

Looking beyond our own horizons

The number of new cancer cases is well on the way to doubling by 2030, as predicted in 2012 when 14.1 million individuals were newly diagnosed worldwide. The increase stems from various risk factors: a growing and aging population, increased use of tobacco and alcohol, a greater prevalence of unhealthy diets and physical inactivity, occupational and environmental hazards, and the ongoing risk of infectious agents such as human papilloma virus and hepatitis B.

Although cancer is often characterized as a disease of the 'rich world', almost three-quarters of the new cancer burden will be seen in middle- and low-income countries. And as many as 70% of those diagnosed in these countries will be identified too late to be successfully treated. In most of these settings, cancer awareness remains low, access to screening and early detection services is limited, stigma hinders patients from seeking care, and poverty restricts patients' ability to access and receive treatment, if it is available. Many of the countries lack the equipment and human resources to respond effectively to the growing epidemic of this disease. At present, cancer is killing more individuals than HIV/AIDS, tuberculosis and malaria combined.

Nurses and midwives are the backbone of the healthcare delivery system in many of these countries. However, insufficient nurse-to-patient ratios contribute to lower-quality patient care, nursing burnout, and poor patient outcomes. Nurses working in many lower-income settings face many challenges that make nursing an unattractive profession including low pay, poor working conditions, poor career structures, a lack of opportunities for professional development, conflicts with other professionals, and feelings of inadequacy. Cancer nursing is not recognized as a specialty and nurses are often assigned to cancer patients without adequate training or education regarding cancer care.

Despite this rather bleak portrayal of the overall situation, there are encouraging developments. A number of countries have developed cancer control strategies and action plans and the special needs of cancer patients and the healthcare professionals caring for them are being acknowledged. An increasing number of cancer centres or programs are being opened and education for healthcare professionals is being seen as a priority. Building human resource capacity for cancer control is a key step in moving the quality of cancer care forward.

In recognition of the pressing realities surrounding cancer nursing throughout the world, CANO/ACIO has been

discussing how a professional specialty organization such as ours could be making a contribution within the wider international agenda. Not only has there been conversation about how to support and collaborate with nursing colleagues in other parts of the world, but also with those who are caring for diverse populations within our Canadian borders. Several workshops and symposia have been held at the Annual CANO/ACIO Conferences over the past few years, and a background discussion paper and framework for engagement has been designed. Now it is time to build on that foundational work and take action steps.

CANO/ACIO has created two working groups to develop specific action plans for activities within and outside our borders. These groups met for the first time recently. As members, we can look forward to hearing from them later this year.

In the meantime, this issue of CONJ is an illustration of one tangible way to support colleagues abroad, as well as increase our own awareness. It facilitates our colleagues being able to showcase some of their emerging research work and help us see more about the context of cancer nursing in other parts of the world. Graduate nursing education has developed at different paces in different parts of the world. In some countries, graduate nursing programs have existed for many years, but did not have a focus on cancer nursing until recently. Once a focus was given priority, the growth has been significant (e.g., Japan, China, Middle East). In other countries, the graduate programming in oncology within the country is just emerging. This is particularly the case in Africa, with which I am most familiar. A recent survey of nursing opportunities in oncology was encouraging in that it reported 17 places where nurses could study cancer nursing at bachelor or graduate levels.

This issue of CONJ offers you an opportunity to learn more about the research being done by colleagues in Rwanda, Ghana, Indonesia, and Iran. It also features brief communications about two diversities in our own country of which we need to be aware in our respective practice—religion and sexual/gender minorities. Finally, the newly approved position paper on caring for older adults (another type of diversity) is included.

I hope you enjoy reading all of these pieces.



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