Cancer Nurses Society of Australia

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cancer nursing

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28th ANNUAL CONGRESS • 17-19 JUNE 2026
Perth Convention and Exhibition Centre

Advocating for culturally sensitive psychological assessment in ASEAN cancer care: The role of nurses

Annie Nguyen
Regional Manager, Clinical Quality and Governance

Icon Cancer Centre
ASEAN

Disclosures

There is no disclosure for this presentation

Piloting NCCN Distress Thermometer at Icon Singapore

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Pilot Program Initiation

The pilot started in January 2025 aiming to assess patient distress and improve emotional health monitoring.

Participant Engagement

22 diverse patients participated, ensuring varied data reflecting different emotional health conditions.

Multiple Assessments

31 assessment rounds collected data at multiple points capturing emotional well-being variations.

Distress Level Findings

Out of 31 assessments, 13 showed distress levels of 4 or higher, indicating emotional strain among participants.

Communication Gap

None of the 13 distress cases included patient explanations, revealing a communication or reluctance gap.

National Comprehensive Cancer Network®

NCCN Guidelines Version 1.2026
Distress Management

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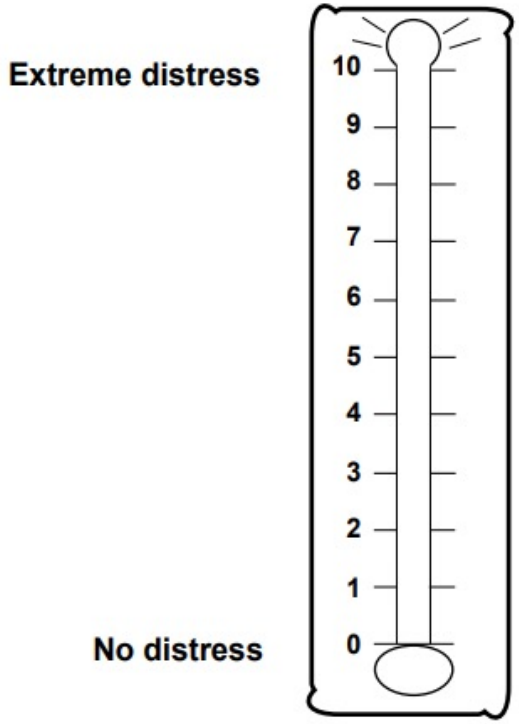
NCCN DISTRESS THERMOMETER

Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.



PROBLEM LIST

Have you had concerns about any of the items below in the past week, including today? (Mark all that apply)

Physical Concerns
- ❑ Pain
- ❑ Sleep
- ❑ Fatigue
- ❑ Tobacco use
- ❑ Substance use
- ❑ Memory or concentration
- ❑ Sexual health
- ❑ Changes in eating
- ❑ Loss or change of physical abilities

Emotional Concerns
- ❑ Worry or anxiety
- ❑ Sadness or depression
- ❑ Loss of interest or enjoyment
- ❑ Grief or loss
- ❑ Fear
- ❑ Loneliness
- ❑ Anger
- ❑ Changes in appearance
- ❑ Feelings of worthlessness or being a burden

Social Concerns
- ❑ Relationship with spouse or partner
- ❑ Relationship with children
- ❑ Relationship with family members
- ❑ Relationship with friends or coworkers
- ❑ Communication with health care team
- ❑ Ability to have children
- ❑ Prejudice or discrimination

Practical Concerns
- ❑ Taking care of myself
- ❑ Taking care of others
- ❑ Safety
- ❑ Work
- ❑ School
- ❑ Housing/Utilities
- ❑ Finances
- ❑ Insurance
- ❑ Transportation
- ❑ Child care
- ❑ Having enough food
- ❑ Access to medicine
- ❑ Treatment decisions

Spiritual or Religious Concerns
- ❑ Sense of meaning or purpose
- ❑ Changes in faith or beliefs
- ❑ Death, dying, or afterlife
- ❑ Conflict between beliefs and cancer treatments
- ❑ Relationship with the sacred
- ❑ Ritual or dietary needs

Other Concerns:

