

Canadian Oncology Nursing Journal

Revue canadienne de soins infirmiers en oncologie

Volume 35, Issue 2 • Spring 2025
eISSN: 2368-8076



Canadian Association of Nurses in Oncology
Association canadienne des infirmières en oncologie

A blueprint for the future: Results of the 2024 CANO/ACIO membership survey

by Lorelei Newton, Catriona J. Buick, and Margaret I. Fitch

INTRODUCTION

The Canadian Association of Nurses in Oncology/Association canadienne des infirmières en oncologie (CANO/ACIO, 2024) is a member-driven professional organization. As such, it engages in a regular practice of gathering feedback from its members about what they think is important and ought to be worked on by the Association. This input is used by the Board of Directors to provide leadership for the specialty and act to support its members. Every two to three years, board members develop a new strategic plan which sets out the priorities and strategies for moving ahead, both nationally and internationally.

The past few years have continued to be challenging in healthcare, as we have emerged from a worldwide epidemic to live with COVID-19 as an endemic disease. In cancer care, we are continuing to see the aftermath of the pandemic experience in missed screenings, late diagnoses, moves to virtual care delivery, and staff shortages (Canadian Institute for Health Information, 2023). Yet, at the same time, science and technology are offering advantages in diagnosis and treatment heralded as 'a golden age in cancer care' by some leaders. We are continuing to see ever-increasing numbers of individuals who are living after finishing their primary treatment without clinical evidence of

their disease, or with well-controlled disease (Canadian Cancer Statistics Advisory Committee/Canadian Cancer Society, 2023). These individuals can offer insight into the gaps in care and what improvements would be meaningful to patients and family members. As a result, more collaborative engagement is occurring.

As a specialty organization, CANO/ACIO must maintain a forward-thinking approach, anticipating future challenges and supporting oncology nurses in preparing to address both the current and emerging demands of the profession. Fostering the growth and development of oncology nurses within the specialty practice is critically important. The strategic plan (CANO/ACIO, 2021–2025) outlines our approaches to achieving this objective, considering both the current landscape and the anticipated future developments in cancer care.

This brief communication highlights the insights gathered from members in the 2024 survey, focusing on their perspectives regarding key priorities.

METHODS

On April 26, 2024, an online survey was sent to the 901 members of the CANO/ACIO. The survey contained demographic questions, items about the association itself (i.e., what was being done well, what needed improvement), and inquiries about what priorities should be for future action. Question formats were either closed- or open-ended. Closed-ended items were analyzed descriptively as frequencies and percentages, while the open-ended responses were subjected to a qualitative content analysis.

By the deadline of May 10, 2024, 195 responses had been received, a response rate of 21.6%. We would like to extend a large vote of 'thanks' to those who took the time to complete the survey and share their perspectives.

RESULTS

Demographic characteristics of respondents

Respondents predominantly self-identified as female (88%) and white (78%; see Table 1). The majority of respondents were within the age groups of 25 to 34 years (20%) and 35 to 44 years (35%). The largest proportion of respondents (87.2) lived in urban settings.

More than three-quarters of the respondents (89%) were Registered Nurses with 57% having achieved a bachelor's degrees and 27% a master's degrees. About 6.7% identified as Internationally Educated Nurses were educated internationally and 5.6% indicated they were students.

Approximately one-fifth (23%) had been working in oncology less than 5 years, while another fifth (22%) had been in the field between 5 and 10 years (see Table 2). Approximately half were Certified Oncology Nurse (Canada). Almost two-thirds (58%) worked in clinical ambulatory settings and 72% worked exclusively with adult patients. Almost half (49%) were CON(C) certified and an additional 11% indicated they were in the process of obtaining the qualification. Approximately 7.5% have or are working on Hospice and Palliative Nursing certification (CHPN(C)).

We acknowledge the changing demographics within the oncology nursing profession (and nursing profession at large) and recognize the need to adapt future strategies and priorities to meet the diverse needs of our members. Additionally, future efforts will involve a deeper dive into our membership, to gain a clearer understanding of who we represent, ensuring that our strategies and initiatives are aligned with the varied needs and perspectives of those CANO/ACIO represents.

