Another significant milestone from the Executive Board and the Organizing Committee of the Asian Oncology Nursing Society (AONS) transpired last November 20-21, 2015. The 2nd AONS Conference was held in Seoul, South Korea under the theme of “Flying the Spirits of Asian Oncology Nursing.” A total of 687 delegates from USA, Canada, Australia, Romania, and Asian Region supported this groundbreaking event. The objective of this 2-day conference was to facilitate sharing of expertise in the field of oncology nursing from the academe to clinical practice and to research. The issues that have been discussed in this 2-day symposium were Professional Development of Oncology Nursing, Quality of Life, Putting Evidence into Practice, Nursing Research, and Health Insurance for Cancer Care in Asia.

**Key words:** Asian Oncology Nursing Society, Conference 2015, distress, evidence-based practice, professional development, quality of life

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Oncology Nursing, Quality of Life (QoL), Putting Evidence into Practice, Nursing Research, and Health Insurance for Cancer Care in Asia.

It all began with the noteworthy welcome remarks from the President of AONS and the Chairperson of AONS Conference 2015, Myungsun Yi and Kwang Sung Kim, respectively. It was then followed by a notable congratulatory address from the President of International Society of Nurses in Cancer Care (ISNCC), President of Korean Nurses Association, and the Director of Comprehensive Cancer Institute, The Catholic University of Korea.

There were 19 invited speakers, 40 oral presentations, and 179 poster presentations focusing on evidence-based practice (EBP), symptom management, prevention and screening, QoL, supportive and palliative care, and quality and safety.

Memorandum of Understanding between Asian Oncology Nursing Society and International Society of Nurses in Cancer Care

Cancer becomes one of the leading causes of mortality and morbidity in the world, especially in the developing countries such as in the Asian Region. Both the AONS and ISNCC shares one fundamental goal — to provide safe, effective, and efficient cancer nursing care to all patients across the cancer care continuum, from prevention to palliative care and survivorship.

Witnessed by the delegates from throughout the world, the memorandum of understanding (MOU) between AONS and ISNCC was one of the noteworthy events materialized in this conference, which increases mutual interest in the promotion of health, prevention and control of cancer, and quality cancer care.

The MOU was signed by the President of AONS and ISNCC, Myungsun Yi, and Stella Bialous, respectively. This commitment is a sign that there is HOPE in battling cancer.

Professional Development of Oncology Nursing in Asian Region

According to Myungsun Yi from her keynote speech on “Creating a Culture of Professional Development for Oncology Nursing in Asia,” cancer burden is expected to grow due to an increased prevalence of known cancer risk factors such as smoking, too much consumption of alcoholic beverages, and physical inactivity in less developed countries contributed to an increased rate of cancer morbidity and mortality. Furthermore, health care needs including cancer care are increasing due to rapid economic growth in Asia. In this regard, Oncology Nurses in Asian Region face a great deal of challenges in reducing cancer morbidity and mortality, improving survival and quality life of patients affected with cancer. Thus, development of the profession in oncology nursing in terms of education, practice, and research will definitely contribute to lessen cancer burden and to overcome the challenges encountered by our fellow Asian Oncology Nurses in providing quality cancer care across the cancer care continuum.[1] The following are the recommendations from her excerpts:

1. In academe — Implementation of Advanced Practice Nurse Programs at the graduate level.
2. In clinical practice — Reinforcement of EBP and incorporation of standard guidelines.
3. In research — Inspire other oncology nurses to have their research ideas put into realities to support the highest standard oncologic care.

She also stressed at the end of her presentations that better resources correspond to better nursing practice and better QoL.

Stella Bialous, the President of ISNCC, delivered another notable message about her vision for oncology nurses around the world. Nurses, as the backbone of the health care delivery system, share a major role in the cancer care continuum, from prevention to survivorship and palliative care. Nurses as an advocate have a voice in policy making and have the opportunity for leadership in education and practice which will address the growing incidence of cancer morbidity and mortality.[1]

She highlighted some of the barriers that nursing profession has encountered and her recommendations to battle these impediments. These are the following:

| Barriers | Recommendations |
|----------|----------------|
| Limited preparation of educators | Continuing education, train-the-trainer workshops |
| Lack of cancer-related content in prelicensure and advanced examinations | Policies to ensure that competency as an outcome of basic and advanced education |
| Limited expectation in the healthcare delivery system | Institutionalized nursing documentations and collaborations with other healthcare providers |
| All clinical courses | Evidence-based practice; opportunity for clinical experience |

Strengthening the oncology nurse workforce in low- and middle-income countries through education are one of the issues need to be addressed. She highlighted some necessary or desirable actions to be taken by our oncology nursing leaders (present and future) to be globally competitive in cancer care:
Establishing a collaborative program between low- and middle-income countries and high-income countries for specialized oncology nursing education to offer diploma, certification, and/or master’s degree level as well as continuing education for nurses.

- Involve cancer-related organizations and stakeholders (local, regional, or international) to contribute to education programs for oncology nurses.
- Follow best EBPs in planning, implementing, and evaluating programs.
- Ensure oncology nursing training program sustainability by requiring interdisciplinary collaboration during the phase of program design, implementation, and evaluation.

