaboration between countries who are more developed in cancer control and those who are less developed.”

## WHO guides

The WHO has recently published a series of six guides *Cancer Control: Knowledge into Action*, *WHO Guide for Effective Programmes* which cover how to plan and implement effective cancer control. The guides were produced in collaboration with the ISNCC and are available at <http://www.who.int/cancer/modules>.

Ms Sepulveda concluded by telling the conference that the WHO is planning to increase its collaboration with the ISNCC, in particular in the area of online training.

She said: “We face a huge burden of cancer that is increasing, particularly in the developing world. There is sufficient knowledge of interventions that work to prevent, cure, and palliate cancer. However, the global response to the cancer problem has been so far insufficient due to multiple factors.

“The promotion of national cancer control programmes, advocacy, research and partnerships are key strategies for WHO in the next few years. WHO together with its partners will intensify its fight against cancer and use more innovative approaches for supporting LMC countries.”

# Expert panel on nursing shortages

One of the highlights of the 15<sup>th</sup> ICCN was a panel discussion where expert speakers from around the world discussed a number of issues including that of the global nurse shortage.

Patsy Yates, co-chair of the scientific committee and incoming ISNCC treasurer, chaired the session. She pointed out that migration of nurses from low income to high income countries is an aggravating factor. And she added: "We have an ageing population which means that the issues of shortages will be compounded.

"And there is the issue of the average age of the nurses. The average age of an American nurse is 46 and data suggests that by 2010 over 40% of nurses in the US will be over the age of 50."

She acknowledged that the older age group of nurses is not universal, for example the average age of nurses in Singapore is younger at 35.

## Recruitment

ISNCC president Sanchia Aranda confirmed that the 'ageing' nurse is a difficulty in Australia with the average age at 49. However she pointed out that the age can vary dramatically from area to area with the average age in inner city areas around 36, but in rural areas the average age is in the mid-50s.

President of the US Oncology Nursing Society Brenda Nevidjon suggested that the way to improve recruitment to oncology nursing was to focus on increasing general nursing numbers.

She said: "Nursing is the entry point, not oncology nursing. We have to recruit young people into nursing and along the way we can be champions of our specialty.

"This is not the first nursing shortage that we have faced but it is the worst.

Nursing is seen as a career for women, as 92% of nurses are women, predominantly white. It has to be made an attractive career for men and for a diverse group of women. In earning terms, nursing continues to be a good stable job."

Annie Young, Nursing Director of Three Counties Cancer Network, representing the UK on the expert panel said that it is important to make nursing more attractive to potential entrants, and to make sure that those in nursing stayed.

She said: "We need to look at work-life balance in order to make nursing a more attractive prospect. We need to look after the nurses that we have got."

The discussion highlighted the way that the problem of nursing shortage differs in

its complexity around the world. Elizabeth Agunwah from Nigeria highlighted how there is no shortage of trained nurses in Nigeria, but there are not enough jobs for those wanting to be employed.

Nesreen M Alqaissi, an oncology nurse from Jordan, speaking from the floor, explained that although there was not an overall shortage of nurses in Jordan, there was a shortage of female nurses.

Ms Alqaissi who attended the conference on a travel scholarship explained: "Currently 70% of nurses graduating are males who are attracted by the high wages in the profession. However the problem is that they cannot work with female patients so in Jordan we need to focus on recruiting more female nurses."

## Distinguished Merit Award



The Distinguished Merit Award was awarded at the conference to Connie Henke Yarbro (left), Adjunct Clinical Associate Professor, MU Sinclair School of Nursing, University of Missouri, US and editor of Seminars in Oncology Nursing.

Giving the award, ISNCC president Sanchia Aranda (right) said that in oncology nursing "few other nurses have made such a contribution and had such an influence".

She added that: "Connie Henke Yarbro has remained a tireless champion of cancer nursing at every level — practice, education, research, policy and government. I can think of no more worthy winner of this award."

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## Past President's Award



The Past President's Award was presented to Myrna McLaughlin-Anderson (left), assistant professor at the University of Panama for her inspirational work and dedication in founding the Hospes Association for Palliative Care leading to the development of palliative care in Panama.