AUTHOR NOTES

Lorelei Newton, RN, PhD, Assistant Professor, University of Victoria

Catriona J. Buick, RN, PhD, CON(C), Assistant Professor, York University, Toronto; Oncology Nurse Clinician Scientist, Odette Cancer Centre; Affiliate Scientist, Sunnybrook Research Institute

Margaret I. Fitch, RN, PHD, Professor (Adjunct), Bloomberg Faculty of Nursing, University of Toronto, Marg.i.fitch@gmail.com

Table 1

Demographic Characteristics of Member Respondents (N = 195)

Demographic characteristic	Response options	Proportion of respondents
Gender	Cisgender (cis) woman	88.2%
	Cisgender (cis) Man	4.1%
	Non-binary	1.0%
	Agender/no gender	1.0%
	Other response	2.6%
	Prefer not to answer	3.6%
Race/racial background	White	78.0%
	Southeast Asian	5.6%
	East Asian	4.6%
	South Asian	4.1%
	Black	3.1%
	Latin America	2.1%
	Indigenous (First nations, Inuk/ Inuit, Metis)	1.5%
	Middle Eastern	1.5%
	Other	2.1%
	Prefer not to answer/do not know	2.5%
Age in years	<25	3.6%
	25–34	20.0%
	35–44	34.9%
	45–54	19.0%
	55–65	19.0%
	>65	3.6%

Table 2

Work-Related Characteristics (N = 195)

Work-related characteristic	Categories	Percent of respondents
Length of time as an oncology nurse in years	0–5	22.6%
	5–10	21.5%
	11–20	34.4%
	21–30	9.2%
	31–40	11.3%
	>40	1.0%
Type of position/role	Clinical staff nurse	32.3%
	Case manager/coordinator, nurse navigator, clinical nurse specialist	24.6%
	Educator	13.9%
	Manager/supervisor/director	2.6%
	Clinical trials nurse	5.6%
Work setting	Other (researcher, student, consultant, retired)	16.9%
	Ambulatory care	56.9%
	Acute care inpatient	16.9%
	Academic institution	8.2%
	Community care	7.2%
Primary patient population	Other	10.8%
	Adult	71.8%
	Adolescents and young adults	1.5%
	Pediatrics	1.5%
	Mixture of populations	21.6%
Not applicable	5.1%	

Involvement in CANO/ACIO

More broadly our membership has grown significantly, reflecting the increasing diversity and depth within the oncology nursing community. Within the survey responses many individuals (82%) indicated they had been motivated to join the organization because of the educational opportunities while 14% were looking for networking opportunities. When asked about the type of involvement they had had since they joined the organization, a range of activities were identified (see Table 3). The most frequent participation was accessing the CANO/ACIO website at least once a month (92%). Other frequent types of participation

included attending webinars (88%) and the annual conference (67%). A number indicated they participated by reading a publication in the Canadian Oncology Nursing Journal (86%), the CANO/ACIO e-newsletter or a CANO/ACIO social media post (58%). Engaging with local chapter events (22%) and special interest group (SIG) activities (15%) were also mentioned. Approximately 33% reported having nominated a colleague for an award, which is significant given the time and effort required to nominate a colleague for the highly competitive awards of excellence.

In terms of accessing the resources created by CANO/ACIO, all had been accessed to some degree. The most

frequently accessed resource was the webinar programming (88%), followed by the *Canadian Oncology Nursing Journal* (86%) and the Pocket Guides (80%). Our standards and competencies are highly valued resources and accessed by 70.9% of membership, with thorough updating for both the *Standards and Competencies for the Specialized Oncology Nursing* and the *Standards and Competencies for Radiation Oncology Nursing* underway. The pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS; Stacey et al., 2024), which CANO/ACIO members are involved in updating and the organization proudly supports and funds printed copies in both English and French, was accessed by 66.5% of members.

Across all resources, there was a high degree of awareness about the resource, even if it had not been accessed, and a high degree of satisfaction with a resource for those who accessed it. Lowest awareness was reported for the CANO/ACIO endorsement program (52%) and the Service Discount Program (33%), both of which had low levels of access (42% and 26% respectively).

Perspectives on CANO/ACIO activities

Routinely engaging the perspectives of members is key to a robust and current association. This is especially important as our membership continues to grow and diversify. Table 4 presents both the areas where respondents thought CANO/ACIO was doing well and the areas where they thought improvements could be made.