_____

_____

_____

The ASEAN Culture Lens in Oncology

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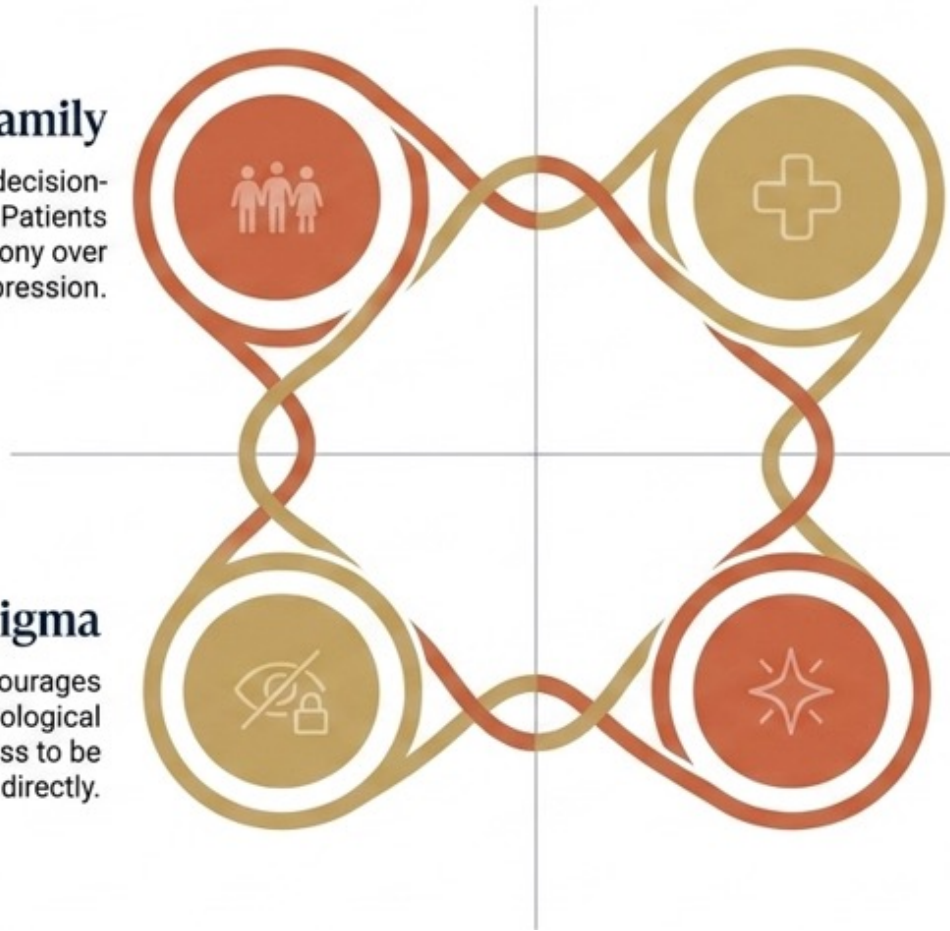
Collectivism & Family

Family plays a central role in decision-making and caregiving. Patients routinely prioritize family harmony over personal emotional expression.

Respect for Authority

Patients are highly hesitant to question healthcare professionals or actively disclose distress, waiting instead for explicit permission to speak.



Mental Health Stigma

Social stigma heavily discourages open discussions of psychological symptoms, forcing distress to be expressed indirectly.

Meaning of Illness

Deeply rooted spiritual and religious beliefs provide meaning, often leading patients to normalize severe suffering as part of a larger purpose.

