Perspectives from Iceland and Slovenia

The Icelandic Oncology Nursing Society

Halldóra Hálfdánardóttir, of the Icelandic Oncology Nursing Society, provides an insight into the issues for oncology nursing in her country.

Our society totals about 110 members from all parts of the country and Icelandic cancer nurses living abroad. The society was founded in 1996 with the kind support and encouragement of Kathy Redmond, former EONS President.

The society has a board of seven: president, president elect, treasurer, secretary and three board members. Our main role is to promote primary and secondary prevention of cancer, and to increase the quality of nursing care provided to cancer patients and their significant others.

Our main objectives are, for example, to provide consultation to the board and committees of the Icelandic Nurses Association; influence government policies regarding prioritising in healthcare; promote oncology nursing education; promote empowering cancer patient education; encourage collaboration between oncology nurses; promote and encourage collaboration between oncology health care workers, and encourage oncology nursing research and the utilisation of research findings.

Each year, in the autumn, we have a seminar that is dedicated to a specific theme. Sometimes we have a key speaker from abroad. Last year’s themes, for example, were: cancer survivors; pain management; communications; cancer and sexuality.

Cancer care across Iceland

In Iceland, 1,400 people are diagnosed with cancer each year and total of 12,000 are cancer survivors. More than 90% of patients get treatment and care at The National University Hospital of Iceland, Landspítali (LSH), including surgery, chemotherapy, radiation, autologous stem cell transplant, specialised palliative care and rehabilitation.

In LSH, we have the ambition to provide quality care and in order to achieve that we’ve had a number of improvement projects, for example: distress management (screening and guidelines, primarily at the out-patients wards); symptom screening (ESAS); end of life care (Liverpool care pathway); family nursing (Calgary model); pain resource nurse; cancer and sexuality (integrating oncosexology).

Besides LSH, we have two support centers for cancer patients and their families, one is called Ljósíð (The Light) and the other is a part of the Icelandic Cancer Association.

In the past two decades, many important clinical and educational developments have occurred in oncology nursing in Iceland. The increasing prevalence of cancer, improved survival rates, and the majority of patients being treated in all phases of cancer in the out-patient settings, is an important challenge to the health care system. Therefore it is important to maintain competent oncology nurses.
This year is a very important one for the Oncology Nurses Section of Slovenia. In the middle of January we elected the new board members and the new President of the section, Ms Gordana Marinček Gari.

How are we organised? Nurses in Slovenia are joined in one society called the Nurses and Midwives Association of Slovenia which is a professional, non-governmental, non-profit association and also a regulatory body. It is affiliated to the International Council of Nurses (ICN), the International Confederation of Midwives (ICM) and the European Federation of Nurses Associations (EFN). It consists of 11 regional organisations and 31 specialist groups; one of the specialist groups is our Oncology Nurses Section.

The Section was established in 1987 and we have been a member of EONS since 1989. This year, eight new board members were elected for a term of four years. Five members are delegates from the Institute of Oncology Ljubljana and three represent health institutions from other regions of Slovenia. They were chosen to cover special interest areas: surgical oncology, radiotherapy, medical oncology, assessment of pain and palliative care and research.

Issues and challenges
The main issues and challenges are sharing knowledge and best practice and exchanging information and experience. The Section is also involved in the preparation of the educational programme for cancer nurse specialists. One of the main goals is to get the best quality and safe oncology nursing care for patients with cancer no matter which region they are treated in. The Section’s activities are patient oriented, directed toward integration of evidence-based practice, a multiprofessional approach to care, improvement of team organisation and the development of nursing leadership.

We feel it is important to cooperate with similar institutions in Europe, other oncology nurses and members of EONS. We want to be active members and participate in the development of oncology nursing care and in the growth of our profession. If we can contribute to the development of the profession, we do something for our patients and also for ourselves.