

EONS Cancer Nursing Index 2022-2025©

National profile: Ireland

The EONS Cancer Nursing Index (ECNI) was developed by the EONS Advocacy Working Group to illustrate the development and status of this profession in Europe. The index (with scores from 0-100) covers the following dimensions: Education and Career Development, Patient and Occupational Safety, Recognition, Working Conditions and Impact and Workforce statistics.

The first ECNI survey, conducted in 2020, gathered responses from more than 650 cancer nurses across 42 European countries. ECNI 2020 offered a unique overview of the status of cancer nursing across Europe, highlighting both common challenges and country-specific variations. The data have since been presented at multiple international meetings and used to support advocacy for improved education, safety, and recognition of cancer nurses. In 2022, the ECNI 2022 update gathered responses from 630 nurses in 29 countries. This iteration placed greater focus on local workplace settings and included additional questions addressing the impact of the Covid-19 pandemic and staffing levels. The ECNI 2025 builds on the 2022 findings with a special focus on working conditions and safety in cancer nursing, both key concerns raised in previous editions.

The Index is based on:

1. EONS Survey on Patient and Occupational Safety (anonymous survey among cancer nurses, 2025 respectively)
2. Work force statistics (obtained from ec.europe.eu/Eurostat and OECD in 2023).

A scoring system was developed to reflect the level of development for the different Index dimensions/items. For items with a variety of responses from the same country, the most frequently reported response was used. The purpose of the Index is primarily not to rank some countries as better than others, moreover, to illustrate cancer nursing profiles, differences and areas in need of development. The Index could be used to aid the development of cancer nursing in each country as well as for general European progress. The ECNI offers a snapshot of the status in cancer nursing across Europe, reported by the profession. The results largely depend on number of and profiles of responses from each country.

More information on ECNI including national profiles for each country can be found on

<https://www.cancernurse.eu/ecni>

Dimension/item	Maximum score	Score 2022	Score 2025	Comments
OVERALL SCORES	100	72	72	
EDUCATION AND CAREER DEVELOPMENT (5 items presented below)	23	23	23	
Specialist education at university level	5	5	5	
EONS Cancer Nursing Framework recognized and supported	5	5	5	
Master programs in cancer nursing	4	4	4	

Advanced cancer nursing roles established	5	5	5	
Professors in cancer nursing	4	4	4	
PATIENT AND OCCUPATIONAL SAFETY (8 items presented below)	36	21	22	
Safety guidelines (hazardous drugs) available	5	2	5	
Guidelines during pregnancy (hazardous drugs)	5	2	2	To obtain the highest scores (5) for this item all responding nurses should have reported that guidelines are in place at all workplaces.
Pregnant and /or breastfeeding women assigned other tasks that don't involve direct contact with cytotoxic/radioactive drugs	5	2	2	To obtain the highest scores (5) for this item all responding nurses should have reported that pregnant/breast feeding women are forbidden to perform task with risks for exposure to cytotoxic/radioactive drugs at all workplaces.
Systematic testing for occupational exposure (surface swipes)	3	2	0	
Speak-up or whistle blower policy implemented for all members of staff	3	2	5	
Access to cytotoxic spillage kit and PPE	5	5	2	To obtain the highest score (5) for this item, formal education should have been reported by all responding nurses to be obligatory before managing cytotoxic drugs at all workplaces.
Formal training before administering cytotoxic drugs	5	2	4	Various responses for 2022 To obtain the highest score (5) for this item, formal education should have been reported by all responding nurses to be obligatory before managing cytotoxic drugs at all workplaces.
Nurses not preparing cytotoxic drugs	5	4	2	
WORKING CONDITIONS AND THE IMPACT ON CANCER CARE (4 items presented below)	20	14	12	
Level of adherence to European Working Time Directive (EWTd)	5	4	4	
Risk of negative consequences if asking for alternative duties pregnancy/breast feeding	5	2	2	To obtain the highest scores (5) for this item all responding nurses should have reported that that pregnant/breast feeding women do not face negative consequences if asking for alternative duties
To what extent hospital beds are closed due to cancer nursing shortages	5	4	2	'It happens every week'
To what extent cancer treatments were delayed due to cancer nursing	5	4	4	'It happens every month'
RECOGNITION (4 items presented below)	18	11	12	
Does the country have a cancer nursing society?	5	5	4	
Does the country have a national cancer plan that includes nursing care?	3	3	2	

Does your workplace/center have Board positions dedicated for cancer nursing?	5	1	2	
To what extent is nurse-led cancer care implemented in your workplace/center?	5	2	4	
WORK FORCE STATISTICS (1 item)	3	3	3	
Number of practicing nurses/1000 citizens (www.europe.eu/Eurostat and OECD)	3	3	3	

Strengths and recommendations for improvements

Overall, Ireland total score remains on the same level (total score 72) comparing with ECNI2022. Other countries with the similar total score were Belgium (total score 71), Greece (total score 71) and United Kingdom (total score 67). Ireland continues to hold maximum score for Education and Career Development dimension. Congratulations!

Scores for Patient and Occupational Safety are stable. All responding Irish cancer nurses reported that safety guidelines for handling of hazardous drugs are fully exercised, however, specific guidelines for reducing the risks of exposure during planned/pregnancy/breast feeding need further improvement. On the positive side, all responding nurses reported that speak-up/ whistle blower policy was implemented for all members of staff.

Scores for Working Conditions and the Impact on Cancer Care dimensions were lower compared with ECNI2022. Irish cancer nurses reported that safety guidelines for handling of hazardous drugs are not fully exercised. Pregnant/breast feeding women were reported to continuing to perform task with potential risks for exposure to hazardous drugs and risk negative consequences if asking for alternative duties. Sadly, in ECNI2025, more Irish nurses reported that, they are still involved in preparation of hazardous drugs, whereas in majority of European countries those tasks are performed by pharmacists in strictly controlled environment. If systematic wipe testing for occupational exposure was performed and sufficient training provided to staff before administering hazardous drugs, the scores would also have been higher.

The Workforce Statistics dimension remained unchanged, reflecting one of the highest numbers of practicing nurses per 1,000 inhabitants compared with many other European countries.

Finally, if all Irish cancer centers had a dedicated board nursing position and if nurse-led cancer care were reported to be implemented and recognized on a national level, the scores for the next revision of the Index should be higher.