Table 3

Involvement in CANO/ACIO Activities (N = 179)

Type of Activity	Percentage
Participated in webinar	88.3%
Participated in 4+ webinars	17.3%
Ever attended annual conference	66.5%
Read a publication in the CONJ	85.5%
Read a social media post by CANO/ACIO	58.1%
Read e-newsletter	81.0%
Access the CANO/ACIO Website at least once a month	91.7%
Attend local chapter activities	22.3%
Participate in special interest group activities	15.0%
Nominated a colleague for an award	32.8%
Accessed pocket guides	80.4%
Accessed standards and competencies	70.9%
Accessed COSTaRS practice guides	66.5%

Note. CANO/ACIO = Canadian Association of Nurses in Nurses in Oncology/Association canadienne des infirmières en oncologie; CONJ = Canadian Oncology Nursing Journal; COSTaRS = pan-Canadian Oncology Symptom Triage and Remote Support.

What does CANO/ACIO do well?

The most frequently identified areas respondents perceived are being handled well included the annual conference (n = 74), communication with members (n = 54), the webinar programming (n = 52), and educational opportunities (n = 48). Other endorsed areas included developing resources (n = 34) and facilitating networking to build a sense of community (n = 32). The increasing membership was highlighted, with most people originally

hearing about CANO/ACIO through colleagues, while students often discovered CANO/ACIO from preceptors or clinical instructors. CANO/ACIO is committed to strengthening engagement with academic educators, to support nursing students in undergraduate programs regarding oncology practice, across the country and have thus launched an Oncology Nursing Educator Group as part of the Canadian Association of Schools of Nursing (<https://www.casn.ca/>).

Table 4

What the Association does well (N = 152)

CANO/ACIO Activities <i>Respondents to select three items</i>	What CANO/ACIO is doing well <i>Totals from 3 items selected</i>
Annual conference	74
Communication with members (emails, newsletters)	54
Webinars	52
Educational opportunities	48
Developing resources (guidelines, pathway, pocket guide, COSTaRS, standards and competencies)	35
Networking/creating a sense of community	32
CONJ	19
Providing direction for profession/leadership/advocacy or promotion for specialty	18
Social lecture dinners/learning opportunities	14
Social media /website	13
SIGS	10
Supporting nurses	8
Respect/recognition/visibility for the specialty/credibility	7
Supporting research	7
Awards/scholarships	7
Sosido	5
Advocacy	4
Oncology nursing day	4
Discounts in fees/support for chapters, attendance at conference, students	4
Endorsements	2
Increasing membership, especially students	1
Supporting chapters/succession plans	1
Certification	1
Reaching out internationally/partnerships	1
Financial health of Association	1
Equity-oriented language/EDI activity	-

Note. CANO/ACIO = Canadian Association of Nurses in Nurses in Oncology/Association canadienne des infirmières en oncologie; COSTaRS = pan-Canadian Oncology Symptom Triage and Remote Support; CONJ = Canadian Oncology Nursing Journal; SIGs = special interest groups; EDI = equity, diversity, and inclusion.

In addition, providing opportunities for graduate students to present, organizing webinar conferences, and publishing in the Canadian Oncology Nursing Journal (CONJ; <https://www.cano-acio.ca/page/conj>) were identified as activities, which were going well. Connecting members across Canada and Internationally were also mentioned. This aligns and is reflected by the initiative led by the Director at Large for Research and the Research Committee, who advocated for additional opportunities for travel funds for graduate students to present their research at the CANO/ACIO Conference as well for increasing the number of research grants for graduate students engaging in oncology nursing research.

Respect for oncology nurses, promoting standards, and leveraging opportunities, such as being part of pan-Canadian initiatives and collaborations in areas like genomics, rural and remote health care were identified as additional strengths on which we could build. This is reflected in CANO/ACIO's engagement as a knowledge user on a Canadian Institutes of Health Research (CIHR)-funded study (Chiu et al., 2024) led by CANO/ACIO member Dr. J. Limoges, and subsequently founding a new Oncology Genomics SIG in 2024.

These promising examples indicate that the work outlined in the strategic plan is reaching and benefiting our members.

Where can CANO/ACIO make improvements?

Area respondents identified most frequently as needing attention focused on similar topic areas (Table 5). Respondents wanted to see more educational events ($n = 41$), including more French webinars, and increased networking and engagement opportunities, especially with surrounding a clinical or practice lens ($n = 37$). Strategies to reduce fees and provide more financial support to members and local events ($n = 24$), increase dissemination of information about resources and opportunities ($n = 24$), and enhance communication with members ($n = 24$), were flagged by similar numbers of respondents. In particular, respondents

thought chapters that serve a geographically diverse group could be supported better. Members also identified they would like to see more CANO/ACIO branded merchandise. In addition, streamlining the Recognition of Excellent nomination process was recommended. Finally, increasing the visibility of the specialty more broadly in the public ($n = 21$) was cited as an important consideration. We value this feedback and are committed to incorporating and addressing these areas into the strategic plan (2026–2030).

