PRESIDENT'S MESSAGE

A mighty force for change

Over the past few months, there have been a number of important historical events that have drawn our attention:

• A new Canadian government promoting a health agenda promising to improve access to home care, produce a national prescription drug plan, improve access to mental health services, and develop a strategy for healthy aging.

• Recent federal legislation that offers Canadians the right to choose medically assisted death, yet lingering concerns remain that our system of palliative care might not be optimal and may further marginalize already vulnerable individuals.

• Renewed attention on recommendations from the Truth and Reconciliation Commission (2015), which emphasizes the deeply interconnected health and social disparities of our Indigenous peoples and factors that have led to their vulnerability, such as racialization, colonization and poverty, to name a few.

• Health ministers’ meeting to explore and make a plan to break down structural and political silos that prevent optimal health of all Canadians.

Throughout all of these history-making events, a common thread has begun to resurface—the critical importance of focusing on the social determinants of health (SDH), and the need to work across social, health and other platforms is essential to healthy people, communities and populations. No longer can we singularly focus on the delivery of health care; we must also consider and influence those factors shaping the delivery of health care and services to ensure optimal health for all.

Both the Canadian Nurses Association (CNA, 2012) and the Canadian Federation of Nurses Unions (CFNU, 2016) have recommended ways to optimize nurses’ contributions to high-quality care and the health of Canadians at this critical time in history. From designing health care systems around the needs of individuals, communities and populations to considering the SDH in order to promote person-centred holistic care, to maximizing the scope of nursing practice—these recommendations also align with CANO/ACIO’s mission, vision, and strategic action plan.

CANO/ACIO believes that every Canadian at risk for and/or living with cancer deserves equitably high-quality care from oncology nurses. Since our inception as a specialty organization in 1984, we have done an outstanding job of articulating the high-quality care to which people and their families living with cancer are entitled, as well as carving out the knowledge, skills, and judgments needed by oncology nurses to provide this high-quality care.

As we move into our fourth decade as an organization, we have paused and reflected on the modern challenges of oncology nursing and cancer care, and determined key directions or strategies needed to continue to meet current and future challenges and provide leadership for the specialty. One of these key directions included revisiting our foundational Standards of Care (2001) to broaden our focus beyond treatment and to include contributions of generalist, specialist, and advanced practice oncology nurses across the entire cancer trajectory. These updated Standards of Care will also include consideration of the SDH and the structures and contexts shaping the care of people at risk for living with cancer. Further, acknowledging that cancer is a chronic illness that may require periodic access to oncology nursing expertise throughout one’s lifetime, for prevention to end-of-life care, this revised Standard of Care and Roles document will offer direction to clinicians, educators, researchers, and leaders for building capacity in the nursing workforce, as well as designing models of care to optimally align oncology nursing expertise with patient and family needs.

Another key strategy to promote high-quality oncology nursing care included the development of CANO/ACIO’s new Oncology Nursing Certification Position statement. This document offers important support for obtaining certification for nurses working primarily with cancer patients. CANO/ACIO is finding ways to support nurses and organizations to meet the 75% target for oncology nurses to become certified by their fifth year of practice, through leveraging partnerships to improve access to study group sessions and other education to prepare for the certification exams. We are proud to be named by CNA as the first specialty group to articulate a position statement about the value of certification. However, in 2015, we came in SECOND to the gerontology nurses for number of certified nurses. In 2016, let’s aim to have the highest number of specialized nurses across the country!

CANO/ACIO, as a member-driven organization, gains its strength and direction from its collective members. Looking forward, we are exploring opportunities to grow the membership, connecting with those nurses and students who care for oncology patients in generalist and specialist settings, but are not yet CANO/ACIO members! We also continue to grow partnerships with external organizations to build collaborative relationships and synergy towards shared goals. We currently have formal Memorandum of Understandings (MoUs) with the Canadian Cancer Society (CCS), the Canadian Association of Psychosocial Oncology (CAPO) and the Oncology Nursing Society (ONS), and expect to sign MoUs this year with the International Society of Nurses in Cancer Care (ISNCC) and The Cancer Nurses Society of Australia (CNSA).

Looking towards global cancer control efforts, CANO/ACIO, as an “influencing force internationally”, is also exploring its role in the international forum. As a country with well-developed oncology nursing education and...
professional practice resources and expertise, we have a moral imperative to find ways to share our resources. With little effort or cost, we could have huge impacts on the oncology nursing care and cancer patient outcomes in low- and middle-income countries. Reciprocal learning and insights are often invaluable byproducts of these kinds of efforts (e.g., in terms of how to address the SDH to impact cancer outcomes and care) and cannot be underestimated.

Two areas in which CANO/ACIO aims to build capacity are around leadership and policy influence. A new leadership position statement is being developed that positions every oncology nurse as a leader. Following this, we will work to establish educational resources and pathways to facilitate the ongoing development and mentorship of oncology nurse leaders.

CANO/ACIO’s capacity to influence policy is an important area to develop if we are to break down silos and work across health and social platforms to promote the health of people at risk for/ living with cancer. Oncology nurses sit at the interface between policy and practice—every day we see the impact of the SDH on individuals’ experiences and outcomes of cancer care; we understand the complex interplay of policy, ethics, and individuals’ agency to receive the care they need; we see where policy does not go far enough, and when it oppresses. We need to bring these experiences and knowledge and have a strong voice at policy tables, locally, nationally and internationally. CANO/ACIO is working on a process to build capacity and position members to use their voices to shape oncology-related agendas nationally.

It goes without saying that CANO/ACIO will continue to offer high-quality webinar-based educational programming, other educational resources, and our outstanding annual conference to address members’ ongoing professional development needs. The Canadian Oncology Nursing Journal is now completely on-line, and we will continue to grow this journal to extend the reach of the fantastic work being done by oncology nurses in Canada and beyond. We will continue to develop various oncology nursing practice standards and competencies (S&C), with the Radiation Oncology Nursing Practice S&C developed in 2015. We are working with the CANO/ACIO Research Committee to evaluate the uptake of these important tools into practice, as a way of measuring the value-add and impact of CANO/ACIO-generated resources.

Our Oncology Nursing Day and Annual Conference theme for 2016, Future Ready: Together, Toward Tomorrow encourages us, individually and collectively, to continue to develop our strengths and proactively prepare for future challenges and opportunities. We have come a long way in our 30+ years as an organization, and will continue to set the standard for excellence in oncology nursing practice across the country. Let us also lift our gaze toward opportunities where oncology nurses can use their specialty knowledge and experience, leadership, and policy influence to have significant impacts not only on how we deliver care, but also to influence those social, political, historical and other forces that shape the health and cancer care services of people at risk for/living with cancer. Collectively, we are a mighty force for change.

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REFERENCES

