



EONS STRATEGY 2024-2028

Table of Contents

- Introduction 2**
- Background 3**
- EONS Strategy Update Process 2022-2023 8**
- EONS Strategy for 2024-2028 8**
 - EONS Values for 2024-2028 8**
 - EONS Vision for 2024-2028 8**
 - EONS Mission for 2024-2028 9**
- Strategic Priorities and Objectives for 2024-2028 10**
- References 12**

Introduction

The European Oncology Society (EONS), established in 1984, with a current membership more than 25 000 nurses from all over Europe ([EONS website](#)) serves as a European umbrella organisation committed to providing leadership and expertise in all aspects of cancer nursing, including practice, education, research, communication and advocacy for cancer nurses. NGOs (Non-governmental organisations) such as EONS play a vital role in bridging the gap between institutions and people affected by cancer and facilitating communication at both the national and European level. EONS aims to promote recognition of cancer nursing and excellence in cancer care throughout Europe in order to improve and ensure sustainable quality care for people affected by cancer. With members in 33 countries across the broader geographical region of Europe, EONS achieves its strategic goals and initiatives through its C.A.R.E plan and the efforts of its working groups – Communication, Advocacy, Research, Education and Early Career Nurses (including the Young Cancer Nurses ambassadors network) – and its individual and national society members. We are committed to supporting accessible education, promoting the importance of quality cancer care and advocating for the needs of people affected by cancer. EONS actively engages in activities that aim to raise awareness around various health issues, communicate and disseminate information, build capacity, provide training, and foster expert collaboration and networking. The EONS Working Groups and Young Cancer Nurses ambassadors Network drive much of the important work that EONS does to support cancer nurses and increase the status of cancer nursing.

EONS highly values the input of its volunteer board, working groups and task group members. The EONS Board, national oncology nursing societies and individual members, as well as close collaboration with international cancer societies, provide valuable support to the operation of EONS in its work to support the advancement of cancer nursing practice and support people affected by cancer and their families/caregivers. EONS strives to be a great place to work and collaborate with cancer nursing experts, national oncology nursing societies and stakeholders across the European continent.

EONS' position is that a cancer nurse is a qualified registered nurse who has the authority and full responsibility to provide essential nursing care to people affected by cancer. This care is based upon their evidence-based, specialised, ethical and personal knowledge and skills. Cancer nurses are fully accountable in all settings where people with cancer are cared for and across the cancer care continuum for all nursing services and associated patient outcomes provided under their direction. (EONS, 2022)

Background

Cancer is one of the most prevalent diseases in developed societies worldwide. Without immediate attention, the number of cancer cases is projected to increase by 24 percent by the year 2035, according to the European Union (EU) Cancer Mission 2020 ⁽²⁾. The EU Beating Cancer Plan, published in 2021, highlights the fact that Europe urgently needs a renewed commitment to cancer prevention, treatment and care, recognising the growing challenges and opportunities to overcome them, including developments in cancer care ⁽³⁾. The rising number of people affected by cancer will pose a significant challenge for public health and will have a profound impact on the lives of many individuals. Cancer affects all population groups. The ‘care across the lifespan’ approach in healthcare reflects upon, and adapts to, changes in demographics, society and the expectations of individuals and societies. A lifespan perspective recognises that changes in physical, cognitive and social domains are all influential in cancer nursing practice. Nurses interact with people at every point of their lifespan ⁽¹⁾.

EONS has become an important organisation in implementing the EU Cancer Mission ⁽²⁾ and EU Beating Cancer Plan ⁽³⁾ by engaging with EU co-funded projects and participation in policy discussions around the implementation. Furthermore, the ageing population and growing cancer burden in Europe also means that even more nurses will be needed in the near future ⁽⁴⁾ highlighting the need to address issues on nursing workforce retention, migration and turnover.

According to the World Health Organization ⁽⁵⁾, between 30% and 50% of cancer cases could be prevented by avoiding risk factors and implementing existing evidence-based prevention strategies through early detection of cancer and appropriate treatment of people with cancer. The cancer care continuum encompasses all stages from prevention to survivorship and rehabilitation, or palliative care ⁽⁶⁾. Cancer survival is increasingly becoming a point of reference as people with cancer live longer with a cancer diagnosis or in many cases, live beyond cancer but still face long-term or permanent treatment-induced adverse events. Cancer is increasingly seen as a long-term condition and the role of healthcare services outside hospitals is developing.

As the largest group of healthcare providers (> 50%), nurses interact with people throughout their lifespan more than any other profession (7). There is evidence that demonstrates the benefits of well-educated nurses for more positive healthcare outcomes for patients (8-10). It is important to recognise that cancer care is a highly specialised field of nursing practice, which requires a higher level of training and competence, beyond undergraduate nursing education (11,12). Nurses are often the first point of contact for people affected by cancer within the healthcare system and play a pivotal role in cancer care and services (13). Nursing incorporates a number of several different roles that nurses assume as part of their practice, many of which occur simultaneously, an aspect that reflects the diverse nature of the profession (14). Nurses working in cancer care are members of the healthcare team at the frontline and essential in care coordination for people affected by cancer throughout the cancer care continuum, from diagnosis to survivorship, and across treatment settings (6, 15, 16).

