Equity in Cancer Care Strategies for Oncology Nurses



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KEYWORDS

• Oncology • Cancer • Nursing • Inequities • Advocacy • Leadership

KEY POINTS

- Despite improvements in cancer treatment and outcomes, inequities have been increasingly documented in the cancer population, particularly among those experiencing marginalizing conditions within society.
- Oncology nurses have a social justice imperative to address inequities in cancer care, although this aspect of their role is underdeveloped.
- Equity-oriented strategies that draw on a social justice imperative consider the social determinants of health, as well as those factors, contexts, and structures that influence individuals' ability to optimize their health.
- To effectively address inequities, oncology nurses may take a two-pronged approach, including equity-oriented strategies focusing on the direct care of individuals and communities, as well as addressing the root causes of inequity through leadership, policy influence, advocacy, education, and research.

INTRODUCTION

A central tenet of high quality cancer care includes equitable care for all. ¹⁻⁴ However, even within high-resource countries, such as Canada and the United States, achieving equitable and quality cancer care largely remains unrealized. Increasingly, health inequities (sometimes called health disparities) are documented among people living with cancer, particularly individuals living in rural and remote settings, of lower socioeconomic status, who are older with advanced disease at diagnosis, indigenous groups, ethnic minorities, and immigrants. ^{1,5-9} Most efforts to address cancer care inequities are aimed at improving access to care (eg, through the introduction of nurse navigator roles), or by attempting to change behaviors (eg, smoking cessation, healthy eating, exercise programs). Despite these efforts, cancer care inequities persist and are increasing in many areas. ⁵ These narrowly focused efforts may never fully address inequities and may unintentionally marginalize vulnerable people. A broader view is needed that incorporates the social determinants of health (SDH), including factors

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such as contexts and structures that shape and influence abilities to optimize health and ensure equity during the cancer experience. 10-15

Oncology nurses have an important yet underdeveloped role to play in addressing cancer care inequities. Nurses have an ethical and social justice imperative to support and advocate for optimal health for individuals and groups. Addressing inequities is a core philosophic tenet and code of ethics standard. ^{10–12,16} It is vital that oncology nurses understand and embrace their role in promoting equity and reducing cancer care inequities.

This article provides a backdrop for understanding and explaining oncology nurses' role and action imperative in addressing cancer care inequities. Although the discussion focuses on the Canadian and North American context, there are opportunities for application to oncology nurses and cancer care settings around the world. This article begins by unpacking concepts central to inequities, such as equity, inequality, and justice (Fig. 1). With equity as a goal in cancer care, it is important to incorporate the SDH in oncology nursing care, including key factors, contexts, ideologies, and structures shaping inequities (Fig. 2). Recommendations promoting equity-oriented care are presented, informing oncology nurses' participation in addressing inequities in the cancer care context. A two-pronged approach to address cancer care inequities offers oncology nurses strategies to use in their practice with individuals, families, and communities, and addresses root causes of inequities through policy, leadership, advocacy, education, and research perspectives (Box 1).

ALL CANCERS ARE NOT EQUAL

A complex array of factors interact to determine the disease trajectory for individuals diagnosed with any of over 200 types of cancer. Certain cancers, such as pancreatic, liver, lung, and head and neck cancer, are associated with greater morbidity and shorter survival time. ^{17,18} Risk factors for these cancers may include lower socioeconomic status, male sex, alcohol use, smoking, and viral infections such as hepatitis B and C. ⁶ Conversely, breast and prostate cancer, although diagnosed more frequently, are associated with longer survival times and less morbidity when compared with pancreatic, liver, lung, and head and neck cancer. ¹⁸ The biology of the cancer itself

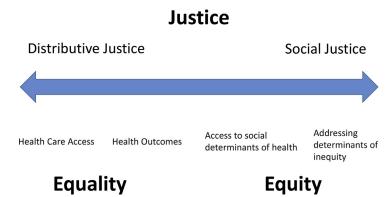


Fig. 1. Equity, equality, and justice in health care. (*From* Varcoe C. Health disparities in cancer care: foundational concepts. In: Varcoe C, Habib S, Sinding C, et al. Health disparities in cancer care: exploring Canadian, American and international perspectives. Can Oncol Nurs J 2015;25:73–4; with permission.)

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