Priorities identified for strategic action

Priorities for future action by CANO/ACIO were identified by 152 respondents (Table 6). As a first-rated suggestion, many respondents focused on work-related challenges (e.g., workloads, patient-nurse ratios, recruitment and retention, workplace safety) most frequently ($n = 34$). This was followed closely by a suggestion to increase educational programming across a range of topics ($n = 32$). These topics continue to be the most frequently cited suggestions as respondents offered their second and

Table 5
Where Improvements Could be Made (N = 152)

CANO/ACIO Activities Respondents to select three items	Where the Association could make improvements in their activities Totals from 3 items selected
Educational opportunities	41
Webinars	
Networking/creating a sense of community	37
SIGs	
Discounts in fees/support for chapters, attendance at conference, students	29
Social media /website	24
Communication with members (emails, newsletters)	23
Respect/recognition/visibility for the specialty/credibility	21
Developing resources (guidelines, pathway, pocket guide, COSTaRS, standards, and competencies)	19
Annual conference	11
Supporting chapters/succession plans	10
Providing direction for profession/leadership/advocacy or promotion for specialty	8
Reaching out internationally/partnerships	8
Increasing membership, especially students	7
Supporting research	6
Certification	5
Social lecture dinners/learning opportunities	4
Advocacy	4
Equity-oriented language/EDI activity	4
Sosido	3
CONJ	2
Awards/scholarships	2
Oncology nursing day	1
Financial health of Association	1
Endorsements	
Supporting nurses	

Note. CANO/ACIO = Canadian Association of Nurses in Oncology/Association canadienne des infirmières en oncologie; SIGs = special interest groups; COSTaRS = pan-Canadian Oncology Symptom Triage and Remote Support; EDI = equity, diversity, and inclusion; CONJ = Canadian Oncology Nursing Journal.

third ideas about priorities, resulting in totals of 63 and 90 mentions about these topics respectively.

Engaging in advocacy action was mentioned a total of 25 times. The topics respondents thought CANO/ACIO should be part of the advocacy agenda for the Association ranged across various topics range from ones regarding the specialty (e.g., certification in oncology nursing, leadership, incorporation of oncology nursing in the undergraduate programs) to wider social (i.e., housing, homelessness) and health-related (e.g., mental health, disability, person-centred care, palliative care, access to care) issues. These comments highlight

the importance of the newly formed Director-at-Large, Advocacy and Policy. The full list is presented in Table 7.

In addition to topics for advocacy, respondents wrote about the need to promote the specialty itself, both to cancer facilities and to the public in general. Having the speciality and the Association be more visible was perceived as important for future growth and development. Oncology Nursing Day was seen as a visible and effective strategy by 84% of the respondents for promoting the specialty and 83% indicated it should continue and grow in the future.

DISCUSSION

Several key issues were identified as important to address with the most frequent pointing to societal trends that continue to influence oncology care: the human health resource crisis; digital health; climate change; and increasing patient needs around radiation and surgical oncology.

Human health resources (HHR) challenges and burnout are significant issues in oncology nursing, with far-reaching implications for both patient care and the well-being of healthcare providers. The increasing complexity of cancer care, combined with a growing demand for oncology

Table 6

Recommended Priorities for Association Strategic Plan

What should be priority in next strategic plan for CANO/ACIO?	152 offered as first answer	123 offered as second answer	103 offered as third answer	Totals
Education for a range of topics (see list)	32	32	26	90
Shortages: workload, nurse-patient ratios, workplace safety, recruitment, retention, burnout, compassion fatigue of nurses, constraints in health system	34	22	7	63
Advocacy on various topics: shortage, specialty, certification, equitable cancer care, access to care, rural health care, mental health, disability, palliative care approach, person-centred care, home care availability, etc.	-	13	12	25
Promoting the speciality, leadership, enhancing recognition	7	6	4	17
Focus on various topics and nurse role: prevention/screening, radiation oncology, inpatient (no-generalist), models of care, elder care, pediatric oncology, surgical oncology, survivorship, etc.	14	-	-	14
EDI in oncology	6	6	1	13
Mentorship	4	1	4	9
Reducing costs (conference, membership) yet providing support for local chapters and maintaining financial health of org	2	4	3	9
Creating/building partnerships (patients, hospitals)	4	2	2	8
Building a sense of community, networking opportunities, engaging members	6	1	-	7
Telehealth in practice	2	3	1	6
Nursing roles, LPNs in oncology	-	3	3	6
Maintaining up to date resources, building new ones as needed	-	-	5	5
Increased nurse participation in research/QI, opportunities	1	3	1	5
Support for nurses new to field, students, remote (building next generation of oncology nurses)	2	-	2	4
Palliative care, MAiD	3	-	-	3
Communication: easily accessible website	1	2	-	3
New models of care (including psychosocial oncology, navigation)	-	2	1	3
Supporting certification	-	3	-	3
Oncology in nursing curriculum	1	-	-	1
Responses blank/one letter/	33	20	31	