On receiving her award Ms McLaughlin-Anderson told delegates how, after attending the 5<sup>th</sup> ICCN in 1988 and meeting founding member of the ISNCC and pioneering cancer nurse Robert Tiffany, she was determined to improve cancer care in her home country of Panama.

In 1993 the non-profit Hospes Association for Palliative Care was founded from a small group of dedicated individuals and has grown steadily since. Educational programmes have since been developed and palliative care is being extended throughout the country. In 2004 a national plan for palliative care was developed which extended morphine prescriptions from three to ten days.

The award was presented by ISNCC past president and chair of the conference steering committee Margaret Fitch (right).

The Past President's Award is given in recognition of a cancer nurse from a developing country who has initiated and sustained a programme of cancer care which has been in place for more than three or more years, and has the potential for replication outside the country's borders.

## Travel grants give opportunities

Travel scholarships made it possible for seven delegates from developing countries to attend the Singapore conference. The seven delegates came from Brazil, Colombia, Jordan, Zimbabwe, India, China, and Nepal. Here two of the recipients talk about what the opportunity meant for them

**Sulochana Retnamony,**  
*Acting Nursing Superintendent,*  
*Tata Memorial Hospital, Mumbai, India.*

"I consider it a rare privilege to have represented the Oncology Nurses Association of India and Tata Memorial Hospital, Mumbai at the 15<sup>th</sup> ICCN in Singapore. I was impressed by the theme of the conference which was very relevant to the situation in our country and to the nursing community as a whole.

"The official opening ceremony with its colourful traditional welcome was an enriching experience. I felt encouraged by the welcome address from the ISNCC president who described how, after the conference, we would return to our respective countries with a renewed energy and motivation in our commitment to oncology nursing.

"The prevention, cessation and control of tobacco was discussed in the plenary session by nurses from Brazil, South America, US and Hong Kong. During the discussion that followed I highlighted the coming 14<sup>th</sup>

World Conference on Tobacco or Health to be held in Mumbai in March 2009.

"The plenary session on *Focusing on Quality towards Safety Care* was presented by nurses from Canada, UK, Jordan and Pakistan. It enlightened me in many ways as to how to improve services.

"I attended many of the concurrent sessions as well as visiting the posters and exhibitions. During the conference I also attended the ISNCC regional meeting of the Far-East and Australasia, at which there was a discussion about forming more associate member groups for better networking. I was also able to take the opportunity to visit the National University Cancer Hospital in Singapore.

"I am indebted to the ISNCC for awarding me a travel scholarship so that I was able to represent India. This scholarship means that I can share knowledge among my fellow professionals and helps to maintain a connection between nurses from different nations."

**Nesreen Alqaissi,**  
*Oncology nurse, Jordan*

"It was important for me to attend the ICCN because I wanted to know what is the cancer context globally and what are the problems that face the international community when dealing with cancer. I

am very interested in understanding problems that face low resource countries and how nurses in particular are able to solve some of these problems.

"It was also important for me to connect with nurses from around the globe, from different and diverse cultures. The presentations were good. In particular the sessions about cancer control, establishing cancer control programmes and smoking cessation were important to me.

"My experience in Singapore was enlightening. When I returned to my country after the conference I discussed many of the things that I had learnt with my colleagues including how we could build cancer control programmes with a physician in the ministry of health."

**Many thanks to the following organisations for their support of the travel scholarships:**

BC Cancer,  
Cancer Care Ontario,  
Cancer Nurses Society of Australia,  
ISNCC,  
Japanese Society of Cancer Nurses,  
Peter MacCallum Cancer Centre,  
XunErJia Scientific Development.

## Post surgery rehabilitation for breast cancer patients

A nurse-led rehabilitation programme in China for breast cancer patients who have had surgery includes functional, body and psychological aspects.

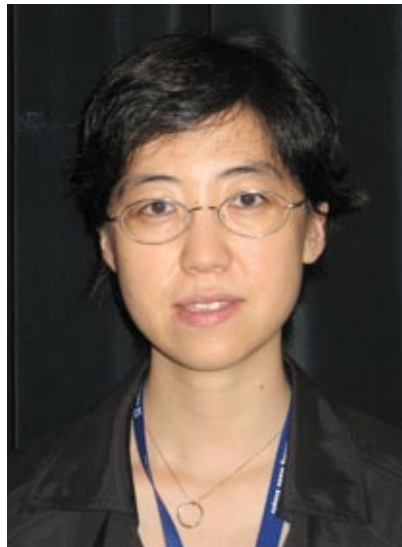
Liu Hong-rong, head nurse, breast cancer department, Tianjin Medical University Cancer Institute and Hospital, Tianjin, China described the programme. Following a functional assessment to assess lymphoedema and mobility of the affected arm, patients are set a simple and effective exercise programme. The programme has three facets:

- bare-handed exercises which can be performed at home,
- exercises with equipment to improve mobility, flexibility and joint extension,
- gymnastics with music led by a nurse which includes aerobic exercise.

