



## **The status of cancer nursing – a European perspective**

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Nurses are the largest group of health care professionals in Europe. They promote health, prevent disease and provide care. This important contribution is increasingly recognised in member states and there is agreement that nursing should be strengthened to provide better health care for all Europeans. The World Bank identified nursing as “the most cost-effective resource for delivering high quality public health and clinical packages” (1). However, despite increasing recognition by some actors, the effective delivery of nursing services is negatively affected by many factors. The absence of nurses from policy-making in health care systems, shortage of qualified nurses, insufficient resources for education and development and undervaluing of nursing may be some of them. Nursing shares the characteristics of other female-dominated occupations – low pay, low status, poor working conditions, few prospects for promotion and poor education in many European countries.

Within the context of general nursing, oncology nurses in Europe are often considered avantgardistic because they have been leaders in the development of cancer nursing as a clinical specialty and because they have joined together at European level early to share skills and knowledge and to ensure that those who work in cancer care are safe and competent (2). However, a great variety of competencies, education, working conditions and professional status exists between and even within European countries. In addition, cancer is identified as one of the major burden of disease in Europe, demands are increasing and health care is dramatically changing.

### **Aims and methods**

The European Oncology Nursing Society (EONS) decided to undertake a survey about the status of cancer nursing in its national member societies. The purpose of the study was to identify key indicators of status and characteristics of nursing, working conditions, education and nursing developmental issues. A postal survey was sent to the members of the Advisory Council of EONS in 2001, by then involving 22 countries. The questionnaire included 27 questions, mainly quantitative in nature. It was a one-time investigation. After two reminders, information was tabled and descriptively analysed.

### **Results**

Information was received from representatives of 20 (out of 22) European countries: England, Austria, Germany, Switzerland, Belgium, Netherlands, France, Italy, Spain, Greece, Denmark, Finland, Sweden, Estonia, Iceland, Israel, Turkey, Czech Republic, Slovenia and Serbia. The responding nurses from the Advisory Council had a mean age of 43 years, a mean experience in nursing of 21 years, 13 had an education at diploma- and 7 at academic level and nearly all, 19 out of them worked in an acute care hospital. Sixteen of the nurses were females and 4 males and altogether they spoke 19 different languages!

Data collection presented a major challenge in many countries. Availability of data was either very limited or difficult to access and generally, information about the nursing profession was very scarce and sometimes rather vague. Language and cultural barriers made it sometimes difficult to find comparable terms for professional issues.

#### Workforce and working condition

In only 7 of 20 countries data were available on the nurse / patient ratio per 100'000 inhabitants: it varied from 1000 nurses in Finland to 458 nurses in Spain. Nursing shortage was a very urgent topic in all EONS member countries but not in Spain and Estonia. Uncovered nursing positions were documented in Germany with 40'000 and Turkey with 34'000 and with 10% in Iceland, 10% in Belgium and 35% in Greece – in all other countries, data about these urgent issues seem to be unknown. The average age of the professionally active nurse is highest with 45 years in Sweden and lowest with 41 in France – again, these data are available only in 5 countries.

Working hours per week range between 42 to 38 and holidays between 6-2 weeks. Monthly salary varies between 3000 and 120 Euros with Denmark, Switzerland, Netherlands and Sweden above 2000 and Turkey, Serbia, Czech R and Estonia below 500 Euros.

#### Nursing education

Age at entry into nursing school is lowest with 15 years in Turkey and Slovenia, in 15 of the included countries the age of entry is still 18 years. Duration of Nursing school is 3-4 years and in 16 of the 20 countries, Diploma education is most common. Academic training is possible meanwhile in 14 countries.

#### Cancer Nursing as a specialty

Postgraduate cancer nursing programmes are available in 16 of 20 countries and there duration ranges between 6-24 months and 40-800 teaching hours. The EONS Core Curriculum on Cancer Nursing serves in 18 countries as a guide in some way.

The impact of cancer nursing education has not been analysed in any country and no data are available about the number of certified specialist cancer nurses but in England and Iceland. Cancer nursing is recognised as a specialty in 11 countries and paid as such in Belgium, Czech Republic, Greece, Iceland, Israel, Netherlands, Sweden, Switzerland, Turkey and England. Application for accreditation of the postgraduate cancer nursing education to the EONS Accreditation Council has been submitted by Austria, Germany, Switzerland and Israel.

Palliative care specialist roles exist in 17 countries but not in Greece, Turkey and Serbia. Specialist roles in cancer prevention are in their infancy and slowly evolving. Positions for advanced practitioners at Masters level are available in 4 countries. Nursing practice development units have a tradition in very few countries, such as England and Sweden.

The information received reflected a great variety of professional characteristics, working conditions, undergraduate and postgraduate education and nursing development. A strong indicator of diversity was the presence of 17 languages associated with many cultural patterns. **Conclusions:** Data suggest that nursing shortage is an alarming issue in most European countries.

Apart from this, very little seems to be known about vital indicators for the survival of the nursing profession and non-availability of important data is impressive. Conclusions are limited by the fact that the information collected was not provided by a comparable institution in each country as access was not equally possible. However, it shows clearly enough that there is little awareness at the political and socio-economic level of the present situation nor of possible future scenarios. The nursing profession has not yet successfully achieved to effectively communicate current and future needs nor have leaders in the health care systems recognised that nursing urgently needs care. Despite this, cancer nurses have always been, and most likely still are and will be, highly motivated professionals. Although the value of nursing care is well recognised, there are urgent demands to improve the status of nursing. If there is no political will to recognise this, ultimately, patients will have to pay the price.

- 1) World Health Organisation, Nursing practice around the world. Geneva, 1997
- 2) Fawcett-Henney Anna, Foreword, in: Kearney N, Richardson A, Di Giulio P, Cancer nursing practice. Churchill Livingstone, Edinburgh, 2000