Note. Note. CANO/ACIO = Canadian Association of Nurses in Oncology/Association canadienne des infirmières en oncologie; SIGs = special interest groups; COSTaRS = pan-Canadian Oncology Symptom Triage and Remote Support; EDI = equity, diversity, and inclusion; CONJ = Canadian Oncology Nursing Journal.

Table 7

Suggested Topics for Advocacy and Educational Programming

Suggested topics for advocacy	Suggested topics for educational programming	
<ul style="list-style-type: none"> Issues concerning shortage of oncology nurses • Workload/staffing/patient-nurse ratios/ recruitment and retention/workplace safety/ work-life balance • Oncology nursing as a specialty; criteria and education • Certification in oncology nursing • Equitable cancer care • Access to care • Rural health care/reduce barriers • Mental health • Disability • Palliative care approach • Person-centred care • Holistic care of cancer patients • Multidisciplinary care for cancer patients • Home care availability and funding • Decreased drug costs • Care for older adults with cancer • Incorporating supportive care/psychosocial care • Evidence-informed care • Oncology in nursing curriculum • Homelessness • Leadership in oncology nursing 	<ul style="list-style-type: none"> Updates on • Prevention and screening • Pediatric oncology • Aya care • Older adult care • Palliative care /EOL Care/ MAiD • Primary care • Surgical oncology • Radiation oncology • Haematology/malignant haematology • Premedication approaches • Clinical trials • ‘Back to the basics’ • Patient navigation • Symptom management • Vascular access • Survivorship • Women’s health • Sexuality in cancer • Psychosocial care of cancer patients 	<ul style="list-style-type: none"> • New novel therapies • Chemotherapy and administration • Inpatient care • Anti-cancer therapies • Biotherapy • Biosimilars • Genomics • New molecules • Precision medicine • Immunotherapy • Complementary therapies • Onc BPGsX • How to increase job satisfaction • How to increase job performance • How to reduce burnout/cope with it • Dealing with ethical dilemmas • Dealing with conflict • Interprofessional team managementX • Leadership • Models of careX • Knowledge for APNs • Information for generalist nurses caring for cancer patients • Patient education/family education strategies • Learnings from international colleagues • Strategies for patient empowerment • Global health and cancer • Strategies to increase EDI • What are the member benefits of CANO

Note. CANO/ACIO = Canadian Association of Nurses in Oncology/Association canadienne des infirmières en oncologie; EDI = equity, diversity, and inclusion; LPNs = Licensed Practical Nurses; QI = quality improvement; MAiD = medical assistance in dying.

services due to rising cancer incidence, places immense pressure on oncology nurses. Prolonged burnout can lead to reduced job satisfaction, increased turnover rates, and a decline in the quality of care delivered to patients. Furthermore, the shortage of oncology nurses exacerbates these challenges, creating a cycle of overwork and stress for existing staff. Addressing such challenges requires systemic changes, including workforce planning and promoting professional development. To this end, CANO/ACIO has for the first time, engaged in the Pan-Canadian Radiation Workforce study and will continue to be included in subsequent studies (Newton et al., in press). As of Fall 2024, CANO/ACIO has a permanent seat within both the Canadian Association of Provincial

Cancer Agencies (CAPCA; <https://capca.ca/>) and the Canadian Partnership for Quality Radiotherapy. Both positions provide a forum to bring the voices of oncology nurses forward to advocate for sustainable practice settings. Through our Memorandum of Understanding (MOU) with the Canadian Association for Rural and Remote Nurses (CARRN; <https://www.carrn.com/>), we are exploring how to support rural and remote nurses in oncology practice with results of a survey soon to be released (Buick, Newton et al., in progress).