Ms Liu said: "The group exercise creates a good atmosphere, stimulates the patients' interest and increases their confidence in recovery."

Body rehabilitation focuses on using prosthesis and breast reconstruction to improve body shape after surgery.

On psychological rehabilitation Ms Liu said: "Chinese breast cancer patients worry about the happiness of family members, the children's study, the health of the elderly and so on. And they have the belief



**Liu Hong-rong informing delegates on post-surgery rehabilitation for breast cancer patients in China**

that they must live as long as possible for their family members."

Patients are offered a series of lectures with a group discussion afterwards. Relatives are also invited to group lectures, as support from the family members can play an important role in promoting the patients' quality of life.

## Why women decline cervical screening

Reasons why women actively chose not to participate in population-based cervical cancer screening were explored in a Swedish study.

Nurse researcher Karin Blomberg from the Karolinska Institute, Stockholm, Sweden analysed the motivation of 97 women who actively declined participation in the screening programme.

Ms Blomberg and fellow researchers analysed telephone interviews with 11 women and fax messages to the screening organisers from 86 women.

Overall a tension was found between private and public spheres. Issues related to women's sexuality and reproduction were seen as private while the screening programme represents the public sphere,

For some women the screening programme were seen as undesired societal control of the private sphere. Previous negative experiences also influenced women's reasoning. Some women described themselves as healthy, seeing participation in the screening programme as unnecessary. Some expressed the view that a healthy lifestyle could protect from cancer while others described themselves as not living in a risky manner.

Ms Blomberg concluded to delegates: "This study highlights tensions between needs of the individual woman and that of society."

## Telephone follow-up

Specialist oncology nurses can deliver an effective follow-up service by phone, according to UK research. Kinta Beaver, Professor of Nursing at the University of Manchester, UK presented her study on follow-up care of breast cancer patients.

During the study 374 patients were randomised to either standard follow-up at the hospital or to telephone follow-up by specialist breast care nurses.

The telephone intervention followed a structured approach and had the benefit of the absence of waiting time in clinic, travelling and parking problems.

The patients, who had breast cancer, had completed treatment and had no evidence of recurrence or metastatic disease and were attending outpatient clinics for the purposes of surveillance.

The researchers gathered information on 561 telephone and 555 hospital appointments. There was no significant difference in the number of tests and investigations between the groups nor in

the time to identify a recurrence.

Ms Beaver said: "In terms of psychological morbidity we found no differences between the two groups. We demonstrated that the telephone group were not more anxious.

"In terms of satisfaction with the information given the telephone group were significantly more satisfied. And the telephone group were also found to be more satisfied with the follow-up service.

"There was no more contact with other health professionals between the two groups so the telephone group were not going elsewhere for support such as to their doctor.

"So we concluded that specialist nurses can deliver a high quality follow-up over service over the phone. This approach really shifts the focus away from clinical examination to actually to meeting the information needs of patients. We had high levels of satisfaction and it reduced the burden on hospital outpatient clinics."

## Mentors needed for grieving support

Mentoring programmes are needed to help nurses cope with the grieving process, according to study indications.

A team of Canadian nurses carried out research after there were seven deaths on the unit where they worked in two weeks.

The nurses carried out semi-structured interviews with seven oncology nurses in a large teaching hospital in Ontario to try to understand better how nurses experience grief. Preliminary results showed feelings of sadness, guilt, shock and upset, frustration, not knowing what is normal, fear and anxiety.

When asked about how it impacted on their relationship with others, the interviewed nurses said it made them appreciate their time with others more and that it could affect their mood when with their own family.

The study was presented by Laura Rashleigh, Rose Almayda and Jenny Baik from the University Health Network, Ontario, Canada.