The friction amplifying unseen distress

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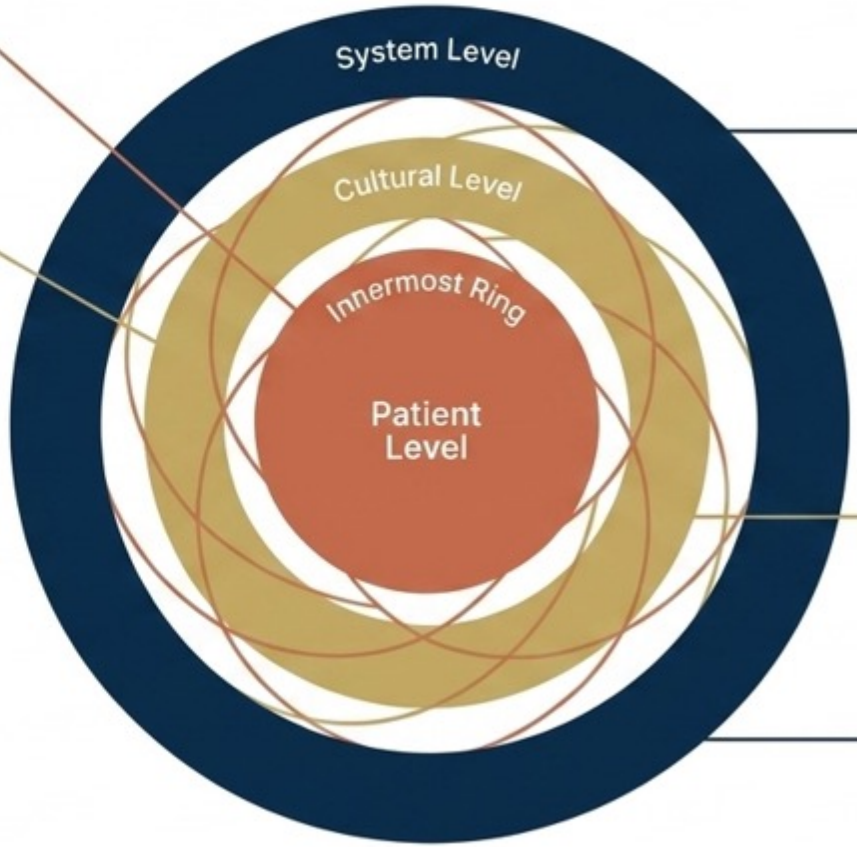
Stigma & Fear:
Reluctance to burden family or acknowledge mental health struggles.

Collectivism & Deference:
Normalizing suffering and deferring completely to authority.



Dashboard Grid

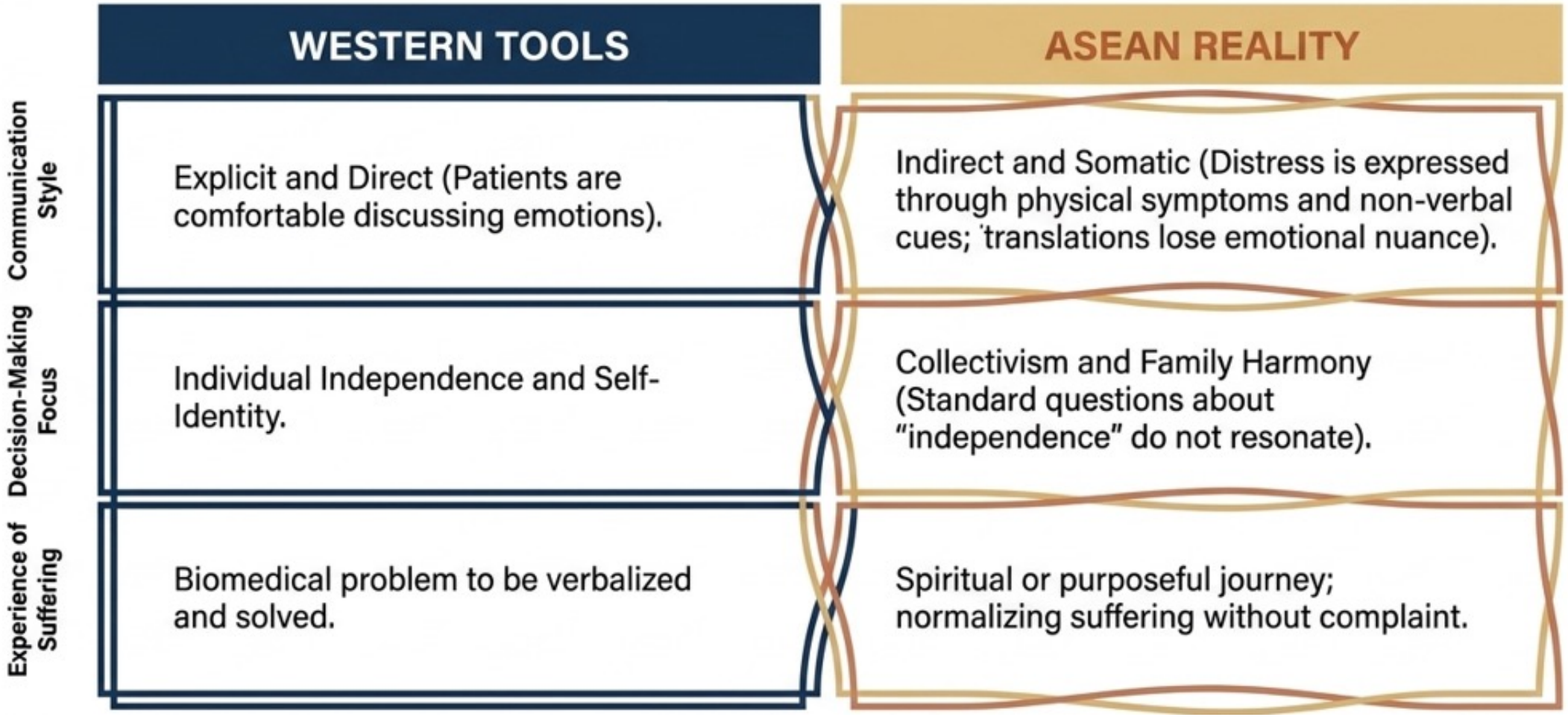
Time Deficit:
High patient volumes and limited consultation consultation time preclude thorough psychosocial evaluations.

