DISCLOSURE SLIDE

Nothing to declare
RECaN, Phase 2

- Data from Estonia, UK, The Netherlands and Germany (2017)
- Clinical visits, focus group interviews, individual interviews, survey, study-specific open-ended questions, meetings with stakeholders
- Data collection at national cancer nursing conferences
- Qualitative and quantitative data
- 2 papers in manuscript
General results, RECaN phase 2

- Devoted cancer nurses that love their jobs
- Important relationships with patients and their families
- Overloaded with work
- Differences in;
  - Tasks and responsibilities
  - Education
  - Recognition
  - Professional status and autonomy
  - Career possibilities
  - Safety issues
  - Teamwork and support
Key issues, Estonia

- No specialist training in cancer care
- Few career possibilities in clinical cancer nursing
- Little autonomy and recognition
- Many nurses need more than one job
- Long shifts
- Nursing shortages
- Importance of leadership
- Support from some leading physicians
Key issues, Germany

- Variation in training, most nurses without academic degree
- Report less autonomy = difficult to develop practice
- Nurse shortages
- Nurses competences are not used effectively
- 2 year education programme in cancer care (not academic)
  - 10% of nurses in cancer care
- Lobby groups have opposed higher education for nurses
- Advanced nursing roles are being developed but on very few institutions and salaries that apply for other health care professionals with (Master degrees) do not apply
- Little response when nursing organisations try to impact political leaders
- Nurses strongly express no/little recognition for nursing care in Germany
Key issues, NL

- 2-year cancer nursing programme based on national curriculum
- Nat. standards require that 50% of nurses in cancer care should be qualified (by 2022)
- All cancer drugs should be delivered by qualified oncology nurses
- Good clinical career possibilities
- Advanced nursing roles well established and regulated
- Initial resistance overcome by successful lobby work
- Autonomy and recognition
- Strong support by patient organisations
- Less nursing shortage compared with the other countries
Key issues, UK

- Specialist training in cancer care
- Good clinical career possibilities
- Autonomy and high professional status
- Advanced cancer nursing roles well established
- Initial resistance
- Teamwork
- Severe nursing shortage, migration
- Importance of leadership
- Systematic work on safety
RECaN, Phase 2 study on Patient safety

- Patient safety culture among cancer nurses in four European countries
- EST (n=64), D (n=160), NL (n=74), UK (n=95)
- Hospital Survey on Patient Safety Culture, HSPSC
  - Recommended by EU’s Patient Safety Coalition

42 items covering 12 dimensions, scores 0-100
- Teamwork within units
- Supervisor/manager expectations and actions promoting safety
- Organisational leaning
- Management support for patient safety
- Feedback and communication about errors
- Communication openness
- Frequency of events reported
- Teamwork across units
- Staffing
- Nonpunitive response to errors
- Handoffs and transitions
- Number of events reported
- Overall perception of patient safety
Why is it important to measure patient safety culture/climate?

- High patient safety culture is associated with fewer;
  - Readmissions
  - Medical errors
  - Urine tract infections
  - Patient satisfaction
  - Nurse satisfaction
  - Nurses’ work motivation

Hofmann and Mark 2006; Hansen et al 2011; Singer and Vogus 2013; Rannus 2015
<table>
<thead>
<tr>
<th>RECaN, Phase 2 HSPSC, Preliminary results</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents characteristics, all four countries</td>
<td>393 (100)</td>
</tr>
<tr>
<td>Professional experience, years</td>
<td></td>
</tr>
<tr>
<td>≤ 5</td>
<td>83 (37)</td>
</tr>
<tr>
<td>6-15</td>
<td>76 (34)</td>
</tr>
<tr>
<td>&gt;15</td>
<td>67 (30)</td>
</tr>
<tr>
<td>Weekly work time, h/week</td>
<td></td>
</tr>
<tr>
<td>≤ 39</td>
<td>136 (60)</td>
</tr>
<tr>
<td>&gt; 39</td>
<td>90 (40)</td>
</tr>
<tr>
<td>Direct contact with patients</td>
<td>208 (93)</td>
</tr>
<tr>
<td>Overall patient safety grade, 0-100</td>
<td>61.3 (18.7)</td>
</tr>
</tbody>
</table>
### RECaN, Phase 2, Preliminary results
Patient Safety Culture Dimensions (HSPSC)

<table>
<thead>
<tr>
<th>Highest rated dimensions</th>
<th>Mean score</th>
<th>Lowest rated dimensions</th>
<th>Mean score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teamwork within units</td>
<td>69.4</td>
<td>Handoffs and transitions</td>
<td>47.9</td>
</tr>
<tr>
<td>Organisational learning</td>
<td>64.8</td>
<td>Staffing</td>
<td>46.6</td>
</tr>
<tr>
<td>Feedback and communication about errors</td>
<td>64.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RECaN, Phase 2, Preliminary results
HSPSC, Differences between countries

• UK cancer nurses rated the patient safety culture significantly higher compared with the other 3 countries (in 8 of 12 dimensions)

% of positive scores:

• NL nurses scored the highest on ’event reported’ and ’communication openness’ and nonpunitive response to errors’

• NL and UK nurses scored higher on ’frequency of event reported’
• German nurses rated the overall patient safety lowest and UK the highest

• Associations between overall patient safety and staffing ($p < .0001$), communication openness ($p = 0.07$), handoffs and transitions ($p = 0.022$), and nonpunitive response to errors ($p = 0.024$)
In summary...

• Differences in patient safety culture between the countries
• Cancer nurses autonomy, status, education and recognition will impact patient safety culture

• Increase availability of education for specialist cancer nurses
• Cancer nursing need to be recognised as a speciality across Europe
Thank you!

- Wendy Oldenmenger, Danny Kelly, Kristi Rannus, Theresa Wiseman, Patrick Crombez, Annette Lanksheer, Anna Olofsson

- The National Cancer Nursing Societies
- ECCO

lena.sharp@sll.se

@sharp_lena