Challenges and Rewards of International Cancer Nursing: A Global Perspective

Linda Z. Abramovitz, RN, MSN, BMTCN
My Journey

to gain knowledge about the global impact of cancer
to identify the challenges facing nurses in low-middle income countries
to explore professional opportunities in international cancer nursing

Global Burden of Disease
Global Burden of Disease

Communicable Disease
Non-communicable Diseases
- Cardiovascular Diseases
- Cancer
- Respiratory Diseases
- Diabetes
- Disease of various organs
- Mental Health Disorders

External Causes
- Injuries
- Violence
Causes of Deaths in Developing Countries

- Communicable Diseases: 29%
- Cardiovascular Disease: 24%
- Cancer: 16%
- Chronic Respiratory Disease: 8%
- Diabetes: 5%
- Injury: 10%
- Other: 8%

WHO, GRD 2010

WHO Goal ‘25 by ‘25’

- The NCD ALLIANCE: Putting non-communicable diseases on the global agenda
- To reduce the avoidable mortality from non-communicable diseases (NCD) by 25% by 2025

Globocan 2008, IARC, WHO International Agency for Research on Cancer
Childhood Cancer Worldwide

- 176,000 newly diagnosed cases
- 84% of new cases in low and middle income countries
- 60% do not have access to adequate diagnosis and care
- >50% with cancer die

http://www.stjude.org/international

World Income Distribution

http://bemoneyaware.com/images/world/World_Bank_income_groups.jpg
Challenges of Treating Childhood Cancer in Low- Middle Income Countries

- Early Detection and Diagnosis
- Concurrent Infections
- Malnutrition
- Abandonment
- Lack of Cancer Registries/Treatment
- Nursing

Early Detection
Early Detection

- Delay in diagnosis
  - Child is not brought in for medical attention
  - Initial diagnosis is not correct
- Lag time
  - Interval between onset of symptoms and diagnosis
  - Very IMPORTANT
- Impacts survival

Malnutrition

Concurrent Infections
Abandonment of Care

• Patient fails to receive treatment necessary for cure for a sustained period of time
  — Includes upfront refusal
  — Leaving the hospital after initial treatment is started
• Treatment Refusal and Abandonment (TR+A)
• HUGE impact on survival

Building Cancer Registries
Cancer Registries

IBM and the Union of International Cancer Control

Adapted Treatment Protocols

Global Density of Nurses/Midwives

Data based on http://www.who.int/whosis/whostat/2010/en/
What is nursing like in LMIC

• Scope of Practice
• Basic Nursing
  – Vital signs, I/O, blood sampling, starting IV, hygiene, administer medications
• Support Care = Palliative Care
• Not allowed to speak to patient or family about diagnosis or treatment
• No autonomy

What is nursing like in LMIC

• Lack of training in childhood cancer
• Lack of education in palliative care
• Nurses are overburden
  – Staffing ratio
• Nurses rotate off unit
  – Decrease team building
  – Lost of education
• Lack of equipment

These are the challenges for nurses

What are the solutions?
SIOP Baseline Standards for Pediatric Oncology Nurses in Low- and Middle-income Countries

1. Nurse to patient ratio of 1:5 for pediatric oncology units
2. Orientation program for nurses new to pediatric oncology (theory and clinical skills followed by 3-4 weeks working with a skilled nurse)
   - Review of pediatric cancers
   - Chemotherapy and blood products administration
   - Infection control and prevention
   - Education for parents and families
   - Palliative care
   - Early detection and management of oncology emergencies
3. Continuing educational opportunities to increase clinical skills and knowledge

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SIOP Baseline Standards (cont.)

4. Nurses acknowledged as core members of multidisciplinary teams
   - Included in patient rounds and all meetings with patients and parents to discuss diagnosis and treatment plans
5. Resources available for safe care including
   - Intravenous pumps
   - Supplies for hand washing, sanitizing and isolation
   - Nurses should only prepare chemotherapy when a pharmacist is not available and when provided with personal protective equipment and a biosafety level two cabinet
6. Evidence-based policies and procedures for nursing

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Goals of Twinning

- **Develop** evidence-based protocols tailored to regional needs and resources
- **Train** doctors, nurses, and other healthcare professionals in clinical care best practices
- **Improve** clinical care and outcomes through increased quality, capacity, and capability of diagnostic pathology and clinical laboratory medicine
- **Reduce** infection rates by implementing more effective infection prevention, control, and care measures
- **Implement** institutional pediatric cancer registries and data management best practices to understand the regional burden of pediatric cancer and to help determine which treatments are most effective

St Jude’s International Outreach Program

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Training Programs for Pediatric Oncology and Nursing in Low- and Middle-Income Countries.

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World Child Cancer

A world where every child with cancer has access to the best possible treatment and care.

To improve cancer diagnosis, treatment and care for children across the developing world.