Resource Scarcity:
Critical shortage of trained mental health professionals and counseling services.

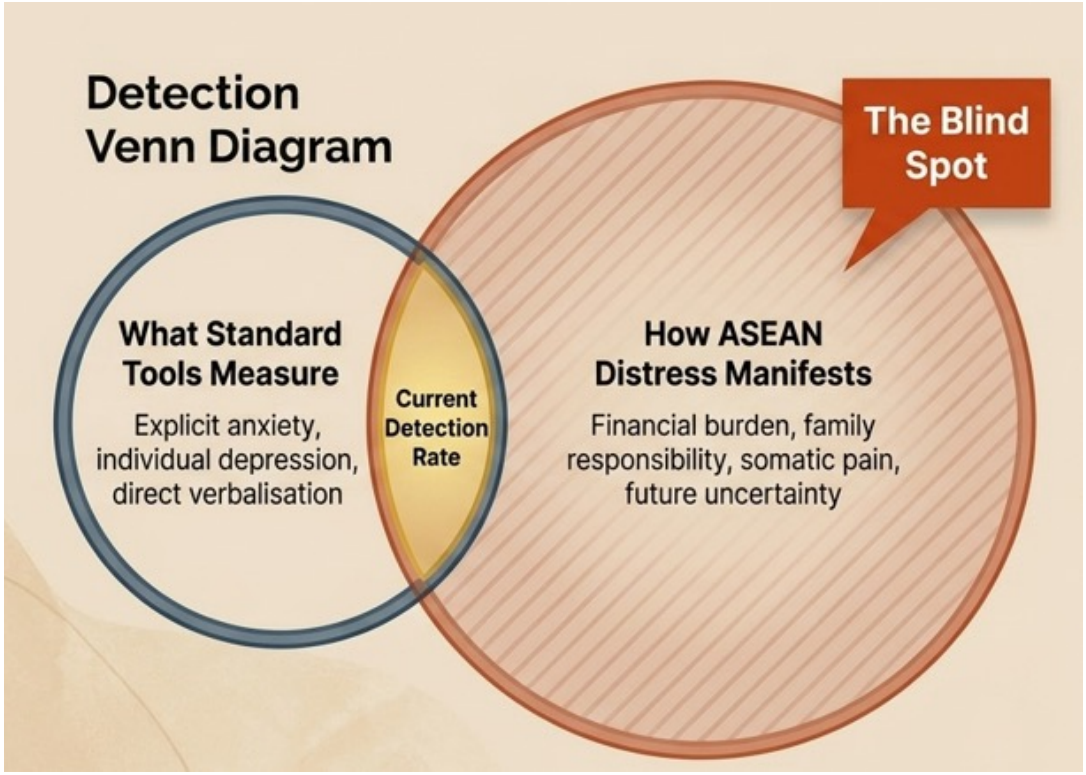
Protocol Void:
Lack of standardized screening practices and inadequate formal training for staff.