## Managing age differences

Generation differences within the nursing workforce require active management, according to a Canadian presentation on staff demographics.

Janice Stewart, Nurse Manager Systemic Therapy at the Princess Margaret Hospital in Toronto, Canada, outlined generational trends to delegates. She explained that because of the different eras they are born into, staff have different characteristics and different attitudes to work.

Those born between 1900–1945 are known as traditionalists. Those born between 1946–1964 as baby boomers, between 1965–1980 as the Generation X and the youngest group, 1981–2000, are known as millennials.

Traditionalists have a strong work ethic, an authoritative style of leadership and see work as an obligation. Baby boomers tend to be workaholics whose leadership style is consensual and who see work as a challenge. Generation X on the other hand are self-reliant, dislike hierarchy and like to challenge. Finally the millennials are

tolerant and goal oriented, seeing work as a means to an end.

Older generation nurses are stereotyped as technologically inept, too authoritative, judgmental and lacking in creativity. Whereas younger nurses are seen as having a lack of commitment, stamina and work ethic.

The study found that there were 7% traditional, 26% baby boomers, 65% generation X and 2% millennial at the hospital.

Ms Stewart said: “There is a growing realisation that the gulf of misunderstanding and resentment between older, not so old and the younger employees in our workplace is increasing and leading to a lack of communication which impacts negatively on the patient care environment and on job satisfaction.”

She advised managers to recognise the generational mix in the nursing workforce and tailor HR policies and practices to meet the needs of individual generations. In addition staff themselves need to be more aware of the multi-generational workforce and its diversity.

## Internet support for rare cancer patients

An internet forum for patients with a rare cancer was found to be helpful for information, emotional and networking needs. Gary Witham, Senior Lecturer, Manchester Metropolitan University, UK, set up the forum for patients with Pseudomyxoma Peritonei (PMP). PMP is a rare tumour arising from the appendix, affecting 2 per million population per year.

He told delegates that the forum was the result of previous research he had carried out. He said: “A high proportion of patients and relatives were found to be accessing the internet finding information that caused them anxiety.”

The PMP patient population was invited to join the forum. An audit from April 2007-2008 showed that there were 104 registered forum members who had made 3588 postings. Of the postings, 45% were found to be on emotional issues, 27% were on information, 10% on self-esteem and 14% on networking. The forum also sparked face to face meetings between members offering further support.

## Robert Tiffany Lectureship



Ursula Courtney (centre) receives Tiffany lectureship from Sara Lister (right), assistant chief nurse and head of school at the Royal Marsden Hospital, UK and Sanchia Aranda (left), ISNCC president

The Robert Tiffany Lectureship was awarded to Ursula Courtney, an oncology nurse from Ireland. Her presentation on psycho-social cancer care was warmly received by delegates.

Ursula Courtney is Director of Services at the ARC Cancer Support Centre in Dublin, Ireland, a community-based charitable organisation offering

support to those affected by cancer. The lectureship was created to keep alive the memory of Robert Tiffany, a founding member of ISNCC. The lectureship was sponsored at this conference by the Royal Marsden Hospital, UK.

An abridged version of the Tiffany lecture as presented to delegates will feature in the next issue of ICNN.

## Improving fatigue with acupressure

Acupressure can be helpful in alleviating fatigue in patients receiving chemotherapy, according to a study from Taiwan presented at the conference.

Su-Jen Lan, from the Chang Gung Memorial Hospital, Taiwan looked specifically at the effects of acupressure on fatigue and depression in patients with hepatic cellular carcinoma receiving chemotherapy.

The acupressure was applied twice a day for at least four minutes for a five-day period. The eight acupressure points used were all located on the head and neck.

Thirty one patients took part in the study with an average age of 55, three-quarters of the sample were men.

Su-Jen Lan told delegates: “We found that acupressure has a positive effect on decreasing fatigue, but the result was not found in depression which may have been due to the low level of the baseline readings in depression.

“We concluded that acupressure can be implemented in clinical practice enhancing quality of symptom management.”

Acupressure can be learnt by nurses and is a non-invasive complementary therapy. It has been used for management of nausea and vomiting but its effect on chemotherapy-related fatigue and depression has not been widely explored.

