

## EDITORIAL

# Looking beyond our own realities

**D**uring the last few months, I have had the opportunity to participate in oncology nursing conferences in Tanzania, Kenya, Thailand, and Scotland. I have also participated in developing a special issue focused on the development and growth of oncology nursing across the World Health Organization regions (soon to be published). And, as many of you know, I have been teaching in Rwanda in a Masters Oncology Nursing Program since before the pandemic (online and in person).

These experiences have offered me exposure and interaction with many nurses who care for cancer patients and insights into the challenges they face. So many of the challenges that are central to our conversations are common to all of us. However, the solutions are so much dependent on the local settings and available resources. The solutions need to be context dependent and a result of those who know the environments and have lived the experiences embedded in the culture.

There are health and social trends that are influencing all of us in cancer care. Such trends include the increasing numbers of both individuals diagnosed with cancer, more survivors living beyond their primary treatment, advancing science and technology, increased protocol complexities, changing demographics and family constellations, increasing costs of healthcare, the drive for universal healthcare coverage, and

emphasis on measurement and quality of cancer care. These influence us all. So many of the presentations provided at our cancer-focused conferences spoke to these issues.

Yet, at the same time, crises can emerge which disrupt care for patients and families and add to the challenges. Natural and man-made events (e.g., wars, violent upheavals, floods, earthquakes, hurricanes) have numerous implications for care. For example, infrastructures and communications are lost causing food security and transportation challenges. Healthcare facilities and equipment can be destroyed, medical records are lost, and healthcare personnel can be killed. Access to medicines and life-saving equipment and interventions can be non-existent.

In the midst of all of these disruptions, are nurses. Nurses who are continuing to do all they can to provide care amidst the chaos. They are working to find innovative solutions given the reality of their day-to-day lives. They are continuing to balance their work lives and their family lives. And they are continuing to find the reserves and resilience to make a difference in the lives of cancer patients and families.

Repeatedly I have heard phrases such as, “nurses are the heart of cancer care,” “nurses are the backbone of the healthcare system,” and “I don’t know where we would be without the nurses.”

Yet, I also hear about the stress of working conditions, low pay and respect

in some places, and lack of support from their own nurse leaders. Many countries still do not recognize oncology nursing as a specialty practice. As a result, I have also heard about the huge challenge in accessing education, especially for specialty care such as cancer. In many countries around the world, there is an increasing emphasis of non-communicable disease and with that, an increasing emphasis on cancer control. But this emphasis does not necessarily lead to attention being paid to the type of education nurses need to provide evidence-based care to cancer patients.

In light of this reality, I think it behooves us to think about what we might effectively do in this arena. To ask ourselves if there are ways we can, as an oncology nursing community, think about our colleagues whose day-to-day reality is so challenging and act with them. We are building evidence about effective approaches or strategies for collaboration and partnerships, how to engage effectively in bi-directional learning, and how to create and support networks and communities of practice. Maybe it is time to enlarge our vision for employing these types of efforts and partner with colleagues beyond the borders of our own reality.



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