Misaligned Priorities:
Institutional hyper-focus on physical treatment outcomes at the expense of holistic care.

Standard diagnostic tools unable to translate



The Measurement Gap



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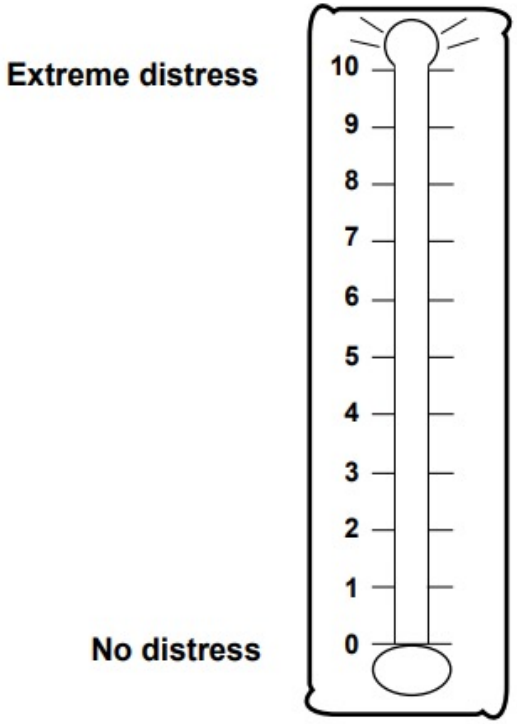