# Poster presentations in Singapore

The poster session proved to be one of the highlights of the Singapore conference, with 262 posters displayed by authors from 31 countries ranging from as far afield as Iceland, Uganda, Oman, Colombia, Iran, Hungary, USA, Tanzania and Norway. Many countries from the region of the host nation were also represented, including Indonesia, Thailand, Japan, China, Taiwan, Nepal, Pakistan and Australia.

Delegates praised the quality of the work and the diversity of the subject matter, reflecting on the fact that while working in different settings under different circumstances, there are many experiences that are shared among cancer nurses.

Each day two poster awards were made in recognition of outstanding achievement in clinical practice and outstanding achievement in research. On the first day the award for clinical practice and education was given to Suzanne Graham from the Peter MacCallum Cancer Centre in Melbourne, Australia. Her poster was entitled *Improving patient outcomes following a Rituximabs hypersensitivity reaction: introduction of an algorithm chart in the chemotherapy day unit*.

It described a practice improvement initiative aimed at more timely assessment and intervention for patients experiencing an immunogenic response to chemotherapy agents. The development of the algorithm has served to standardise nursing and medical protocols, facilitating earlier intervention and thus improving patient safety.

## Social support in breast cancer

Nesreen Alqaissi from the University at Buffalo, New York, US, was the recipient of the research award for her poster *Support needs for women with breast cancer; state of science*. The poster described the well recognised concept of social support being protective of the physical and psychological consequences of breast cancer. The work acknowledged that these needs most commonly have been assessed in white Caucasian women and that little was known about the needs of women from other cultural and ethnic groups. Her systematic literature review demonstrated that the support needs of women with breast cancer from other groups differed widely based on personal and treatment



Professor Kate White, associate dean (research) (right), and co-researcher Natalie D'Abrew, both from the University of Sydney, Australia, with their winning poster

characteristics and time since diagnosis.

The recipient of the award for clinical practice and education on the second day of the conference was Joan Lindholm from Odense University Hospital in Denmark. Her poster was entitled *The patient's book – written information material to haematological cancer patients*. It acknowledged that many patients with haematological malignancies seek as much information as possible from a wide range of resources, including the internet and other patients.

In response to this need a written resource was developed, providing both general information regarding routine investigations and examinations, treatment side-effects and self care strategies as well as incorporating specific information tailored to each individual patient. Feedback indicates that the resource has been well received by patients and their families.

Professor Kate White from the University of Sydney, Australia received the research award for her poster *Mapping the psychosocial and practical support needs of cancer patients and their families in Western Australia*. The study examined perceived needs in the domains: psychological, health system and information, physical and daily

living, patient care and support and sexuality. It involved the participation of 829 patients from metropolitan, rural and remote areas of the state. The highest ranking needs were in the domains of psychological, sexuality and physical and daily living. However the study also identified variations in unmet needs across different tumour groups.

On the final day of the conference the award for clinical practice and education went to Esther Green from Cancer Care Ontario, in Toronto, Canada. Her poster *Partnerships in developing regional standards for organisation and delivery of ambulatory systemic therapy* described a quality improvement initiative to develop evidence-based standards across a large Canadian province.

This work involved collaboration between administrators, nursing and pharmacy staff with the view to developing a long-term sustainable programme with inbuilt projections for anticipated growth of the service with a commensurate increase in personnel. It also incorporated quality indicators with principles of

safe practice and patient-centred care with improved access and quality of care.

## Work satisfaction

The research award on the final day was given to Li Sheu, from the Sun Yat-Sen Cancer Centre in Taipei, Taiwan for her poster *Oncology nurses satisfaction with their work environment*. This poster addressed issues of job satisfaction and staff retention among 269 inpatient and outpatient nurses from a cancer centre. Results indicated that job satisfaction was high for all nurses, with higher scores for inpatient nurses over outpatient nurses. Seniority, unit variety and salary being the principle determinants of workplace satisfaction.

Overall the poster session provided some very creative and visually exciting presentations. Many delegates commented on the high quality of poster preparation and presentation. The sessions provided an excellent opportunity for nurses to readily engage with presenters and interact on an informal basis, highlighting innovative ideas and providing very practical information that is often the motivation to change practice.

Letitia Lancaster, ISNCC board member for the Far East and Australasia

## Palliative care in Africa

Palliative care in Africa needs to be both affordable and culturally appropriate, Julia Downing, deputy executive director of the African Palliative Care Association told delegates. Provision of palliative care is increasing in Africa but remains limited.