As acknowledged by members, digital health and related technology tools (including machine learning/artificial intelligence) are transforming oncology nursing. Technologies such as electronic health records (EHRs),

telehealth, mobile health apps, and wearable devices, enable oncology nurses to monitor patient progress remotely and provide timely interventions in both rural and urban environments. We must consider carefully how these tools also facilitate patient education, enhance communication, and empower patients to participate actively in their care. For oncology nurses, digital health holds the promise of improved access to evidence-informed resources, supports data-driven decision-making, and promotes interdisciplinary collaboration; however, the rapid adoption of digital health brings significant challenges to oncology nurses. These include accessing on-going education to be proficient with changing technologies and ethical

concerns surrounding their adoption. Additionally, ensuring equitable access remains a major issue, particularly for patients in rural and underserved areas. Supporting oncology nurses to balance such opportunities and challenges holds the potential to leverage digital health to deliver high-quality, compassionate care in an increasingly technology-driven healthcare environment.

Climate change and the subsequent impact on health presents unique challenges for oncology nurses, impacting both patient care and the healthcare system as a whole. We have all witnessed the effects of air pollution, and extreme weather events (e.g., flooding, fires, and heat domes) contribute to increased cancer risks and disrupt the provision of healthcare. Addressing the impact of climate change requires a coordinated response, including education for nurses on climate-related health issues, integrating sustainability into healthcare systems, and policy advocacy to mitigate environmental risks. To this end, CANO/ACIO will continue to support the newly formed Planetary Health SIG and gain synergy through our MOU with the Canadian Association of Nurses for the Environment (CANE; <https://cane-aiie.ca/>).

REFERENCES

- Buick, C., Given, M., Kirby, C., Loewen, S., Lloyd, S., Newton, L., Stuckless, T., Surry, K., Brown, E., & Vitkin, N. (in progress). A snapshot of the Canadian radiation oncology workforce: Analysis of results from the Pan-Canadian Radiation Oncology Health Human Resources Survey.
- Buick, C., Newton, L., Knox, A., Power, J. & Das, M. (in progress). Understanding the oncology support needs of rural and remote nurses. *Canadian Oncology Nursing Journal*.
- Canadian Association of Nurses in Oncology/Association canadienne des infirmières en oncologie (2024). *CANO/ACIO 2021–2025 Strategic Plan*. <https://www.cano-acio.ca/page/StrategicPlan>
- Canadian Cancer Statistics Advisory Committee in collaboration with the Canadian Cancer Society, Statistics Canada and the Public Health Agency of Canada. (2023). *Canadian Cancer Statistics 2023*. Canadian Cancer Society. [cancer.ca/Canadian-Cancer-Statistics-2023-EN](https://www.cancer.ca/Canadian-Cancer-Statistics-2023-EN)
- Canadian Institute for Health Information (2023). *The expansion of virtual care in Canada: New data and information*. <https://www.cihi.ca/sites/default/files/document/expansion-of-virtual-care-in-canada-report-en.pdf>
- Chiu, P., Limoges, J., Pike, A., Calzone, K., Tonkin, E., Puddester, R., Gretchev, A., Dewell, S., Newton, L., & Leslie, K. (2024). Integrating genomics into Canadian oncology nursing policy: Insights from a comparative policy analysis. *Journal of Advanced Nursing*, 00, 1–22. <https://doi.org/10.1111/jan.16099>
- Newton, L., Benc, R., Killam, A., Brown, E., Vitkin, N. & Buick, C. (in press). Radiation oncology advanced practice nurses: Key to improving cancer care in Canada and globally. *Canadian Oncology Nursing Journal*.
- Stacey, D., Macartney, G., Tarasuk, J., Kuziemy, C., Smith, M., & Carley, M., for the COSTaRS Research Group. *Policy brief: COSTaRS practice guides*. <https://decisionaid.ohri.ca>

CONCLUSION

As a final survey question, respondents were asked to describe in one sentence what it meant to belong to CANO/ACIO. The responses highlight several key themes, including having access to valuable resources and networking opportunities, feeling connected, supported, and part of a community, and staying current through lifelong learning and knowledge improvement. Many expressed that membership opened doors to new opportunities, fostered a sense of pride and honour in being an oncology nurse, and provided the fulfillment of being involved in something larger than their individual practice.

As we navigate the uncertainty in the times ahead, we draw strength from the significant achievements of our past strategic plan. These accomplishments have laid a solid foundation as we continue to address challenges as a powerful collective. Looking forward, we are committed to continued growth, adapting to the evolving landscape of cancer care, and ensuring that oncology nurses are not only prepared for today's challenges but also equipped to lead the way into the future. Together, we will build on our successes, embrace innovation, and work toward a more sustainable and bright future for oncology nursing practice.