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_____

_____

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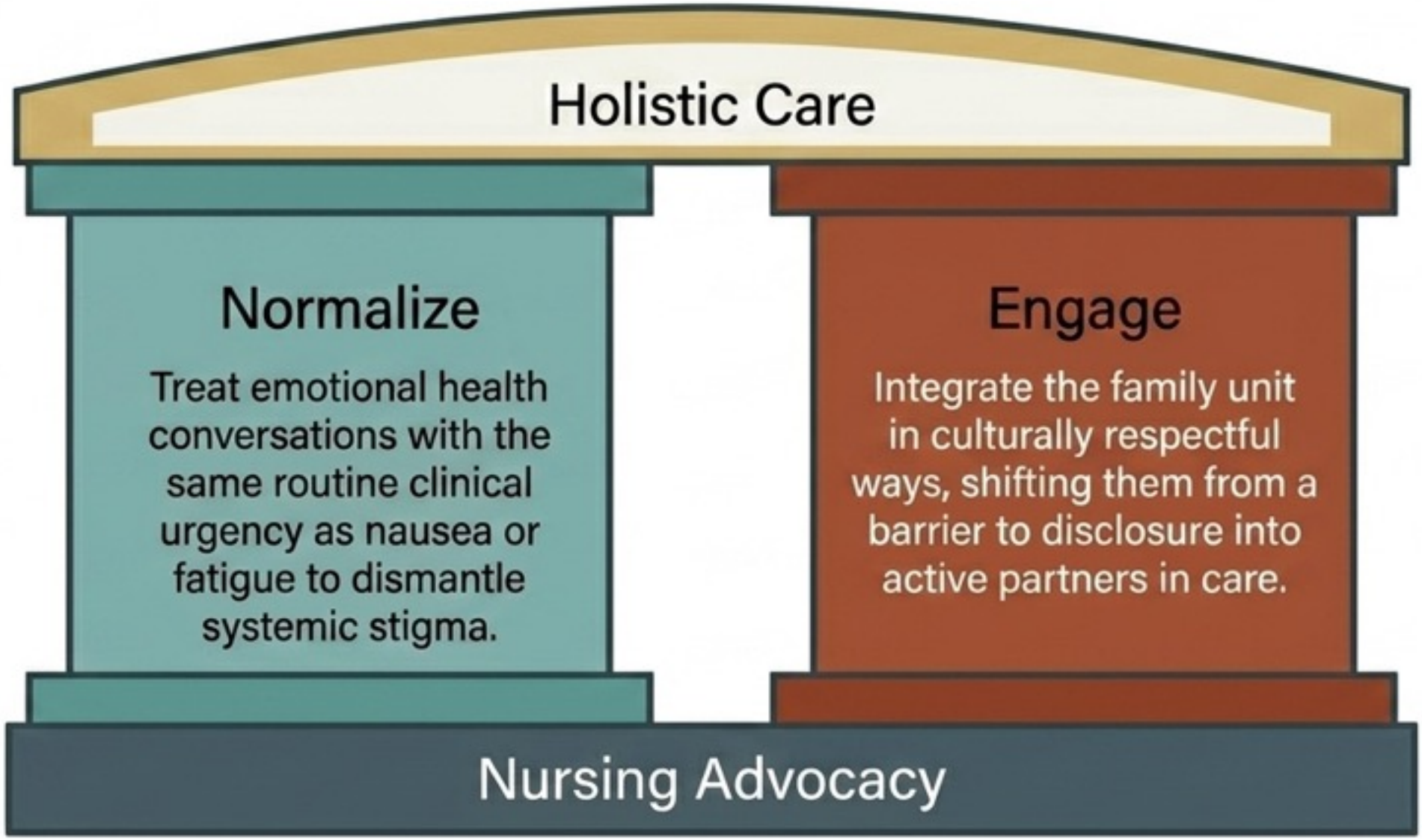
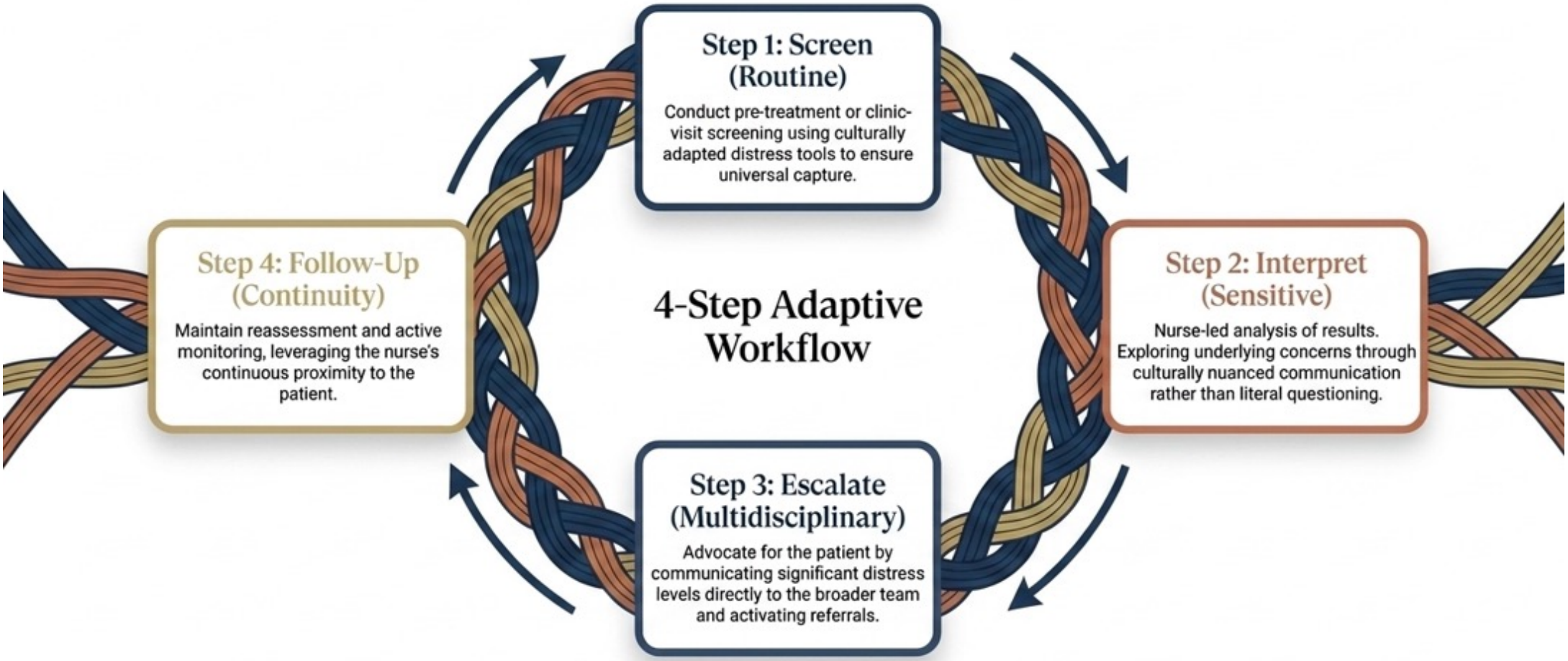
The Frontline Advocate

