Political agenda of cancer nursing in Europe

Professor Daniel Kelly
EONS Past President.
Cardiff University, UK.

kellydm@cardiff.ac.uk  @profdkelly
Health Systems across Europe

Rising demand
Cost control measures
Demographic changes
Workforce shortages
Increasingly sophisticated treatments
Rising public expectations

Huge differences in how cancer care is delivered; including the role & scope of nursing.
Politics impacts on nursing
Nurses on strike Portugal
UK Pay Cap since 2010
Cancer in Europe: variations
Healthcare personnel and equipment

Oncologists are doctors specialising in the diagnosis or treatment of cancer, for example through medical practices such as radiation therapy or through surgery. In 2015, there were around 18 000 oncologists in the EU Member States for which data were available (2014 data for Denmark, Finland and Sweden, 2013 data for the Czech Republic; no recent data for Croatia, Hungary, the Netherlands and Slovakia).

Among the six largest EU Member States (Germany, France, the United Kingdom, Italy, Spain and Poland), the number of oncologists in 2015 ranged from 968 in France to 4 333 in Italy, equivalent to 1.5 oncologists per 100 000 inhabitants in France and to 7.1 oncologists per 100 000 inhabitants in Italy.
Cancer nursing today

- Provides expert care, co-ordination, treatment and psychosocial interventions; beyond the biomedical.
- Work within complex MDT models, promoting cultures of patient wellbeing & safety
- Across hospital and community sectors at all phases of the cancer experience.
- Responds to new treatments with patient-centric models of care
What about the views of patients?

Patient’s stories

Breast cancer- ‘nurses were competent but disengaged. Never asked me how I was, sometimes barely spoke to me.’

‘No co-ordination, I did it all myself.’

‘It was not a good experience of nursing.’
Numbers of nurses

OECD data also show that the UK trains many fewer nurses than comparable countries. In 2014 the UK had 29 nursing graduates per 100,000 population; the OECD average was 45 per 100,000. The US trained more than twice that of the UK (63), while Australia trained even more, at 76 per 100,000 population.
Challenges

In the UK nurses pay has fallen behind by 14%, recent campaign. Issues of a registered and unregistered nursing workforce.

Making nursing an attractive career choice to attract the brightest young people (76% of British public say nurses are paid too little). Education and training important.

Variation in the scope and development of the cancer nursing role across Europe. New and more complex therapies, side-effects and treatment at a distance from centres (eg. oral agents).
Reality: cynicism

Nursing has been found to be one of the occupations that display the highest levels of cynicism (Leiter et al 2010).

Nurses can feel frustrated, pessimistic, distrustful or even contemptuous towards their job and employers (Wanous 2000).

Some researchers have suggested that this can include excessive and unrelenting job demands, lack of resources and low levels of trust in managers (Kim et al 2009).
Nursing a ‘safe’ workplace?

Reason suggests that a ‘safe’ organisational culture is an informed one. Safe work spaces are alert and know where the safety edge is—others may ignore or over-rule critical information (a type of deaf effect or avoidant leadership).

**Failure takes time**, is incubated and routine failures can grow to catastrophic levels (as individual events or as ‘deviant cultures’).
The pursuit of safety is complex

Linear thinking - the search for simple, single causes is doomed... The search for safety flow like an endless game on a football field, in which no two patterns and no two moments are ever the same.

Rising demands: new realities?

Idealised versions of nursing are somewhat different from reality.

Key question: Is nursing still a popular career choice for young people?

Different levels of recognition of the demands of nursing:

- Patient safety and the creation of ‘safety cultures’
Or to put it another way

Safety is what happens when no-one is watching!
FASTER, BETTER, CHEAPER!
NASA slogan in 1986
Key theoretical positions to consider

- **Failures of foresight:** disasters preceded by long incubation periods typified by signals of potential danger being ignored or misinterpreted by organisations (Turner 1976).

- **Normalization of deviance:** incremental process involving a gradual erosion of normal procedures and standards that would never be tolerated if proposed in one single, abrupt leap (Vaughan 1996).

- **Deaf effect:** When a decision maker doesn’t hear, ignores or overrules a report of bad news to continue a failing course of action (Jones & Kelly 2015).
Other aspects of patient safety exist in oncology?

Emotional safety
Spiritual safety
Relational safety
Financial safety
Embodied safety
Information safety
Living with uncertainty, safely
Reality: absenteeism

Sickness absence costs around $27 billion in the UK and up to $25.8 billion in the US (Roelen et al., 2013).

If not addressed, the deteriorating health of nurses and socioeconomic problem for healthcare organisations will undoubtedly affect the overall quality of patient care (Gao et al., 2012).
Need awareness of workplace culture

How things work, what people do, what is permitted (good and bad), is innovation encouraged?