[Worldchildcancer.org](http://worldchildcancer.org)
Education Programs Need to be Tailored

- Latin America Center for Pediatric Oncology Nursing Education
  - Comprehensive Nurse Educator Course
  - ONCOLOGY NURSE EDUCATOR ROLE
  - Ongoing Support
    - Education and Mentoring
    - Nursing Education Resources

Nurse Educators

- China
- Guatemala & El Salvador
- Mexico
- Colombia
- Mexico and Guatemala
Distribution of surplus medical supplies

>450 million items distributed worldwide

125 countries

12K volunteers

www.projectcare.com
• Care of the carer
• Complementary therapies
• Donor issues
• Ethical issues
• Impact of new therapies
• Information and education
• Management
• Outpatient developments

• Palliative care
• Patient safety
• Psycho-social issues
• Protective care
• Quality of life
• Standards of care
• Survivorship
• Symptoms management

Plan Ahead…

Vancouver Canada 2015
Hong Kong, China 2016
Dublin, Ireland 2016
Washington DC, USA 2017

Conferences
Internet Search
School of Nursing

Educate Yourself
SKILLS

- Expert Clinician
- Teacher
- Problem Solver
- Politically Astute
- Critical Thinker
- Language Skills
- Organizational Abilities
ATTRIBUTES

• Open-Minded
• Flexible
• Ethical
• Cultural Sensitivity
• Team Player

Volunteer Travel Opportunities

Fall and Winter 2014, teams travelled to Costa Rica, Honduras, Vietnam, and Tanzania

1. What are the goals and history of the project?
2. What is your role in-country and post-visit?
3. How do you set realistic expectations in-country and post-visit?
4. How do you get started and prepare for your project?
Rwanda and Egypt

“No matter where you live, nurses share a mutual understanding about the needs of children with cancer that transcends cultural differences.”

Kathleen Houlahan, RN, MSN, MHA from the Dana-Farber/Boston Children’s Cancer Center, Boston, MA

Guatemala, Paraguay, Honduras

Rich Ramos, RN, MS, CNS from LPCH Stanford, CA
“It is an inspiration to watch nurses who have so few resources show complete commitment to their work and the profession of nursing.”

South Africa

“I feel honored to be able to develop ongoing relationships with African oncology nurses and gain insight into their world.”

Mary Lou Hurley, RN, CHPN from British Columbia Children’s Hospital, Vancouver, Canada

Ethiopia
"You cannot cure children with doctors, nurses and chemo alone; you must raise the standards of pharmacy, nutrition, psychosocial support, pathology, laboratory, infection control to make a change"

83 million people
> 50% population < 18 yo
< $2 per day
"With limited material resources and extreme shortages of nurses, the entire hospital must “buy in” to the project. You must personally speak to and collaborate with key stakeholders to make this happen."

- Project must be sustainability
- Detailed written reports
- Look beyond the oncology unit
- Accessibility to technology
- Mutual respect
- Patience – “everything takes time”
- Be practical and creative

So what about transplant nursing...

- Hospitals/Schools of Nursing
  - Lectures/Education
    - China/Shanghai Children’s Hospital
- Role Development
  - Clinical Nurse Specialist, Nurse Practitioner
- Safety and Quality Care
- Nurse Sensitive Quality Indicators
- Innovative Practices and Approaches
- Palliative Care
- Post Discharge/Long Term Complications
HSCT for Thalassemia

Jaipur, India
Islamabad, Pakistan
Kabul, Afghanistan
Marrakech, Morocco
Colombo, Sri Lanka
Jos, Nigeria
Sanofi Espoir Foundation Awards
Education, Professional Practices and Research

My Child Matters Awards
For Paediatric Oncology Nurses

Sanofi Espoir Foundation Awards
Deadline: June 30, 2015
www.care-challenge.com
The ability to interact effectively with people of different cultures and socio-economic backgrounds

Awareness of one's own cultural world view

Attitude towards cultural difference

Knowledge of difference cultural practices and worldviews

Cross cultural skills
Exploring the Issues in the Delivery of Cultural Competent Care

- Web-based survey
  - Attitudes
  - Practices
  - Challenges
- Multiple choice/Statements/Open ended questions
- Survey emailed (March 2014)

66 surveys were analyzed
12 low/middle (26%)  N=17
9 high income (74%)  N=49

4 Belgium
2 Cameroon
4 Canada
3 China
2 El Salvador
1 Ethiopia
2 Ghana
2 Indonesia
4 Italy
4 Japan
4 New Zealand
4 Norway
2 Philippines
2 Samoa
3 South Africa
4 Sweden
4 Switzerland
4 USA
Prior Cultural Training

More Education/Training

Greatest Challenges

- Language barriers
  - Increased access to interpreters
- Obtaining information about specific cultures
  - Access to online or written resources
- Establishing a trusting relationship
Successful Strategies

- Try to use the language
- Recognize non-verbal cues
- Never assume
- Listen
- Be respectful and non-judgmental
- Consult with knowledgeable staff
- Use humor
- Access to resources

What I liked best

- Exposure to other cultures provides opportunities for both individual and professional growth
- Viewed cultural competency as vital to their daily practice
- Gained new perspectives on life
- Felt an increased sensitivity in nurse-patient relationships
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Conclusions

- Cultural competence is a skill that takes time to develop and needs to be nurtured
- Providing culturally competence care is vital to our nursing practice
- Promotes personal and professional growth
- More resources and research are needed
Advice

Balance is the Key to Life

My journey continues…

Nancy Noonan, RN, MSN, BMTCN

Julia Challinor, RN, PhD

Tina Baggot, RN, PhD
What is your next step?

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Latin American Nurse Educators

- **México**
  - 2008 Tijuana-Rady Children's
  - 2010 Culiacán

- **Guatemala**
  - 2007, 2010

- **El Salvador**
  - 2007

- **Honduras**
  - 2011

- **Chile**
  - 2007