Nurses possess the continuous proximity required to translate subtle, culturally veiled clues into actionable clinical interventions.


Holistic Care
Normalize
Treat emotional health conversations with the same routine clinical urgency as nausea or fatigue to dismantle systemic stigma.
Engage
Integrate the family unit in culturally respectful ways, shifting them from a barrier to disclosure into active partners in care.
Nursing Advocacy

A Practical Implementation Model



A Practical Implementation Model

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Pre-Treatment Assessment and Discharge Form

Instructions for use: Nursing to complete on each admission, including first admission for all patients receiving antineoplastic drugs/immunotherapy/targeted therapy and supportive treatments. For example; blood production transfusions, IV fluids, venesections. *For patients having PICC or Port maintenance complete once every 3 months unless patient is having treatment or is unwell. **If patient receiving antineoplastic therapy nursing staff to complete Antineoplastic Toxicity Form.

Admission Date: 10 June 2026

Venous access device **Complete details of relevant device.** *Assess site for complications (Erythema=E. Exudate=EX. Pain=P. Swelling=S. Occlusion=O. No Abnormalities Detected=NAD). Document any complications.*

☐ **Venous access device not applicable (proceed to "Pain" section).**

Peripheral Access:	☐ YES ☐ NO	**Central Venous Access:** Port/ PICC / Other *(Pls specify)*	
Insertion Site:	Insertion Site	Site and Surrounding Skin Assessment *(see guide above):*	
Gauge Size / Attempts:		Port Needle Length:	
Site and Surrounding Skin Assessment (see guide above):		External Length (if device not secured with sutures):	
Flashback:	☐ YES ☐ NO	Flashback:	☐ YES ☐ NO
Flushes Easily:	☐ YES ☐ NO	Flushes Easily:	☐ YES ☐ NO
		PICC Dressing and Bung Change:	☐ YES ☐ NO ☐ NA
Remarks (if any)			

Infectious Disease Status

Do you currently have any infection?	☐ YES ☐ NO if yes, document it in Donesafe	If yes, what is the infection? *pls indicate the infection*	
		What treatment are you taking for it? *pls indicate the treatment*	

Pain: *Ask the patient to rate their pain on a scale of 0 to 10 (0 = No pain, 10 = Worst pain you can imagine)* **Pain Score:**

Document identified issues in nursing notes. Inform Medical Officer if required

Emotional Health Thermometer: *Ask the patient to rate/describe how much distress/concern they have been experiencing in the past 7 days, including today:* **Score:**

No distress 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Extreme distress

If score ≥4 or significant change in score, document identified issues in nursing notes. Inform Medical Officer if required

Take home message

Patient Care and Outcomes: Why Cancer Care Should Screen for Distress, the 6th Vital Sign

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Cultural Influence on Distress

Cultural beliefs and social norms shape how psychological distress is expressed and assessed in ASEAN cancer care.

Role of Nurses

Nurses play a critical role as frontline advocates and interpreters of unseen distress.

Routine, culturally sensitive screening should be embedded into clinical workflows

“If distress is culturally hidden, then nursing advocacy must become culturally intelligent.

Nurses are not just medication administrators – we are educators, advocates, and emotional anchors for patients”

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Thank you ☺

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