

EONS Cancer Nursing Index 2022-2025©

National profile: Türkiye

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 county can be found on

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

Dimension/item	Maximum score	Score 2022	Score 2025	Comments
OVERALL SCORES	100	68	61	
EDUCATION AND CAREER DEVELOPMENT (5 items presented below)	23	13	16	
Specialist education at university level	5	2	5	
EONS Cancer Nursing Framework recognized and supported	5	5	3	
Master programs in cancer nursing	4	4	4	

Advanced cancer nursing roles established	5	2	0	
Professors in cancer nursing	4	0	4	
PATIENT AND OCCUPATIONAL SAFETY (8 items presented below)	36	28	19	
Safety guidelines (hazardous drugs) available	5	5	2	To obtain the highest scores (5) for this item all responding nurses should have reported that guidelines are in place at all workplaces.
Guidelines during pregnancy (hazardous drugs)	5	5	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	5	2	'Sometimes' 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	0	3	
Speak-up or whistle blower policy implemented for all members of staff	3	3	2	
Access to cytotoxic spillage kit and PPE	5	5	2	To obtain the highest scores (5) for this item all responding nurses should have reported that cytotoxic spillage kit and PPE are available at all workplaces.
Formal training before administering cytotoxic drugs	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.
Nurses not preparing cytotoxic drugs	5	0	4	
WORKING CONDITIONS AND THE IMPACT ON CANCER CARE (4 items presented below)	20	14	16	
Level of adherence to European Working Time Directive (EWTD)	5	0	4	
Risk of negative consequences if asking for alternative duties pregnancy/breast feeding	5	5	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	5	5	'It never happens'
To what extent cancer treatments were delayed due to cancer nursing	5	4	5	'It never happens'
RECOGNITION (4 items presented below)	18	13	10	
Does the country have a cancer nursing society?	5	5	5	
Does the country have a national cancer plan that includes nursing care?	3	3	3	
Does your workplace/center have Board positions dedicated for cancer nursing?	5	0	2	

To what extent is nurse-led cancer care implemented in your workplace/center?	5	5	0	
WORK FORCE STATISTICS (1 item)	3	0	0	
Number of practicing nurses/1000 citizens (www.europe.eu/Eurostat and OECD)	3	0	0	

Strengths and recommendations for improvements

The total score for Türkiye in ECNI2025 (total score 61) was lower comparing with results from ECNI2022 (total score 68). Other countries with similar total score were the UK (total score 67), Italy (total score 65), Spain (total score 65), Sweden (total score 65), and Finland (total score 64).

An improvement was reported in Education and Career Development and Working Conditions and the Impact on Cancer Care. Scores in the Education and Career Development dimension could have been even higher if the EONS Cancer Nursing Education Framework was more widely known among the responding cancer nurses in the ECNI2025 and if advanced cancer nursing roles were more widely established. The European Working Time Directive (EWTD) compliance score improved from 0 in the previous year to 4 this year, indicating a substantial improvement in adherence to working time directives for cancer nurses.

The scores would have been higher for Patient and Occupational Safety dimensions, if all cancer centers had implemented comprehensive measures, including the availability of hazardous drug safety guidelines, pregnancy-specific guidance, alternative duties for pregnant and/or breastfeeding staff, systematic occupational exposure monitoring (surface wipe testing), and adequate access to cytotoxic spillage kits and personal protective equipment (PPE), and whistleblower policies. Moreover, if all cancer centers had a dedicated board nursing position and further expanded nurse-led cancer care practices, Türkiye could have achieved a higher score in the Recognition domain.

Finally, Turkey continues to have a lower number of practicing nurses compared with most countries in the ECNI. Despite this, cancer nurses in Türkiye report that hospital beds never close or that cancer treatments are not delayed due to nursing shortage.

EONS Advocacy Working Group, July 2026