Ms Downing's presentation was a reminder to many delegates about the disparities in provision of care across the world, in particular in palliative care.

She highlighted the high disease burden in Africa. It is estimated that by 2020 there will be 20 million people with cancer, with 70% living in low resource settings. Currently in Malawi there is one nurse per 6,000 people and in South Africa there is one oncology nurse per 39,400 people with cancer.

Ms Downing emphasised the political and legal difficulties. She said: "There is a lack of priority given to both cancer and palliative care because of competing needs and the absence of national policies. There are finite and limited national budgets. In addition there are restrictive laws hampering access to opioids and other medications."

However there is some progress with an increase in the number of hospices and palliative care organisation across Africa

and the development of national palliative care associations.

Because of the high number of HIV and Aids cases, home-based care has developed since the 1980s. However it lacks the clinical aspects associated with palliative care such as pain and symptom management, and bereavement and psycho-social support. The way forward to increase care would be to graft palliative care onto the existing home care system.

Ms Downing said: "Recently there has been increasing interest in palliative care across Africa with many new organisations developed, and a move to integrate palliative care into already existing structures."

Palliative care in Africa is often prioritised for patients with HIV and Aids so some patients with cancer are not diagnosed by services in order to enable them to access end-of-life care. Organisations are trying to increase provision and access of palliative care for cancer patients.

Care needs to take into account cultural attitudes to death and dying. In addition Ms Downing pointed out that palliative care is "not a building but a philosophy of care" with a need to look at a range of options including outpatient care, home-based care, roadside services and day care.

## Closing ceremony



ISNCC president Sanchia Aranda and secretary/treasurer Candy Cooley added to the colour and flavour of the closing ceremony of the 15<sup>th</sup> ICCN. Dressed in traditional costume they took part in the recreation of a Baba-Nyonya wedding, a culture evolved from the different ethnic groups living in Singapore and Malaysia.

The closing ceremony culminated with delegates from around the world dancing together to mark the end of a successful and stimulating conference where cancer nurses made contact with colleagues from around the world.

Candy Cooley stood down as ISNCC secretary/treasurer at the conference after four years of hard work and commitment to the role.

## Voices from the conference

### Delegate nurses share their views of the conference

**Warnadiah Ali,**  
oncology nurse at KK Women's  
and Children's Hospital, Singapore:

"I have particularly enjoyed meeting so many international nurses. I have enjoyed the posters and spent some time looking at them."

**Roslyne Bratt Wyton,**  
CNS in haematology at Dudley  
Hospitals NHS Trust, UK:

"I thoroughly enjoyed the conference and in particular the patient experience sessions on colorectal cancer and the care of myeloma. I thought that the presentation on palliative care in Africa brought home how fortunate we are."

**Zenaida Resplendor**  
Oncology nurse, City of Hope  
Hospital, California:

"This was a well-organised conference. Listening to the speakers from all

around the world about how they take care of cancer is what I have enjoyed most. It's interesting to hear what they do in other countries, not just what we do in the US."

**Sirikorn Rojthamarat,**  
nurse at the radio-oncology unit,  
Siriraj Hospital, Bangkok:

"This conference has been very interesting for our work in Thailand. I was very interested in the sessions on radiation side-effects — I think we need to concentrate on evidence-based practice. I also spent time at the posters and talked to some of the presenters."

**Tina Griffiths,**  
breast nurse co-ordinator at Peter  
MacCulum Hospital, Melbourne:

"I have particularly enjoyed meeting nurses from less developed countries as well as the more developed. It has put

a lot of things into a global perspective — we do need to collaborate with nurses from our own country and others."

**Patrice Crombez,**  
Head nurse, haematology,  
Brussels Cancer Institute:

"I enjoyed the pre-conference workshop on evidence-based practice. I started the nursing cell at our institute so it was of particular interest. I enjoyed the conference sessions on development of competencies, education programmes and on the care of the elderly."

**Eva Smith, nurse researcher**  
at the University of Illinois, US.:

"This is my first time at the international conference on cancer nursing. The plenary sessions have been diverse and educational. Coming has broadened my perspective and made me realise that I needed to come out of my cocoon."