Creating a Culture of Professional Development for Oncology Nursing in Asia

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ABSTRACT

The importance of professional development of oncology nursing in Asia is growing along with growth in the cancer burden and disparity in cancer incidence and mortality between more- and less-developed regions, the latter of which includes most Asian countries. This paper proposes ways to advance the oncology nursing in terms of education, practice, and research in Asia. It also describes major challenges expected in developing and implementing a unique professional role for oncology nurses in Asia. This study will provide insights for Asian oncology nurses in developing culturally sensitive oncology nursing practices with limited health care resources.

Key words: Advanced practice nursing, Asia, cultural differences, limited health care resources, oncology nursing

Introduction

The cancer burden is enormous in both more- and less-developed countries as cancer has become a leading cause of incidence and mortality worldwide, and it is expected to grow further in the next few decades.[1] However, the cancer burden is more troublesome in the less developed countries, which includes most Asian countries, because of the increasing incidence of cancer due to the fast growing and aging population and increasing adoption of cancer-risk lifestyle behaviors.[2] Cancer disparities also exist between more- and less-developed countries. For example, incidence rates for all cancers combined are nearly double in more-developed countries compared with less-developed ones, while mortality rates of all cases in more-developed countries remain only 8-15%.[1] To reduce the cancer burden and cancer disparity in Asia, oncology nursing should be improved to provide high quality and effective cancer care and to improve the quality of life of cancer patients living in Asia.

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This paper proposes ways to advance the development of the profession of oncology nursing in Asia where approximately 60% of the world population lives. It also describes major challenges that will occur in developing the profession of oncology nursing in Asia.

Our proposals for the professional development of oncology nursing in Asia are addressed in terms of oncology nursing education, practice, and research, taking into consideration of the entire continuum of cancer care. The continuum of cancer care must be integrated into all three areas. Currently, most oncology nursing in Asia focuses on cancer treatment and care and gives less attention to prevention and screening, survivorship, and palliative care. According to the World Health Organization, about one-third of cancer deaths are due to the five leading behavioral and dietary risks: High body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use, and alcohol use. Tobacco use is the most important risk factor for cancer, causing about 20% of global cancer deaths and 70% of global lung cancer deaths. Cancer causing viral infections such as viral hepatitis B and C and human papilloma virus are responsible for up to 22% of cancer deaths in less-developed countries. Therefore, greater attention should be paid to prevention and screening in Asia. At the same time, with advances in treatment and early detection, cancer is now considered to be a chronic illness rather than an acute disease. Therefore, oncology nurses must pay more attention to survivorship, considering the long-term impact of cancer and the quality of life of cancer patients. Palliative and end-of-life care are equally important as cancer becomes a major cause of mortality in most Asian countries.

Changes to nursing education are needed for the professional development of oncology nurses. In the undergraduate curriculum, oncology nursing should be taught as an independent subject just as nutrition nursing and geriatric nursing are. Specific oncology nursing subjects would better prepare nursing students for cancer care. At the graduate education level, advanced practice nursing (APN) programs need to be implemented. Most OECD countries have had a distinct field of APN for a long time, but the development of APN roles in Asia is still in its infancy. The International Council of Nurses recommends a master’s degree for entry-level advanced practice nurses to facilitate the acquisition of an expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice. With strict and formal educational preparation, APN programs will produce excellent expert nurses who will contribute to the professional development of oncology nursing.

In nursing practice, improving the quantity of life, that is, survival, of cancer patients, is essential. However, oncology nurses need to pay equal attention to the quality of life of cancer patients by focusing on patient-reported outcomes such as satisfaction with care. To improve quality as well as quantity of life of cancer patients, evidence-based practice must be strengthened, and standard guidelines need to be incorporated into care. Pain control is one important factor in improving quality of life for cancer patients because pain is typically underreported and undertreated in cancer patients. Regular pain screening systems and interventions must be implemented. Another critical factor in the quality of life is distress. The National Comprehensive Cancer Network created a distress thermometer and a problem checklist to aid in recognizing psychosocial and spiritual distress and developed distress management clinical practice guidelines. Unlike vital signs such as temperature, pulse, respiration, and blood pressure, distress should be assessed through communication with the patient to focus on patient-reported problems. This will ensure that nursing interventions are more tailored and patient-centered.

APN roles should be integrated into oncology nursing practice in Asia because their use could help provide effective and high-quality patient care. A systematic review study in the USA clearly demonstrated that most outcome criteria for nursing groups using APN roles were equivalent to or better than those in physician comparison groups with a high level of evidence. To integrate APN programs with the rest of the medical team, the APN’s major roles, such as direct clinical practice, education, research, and leadership, should be taken into account, with differentiation of responsibilities and authority associated with each role among APNs, expert nurses, coordinators, and physicians.

Research is another critical requirement for the professional development of oncology nursing in Asia. Evidence-based studies using rigorous designs would help promote science-based oncology practice. According to an integrative study in Korea, the most common type of research design was a nonexperimental design, which accounted for 75% of the studies. Although this review was limited to Korea, it suggests the need for the use of more rigorous experimental design and descriptive studies using a theoretical framework. As group practice is common in cancer care, multidisciplinary studies are needed, and multinational research is necessary to provide more global perspectives on oncology nursing in Asia.

Asian oncology nurses, however, must overcome several challenges to achieve these objectives in education, practice,
and research. The shortage of health care resources is one challenge as most Asian countries are low- or middle-income countries. Worldwide differences in health care spending among countries are huge. In 2013, the USA spent 9146 USD per capita while India spent only 61 USD. The shortage of health care resources in Asian countries is the major barrier to implementing the care models that have been derived from high-income countries.

The integration of Asian culture and values into oncology nursing is another challenge because most care models were developed based on Western cultures. As culture largely determines standards for appropriate nursing and care, most care models are not directly applicable to Asian cultures. One of the significant differences exists in interpersonal relationships. Most Asian cultures follow the principle of collectivism rather than individualism. Collectivism emphasizes the connection between the individual and the community, and the harmony of family members. For example, in Korea, dying patients readily delegate decision making for do not resuscitate orders to their family members.

Another example is the prevalence of the group-centered model of medical decision making in Japan compared to the use of the patient autonomy model, which is favored by most Western countries. This implies that nursing theory and practice based on Asian cultural values will result in nursing that is better tailored to Asian patients. Thus, Asian oncology nurses must become aware of these cultural differences and devise ways to integrate Asian cultural perspectives into their care models. In this regard, Korea’s development of a culturally appropriate oncology nursing profession along with its economic development from a low-income to a middle-income country over the past decades should provide insights to leaders in nursing across Asia.

Conclusion

Despite limited health care resources, Asian oncology nurses must do their best to create a culture of professional development for oncology nursing in education, practice, and research while taking into account the continuum of cancer care. APN educational programs need to be implemented at the graduate level, and the role of the APN must be integrated into health care practice. Evidence-based practice must be reinforced, and standard guidelines, such as pain and distress guidelines, need to be incorporated into practice. More rigorous studies must be conducted to produce visible outcomes and scientific evidence. In addition, Asian oncology nurses among countries must exchange specific practical information to create culturally sensitive oncology nursing practices that meet the needs of local cancer patients. Asian oncology nurses have to empower themselves through these efforts to have a positive impact on the lives of cancer patients in Asia.

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Conflicts of interest

There are no conflicts of interest.

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