What is the style of leadership?

What role does nursing play here?

How does it feel to others?
A question to ask?

‘If you always do what you’ve always done, you will always get what you’ve always got’
Reality: ‘care left undone’

12 hour shifts more prevalent and associated with more adverse events, poorer performance, poorer quality of care or higher risks to patient safety. Adverse events may include, for example, drug errors or ‘care left undone’ (Ball et al 2013). (Less easy to measure is the impact on the caring attitudes and motivation of nurses).
RECaN Background

At its 2016 conference, the European CanCer Organisation (ECCO) announced its intention to make the cancer nursing workforce the focus of its work across Europe.”

“Specialised cancer nursing continues to be frustrated by a continuing lack of uniform regulation and recognition across Europe. Yet, despite this situation, cancer nursing provides an undeniable added value in terms of patient outcomes.” ECCO position statement
RECaN was born
Through the RECaN project, ECCO supports the following characteristics:

- Cancer nurses as core members of the multidisciplinary team.
- Cancer nursing should be a recognised speciality across Europe based on a mutually agreed educational curriculum.
- Education for specialist cancer nurses (across all tumour types and phases of care) should be made available.
- Enhanced free movement of cancer nurses across Europe should be promoted and facilitated to help address rising demand.
RECaN project

1. Systematic review led by Professor Mary Wells, Stirling University, Scotland.

2. Data collection from leaders, cancer nurses and managers in four country on roles, working conditions, education, leadership, communication and safety by Annette Lankshear, D Kelly, Lena Sharpe.

3. Work with EU / national policy makers to explore & address issues raised; all EONS working groups, Advocacy focus.

And beyond.........?
Phase 1 now complete:

Recognizing European cancer nursing: Protocol for a systematic review and meta-analysis of the evidence of effectiveness and value of cancer nursing

Pauline Campbell, Claire Torrens, Daniel Kelly, Andreas Charalambous, Nuria Domenech-Climent, Iveta Nohavova, Ulrika Östlund, Elisabeth Patiraki, David Salisbury, Lena Sharp, Theresa Wiseman, Wendy Oldenmenger, Mary Wells

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Phase 2 Estonia

Focus groups with managers and clinicians.
Discussion group with key stakeholders in oncology services.
Estonia, Tartu, new hospital
Phase 2 KOK conference

Berlin
Phase 2 UKONS Harrogate
Netherlands next two days
And, did you know...

- UK has 6 MRI scanners per million population while Germany has 30
Did you know...

…UK nurses are not the worst paid in Europe
Aims of RECaN Phase 1

- To systematically identify the roles and types of intervention activities currently undertaken by cancer nurses
- To determine the effectiveness and cost-effectiveness of interventions delivered by cancer nurses in improving the experience and outcomes of people with cancer
Identification

N=22450

Abstracts screened

N=16169

Full texts assessed

(n=925)

6281 removed based on title

15244 removed based on abstract

Excluded (n=454)

Awaiting assessment (n=8)

Total number of trials in narrative synthesis

(n=351 unique trials reported across 463 publications)
Focus within cancer care continuum

Prevention & Risk reduction (n=6)

Screening (n=11)

Diagnosis (n=8)

Treatment (n=220)

Survivorship (n=53)

End of Life Care (n=22)
Nature of intervention - OMAHA

OMAHA categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of trials</th>
</tr>
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<tbody>
<tr>
<td>Treatment and procedures</td>
<td>24</td>
</tr>
<tr>
<td>Teaching, guidance and counselling</td>
<td>227</td>
</tr>
<tr>
<td>Surveillance</td>
<td>46</td>
</tr>
<tr>
<td>Case management</td>
<td>54</td>
</tr>
</tbody>
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Number of trials
Main component of cancer nursing interventions

Number of trials

Education (patients and nurses)
Assessment
Self-management
Supportive care
Psychosocial support
Signs and symptoms

OMAHA
75+ tasks
Scope and potential of specialist cancer nursing

Evidence base has been mapped

Focus has been identified

Benefits /non benefits have been identified

Areas of interest and activity clarified
Nursing is a finite resource across Europe. Working longer hours is not necessarily smart. Well-rested, motivated nurses work better! Safety is a key concern in oncology and in the workforce. The complexity of cancer therapy is rising; education is central to effective care. Understanding the scope and potential of cancer nursing across Europe is key: RECaN project.
Nursing is shaped by social expectations derived from historical, gendered and professional factors. Nostalgic views of nursing present a simplistic view of the past, and belie today’s complexity. The health workforce is now a global commodity that is mobile and is in demand. Education, appropriate work environments, leadership and patient safety are topical, nurses are leading research agendas. Leadership is key to achieving change.
Impact of Brexit on the cancer workforce?
Unfinished business!
Thank you