Nursing Research and Evidence-Based Practice

Nurses are accountable in delivering safe and effective oncologic care. Putting evidence into practice is one of the strategies to serve this purpose — to provide the highest quality nursing care.

Nurses faced countless challenges and complexities in the world of oncology, especially in the development and implementation of EBP through nursing research.

Winnie So, a renowned leader and researcher in oncology nursing, used the Chinese Philosophy YIN and YANG to describe the relationship between challenges and opportunities which are complementary to each other in the EBP journey. She further used her recent research studies as an example to show both challenges and opportunities exist throughout the EBP journey:

| The YIN or the challenges | The YANG or the opportunities |
|---------------------------|-------------------------------|
| Availability of eligible subjects | Networking |
| Recruitment of data collection | Able to train a group of data collectors |
| Manpower issues | Make new friends |
| Insufficient funding | Explore more funding resources |

There are lots of EBP focusing on symptom management, QoL, palliative care, survivorship, and cancer care interventions published in nursing journals but selecting, implementing, and evaluating these evidence are essentials to know its effectiveness in nursing practice. Putting EBP from the unit level to organizational level is fundamental.

Some challenges or considerations were also noted such as language barrier; cultural influences; engagement of nurses into research and EBP application in the unit ward; and adaptation barrier to EBP.

On the other hand, Raymond Chan, the President of the Cancer Nurses Society of Australia talked about the significance of EBP at the organizational level. He described a collaborative model that creates capacity for EBP in cancer care at the service/organizational level.

Same predicaments were noted on his presentations regarding the challenges faced in nursing research. In his talk, he highlighted the importance of support network in prompting nurses to be involved in research and the significance of support from the top management in the realization and success of nursing research programs.

Quality of Life

Can QoL scores predict the length of survival rate? Can QoL scores determine the better choice of therapeutic treatment? These were the questions raised by Carol Estwing Ferrans, a Professor and Associate Dean for Research in University of Illinois at Chicago during her presentation about “QoL of Cancer Patients: Value in Clinical Care.”

QoL is renowned for its value as standard clinical indicators measuring the positive and the negative effects of cancer treatment and care from the patient’s perspective.

She has noted that the overall QoL is based from the patient’s perspective about their treatment. Biological function, patient’s environment, support system, and the characteristic and perspective of the patient per se has a great deal in QoL. Furthermore, health problems, disabilities, or functional deficits do not determine the overall QoL.

Incorporation of QoL assessment will contribute to the success of quality patient care by giving the patient voice...
to articulate the negative and positive impact of cancer treatment to their life, it improves communication and increase satisfaction rate, and it contributes to clinical decision making, supportive care services, and health policy.[1] At the very least, he emphasized to report age, gender, tumor site, and ethnic group in evaluating, whoever are the most vulnerable to distress.

Distress as the 6th Vital Sign

Cardinal or vital signs such as body temperature, respiratory rate, heart/pulse rate, blood pressure, and pain are considered as fundamental parameters in assessing the effects of the disease or treatment to the patient. However, screening for distress is often neglected as part of the holistic patient care for whatsoever reasons the healthcare providers have.

Dr. Barry D. Bultz, the Co-Founder and Past President of the Canadian Association of Psychosocial Oncology and the Professor at the University of Calgary in his presentation about “Patient Care and Outcomes: Why Cancer Care Should Be a Screen for Distress, the 6th Vital Sign” has highlighted that assessing for distress has been part of the monitoring parameter in the care of our patient. There is a call for all health care practitioners to regularly assess and monitor the patient for distress as part of their daily routine in providing quality nursing care to their patient.

To date, over 75 international organizations and societies have endorsed and recommend that distress should be measured as the sixth vital sign including the Union for International Cancer Control, Accreditation Canada Standards (2009), International Psycho-Oncology Society Standards (2010), American College of Surgeon Commission on Cancer (2014). Distress has also been part of the World Cancer Declaration Target “effective pain control and distress management services must be universally accessible.”[1]

However, there are barriers to successfully carrying out such task in the healthcare system, especially if the healthcare providers (physicians and nurses) do not have the necessary training on how to effectively assess the patient for distress. Healthcare providers tend to base their assessment from clinical judgment.[1] However, this kind of judgment often neglects emotional, psychological, and spiritual aspects leading to poor or incomplete nursing care.

Dr. Bultz has recommended the use of Edmonton Symptom Assessment System and Canadian problem checklist, a tool in screening and evaluating the patient for distress.[1] There is a call for all health care practitioners to regularly assess and monitor the patient for distress as part of their daily routine in providing quality nursing care to their patient.

Conclusion

Cancer is a complex condition that affects the patient physically, emotionally, psychologically, socially, spiritually, and financially. The nurses as the forefront in healthcare delivery system must ensure that a thorough assessment and monitoring of the patient for distress as part of the holistic patient care.

Dr. Bultz has recommended the use of Edmonton Symptom Assessment System and Canadian problem checklist, a tool in screening and evaluating the patient for distress.[1] At the very least, he emphasized to report age, gender, tumor site, and ethnic group in evaluating, whoever are the most vulnerable to distress.

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