Developing European Oncology Nurse Education

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Introduction
Education is clearly an important tool in the development of specialist nursing within Europe. Awareness of cancer and its treatment and the impact it has on individuals and families helps in reducing negative perceptions and fatalistic attitudes. Education not only improves care, but can enhance patient outcomes. However care is becoming more complex with the ever changing and increasing complexity of cancer treatment delivery, which is demanding wider skills and critical thinking within health care professionals. Individuals with cancer are being cared for in community and ambulatory settings, as well as in the traditional cancer centres, and this has created the need for widening cancer knowledge to nurses working in generalist specialities such as community and public health. EU directives provided political pressure to ensure the effectiveness and efficacy of cancer care raising the profile by identifying the need to improve knowledge of oncology within the EU member states. The commission identified the vital role of the different professions in the provision of cancer therapy; rehabilitation and terminal care (EU 1997). The Europe against Cancer programme encouraged new initiatives such as training programmes. This legitimised the need to improve the knowledge and skills of health professionals in cancer as well as in cancer prevention, counselling and the support of training networks. Eleven years on and it is time to reflect on how education has developed and where we should be going for the future in modernising cancer nursing education. This paper explores the challenges ahead in how we develop our future cancer nursing workforce.

Change in cancer provision; is it challenging educators?
Over the last 10 years cancer care has been changing. Developments include reforms of health care systems, changes in treatment and the development of consumer focused provision. From all the recent projections and figures we know that with the increasing ageing population that cancer burden within Europe will rise over the next 10 years. We also know that those individuals who have cancer are more likely to be surviving their diagnosis and requiring prolonged monitoring and greater rehabilitation needs (Berino 2007). Responding to these scientific and technological innovations is difficult as often health services reform follows major change with little planning or educational provision. It is imperative that in the era of evidence based care, much of the evidence is based on limited UK or USA educational practice has still to be ascertained. Practice outcomes are difficult to prove and as such it is hard to envisage how future home based chemotherapy and rehabilitation will progress without considering such community staff training needs.

Is it possible to identify the impact for patients and nurses of cancer education?
Evidence is limited as to whether current educational provision is fit for purpose in meeting the new technological and acute patient agenda for providing 21st century cancer care. There are few evaluation studies of continuing professional cancer nursing education. Ferguson (1994) in a review of the literature to examine the purpose and benefits of continuing professional education for cancer nurses reported that studies to measure practice benefits were inconclusive. Subsequent cancer education studies indicate similar findings in relation to practice change (Langton 1999, Wyatt 2007a). Although not oncology based, studies of bachelor nurse programmes have found, that graduate nurses perform significantly better at decision making than their non academic colleagues (Girot 2000). Evidence for the effectiveness of education and training in communication skills in oncology has been well established (Faithfull 2006). Providing such supportive care requires translation across disciplines and care settings with multi-agency approaches to care (Boal et al. 2000, Webb 1991). These changes coupled with ever increasing demands in health care require a constantly developing and flexible nursing workforce. Much of the specialist cancer provision is acute cancer centre based, however clearly much of the care is now being provided in community and general health care settings. The need to up skill community and public health practitioners is a priority for future political agendas but it is unclear as to what skills they require and how to identify those who have training needs? Those nurses working in the community are often neglected. Wood and colleagues (Wood et al. 2000) in focus groups with non specialist staff found six key areas of training that they felt they required 1) an overview of cancer, 2) treatments and side effects, 3) communication skills, 4) physical and practical issues, 5) care organisations, referral routes and staff roles and 6) finally death and dying issues. Similar areas of need were found in community sector staff in Kelly’s (2006) training needs analysis study. These studies indicate a workforce who would benefit from continuing professional education in cancer care. This is an area that needs to be developed and it is hard to envisage how future home based chemotherapy and rehabilitation will progress without considering such community staff training needs.
It is not surprising that process evaluations of nurses practice perceptions has been the most common way of evaluating the impact of continuing professional education. Studies of the nurses themselves indicate that continuing professional education improves confidence, communication skills and decreases anxiety (Copp et al. 2007) it also has a perceived impact on practice (Wyatt 2007b, Pelletier et al 2004, Steginga et al 2005). A study of a UK health provider found that nurses’ perceptions of training needs are often different from that of health managers and that curriculum content was often generic and not adapted to reflect cultural characteristics of the local health population and health economy (Kelly et al 2006). The wide variation in continuing educational provision has been seen in specific courses such as in chemotherapy administration and training with some nurses receiving minimal education in the underpinnings of knowledge required for safe chemotherapy practice (Verity R et al 2008).

**Clearly saying is not the same as doing?**

Developing both process and outcome evaluation of continuing professional education is required within Europe with a need to look at specific cancer nursing skill sets and comparator groups. Proving the “value added” nature of education is essential if we are to develop specialist cancer nursing. As well as research in this area we need to identify the costs and consequences of up skilling the workforce for health service managers and policy makers. There is a need to recognise such specialist skills as part of employment providing financial incentives and job satisfaction. In many countries there is no recognition of specialist nursing roles and there is little financial incentive or support for the development of specialist cancer skills (Foubert & Faithfull 2006). Barriers to education and training are not only financial they can be time related and reflect accessibility (Wyatt 2007a). However effective continuing professional development has been linked with enhanced morale, increased motivation and staff retention so also provides benefits for managers (Smith & Topping 2001). Unpacking the complexity of these outcomes is essential if specialist cancer nursing is to be valued.

**Conclusion**

Recognising that the developments within education have been quite dramatic in the last few years more is being required of educators. Furthermore increasing financial constraints in education has meant that nurses are finding it difficult to get release and fund further continuing professional development within many EU clinical settings. There is also an increasing need for short more work-based programmes to enhance accessibility. The development of the EONS post basic cancer nursing curriculum has made an impact on learning resources providing a gold standard for educational provision within Europe but requires evaluation of the outcomes that result as part of this education. Future development of new specialist curricula and advancing levels of practice through consensus and expert panels identify these curricular as recognised professional education for specialist cancer nurses. We need more evidence as to the value of specialist education in outcomes that policy makers and health economists understand. Providing a trained and skilled workforce will have benefits not only for nurses themselves but in patient care. Those in nurse education face many challenges not only in the processes of how cancer education is provided and to whom, but also in redefining the skills needed by the cancer workforce to clearly impact on the practice outcomes.

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