The role of cancer nursing will continue to evolve as research on care expands (17). Cancer nursing has evolved to meet the demands of rising cancer incidence, newer and more complex treatment options, and the emergence of specialist roles supporting people at risk of, living with, and after cancer (16). There is a growing body of evidence that care delivered by cancer nurses has a positive impact on quality of care and patient outcomes (18-21). However, lack of access to continuing education, lack of recognition, and workforce issues regarding retention and well-being at work have been raised (11, 16, 22). A recent rapid review by Dowling has highlighted the importance of technology in improving the health outcomes of people affected by cancer and their caregivers. Other recurring research priorities were focused on symptom management, culturally sensitive palliative and psychosocial care, early/integrated palliative care, financial toxicity, modifiable risk factors related to social determinants of health, public and patient involvement in research, and cancer nurses' well-being and scope of practice. (23)

To provide quality care and research, cancer centres need competent, healthy, motivated and committed staff (22). To mitigate workforce shortages, specialist education and healthy, safe working conditions are needed to ensure that nursing and cancer nursing are seen as attractive professions (7, 24). Person- and family-centered integrated cancer care and optimal communication are essential components of cancer nursing care, which can only be achieved by investment in quality cancer nursing education (6). Furthermore, identifying sustainable solutions for managing well-being at work and investing in healthy work environments is a necessity for future healthcare (25).

Nurses are well positioned to have a significant influence on the processes and outcomes of cancer care, through practice, education, research, policy, and leadership ⁽¹⁶⁾. Caring for an aging population, transitioning from the overreliance on acute care to managing population health, achieving health equity, reducing health care's impact on climate change, and navigating through global endemic infections such as COVID-19 are all relevant issues in addition to the increasingly pressing concern of the nursing workforce shortage ⁽²⁶⁾. Furthermore, nursing and cancer care face challenges arising from under-investment in services and underrepresentation of nursing in decision-making. Strong cancer nursing leadership is needed to overcome the challenges caused by the workforce shortages, restricted resources, historic and ongoing under-recognition of nursing, unsafe working conditions and unequal access to education ⁽²²⁾. There are numerous transformational changes occurring in healthcare for which nurses, because of their education, skills and understanding of the person with cancer, are excellently positioned to contribute to and lead. These changes are often the result of economic challenges, an aging population, the increase in people living with long-term illness and complex care requirements. ⁽¹⁴⁾

There is consensus that specialist education in cancer nursing should be competence based ⁽¹⁾. However, throughout Europe, there remains little agreement regarding the specialist role of cancer nurses, and the elements of education and training which are required for specialisation and the continued growth of the profession ^(18, 20, 27). There are economic and linguistic disparities throughout the European region presenting further barriers to specialist education, hindering mobility and access to specialist training ⁽²⁸⁾. Furthermore, there is also a lack of cross-recognition of professional registrations between countries within Europe ⁽²⁷⁾. This has implications not only in Europe, but across the world, and particularly in low and middle-income countries, where the burden of cancer is growing and deficits in the nursing workforce will be most significant ^(11, 29, 30).

To improve the state of cancer nursing and the working conditions of the cancer nursing workforce, nursing leadership practices need to be embraced on all governance levels in clinical practice, academia and professional organisations such as EONS ⁽²²⁾.

When nursing leadership is enacted, positive patient, care provider and system outcomes are demonstrated ⁽²⁴⁾. Furthermore, improvements in population health and well-being have been, and will continue to be, realised through the innovation and inspiration of the nursing profession ⁽⁵⁾ Continued advancement of

cancer nursing with a critical focus on identifying and addressing inequities in role recognition and access to specialist cancer nursing education are needed throughout Europe. Partnership, exchange of learning, and co-design are central to progressing education, evidence and policy to support future growth in the cancer nursing workforce and embed cancer nurses in research and policy settings at local, national and international levels. ⁽¹⁶⁾

Nursing expertise and healthy and safe working conditions can create a positive professional practice environment to support the transformation of cancer nursing, deliver more resilient healthcare systems and develop retention strategies ⁽³¹⁾. The workforce itself is also under transition as the future workforce is increasingly shaped by Generation Y and Z nurses and the disruptive forces of endemics/pandemics. Therefore, strategic planning for a different workforce needs to address the wide use of nursing expertise and the creation of positive work environments ⁽²⁶⁾. Communication, advocacy, research and education in cancer nursing are intertwined. Cancer nurses can lead, develop and evaluate policy options within organisations and foster political dialogue at national and global levels to improve cancer care. Furthermore, the best advocates for quality cancer care can be the people affected by cancer and cancer patient organisations ^(11, 32). As frontline healthcare professionals, cancer nurses are ideally placed to harness the voices of people affected by cancer effectively and raise awareness of their needs and concerns and those of cancer nurses. This highlights the crucial role of collaboration between patient and cancer nursing organisations to influence policymakers at community, government and global organisational levels and to strive to achieve value-based healthcare. ⁽¹¹⁾

Setting the direction fundamentally begins with creating a vision. Professional oncology nursing organisations must aim to influence policy through advocacy strategies and positioning cancer nursing leaders on boards, in decision-making groups and key leadership positions ⁽²⁴⁾. This calls for closer collaboration with global oncology nursing NGOs in the future. Political leadership is needed to initiate and maintain progress and intellectual leadership to support engagement in local implementation of national policies and drive change. A coherent vision from leaders at different levels of the system and clinical leadership for translating policy into actions is needed ⁽³³⁾. Professional oncology nursing organisations can play an important role in bringing together academics, researchers, clinicians, educators and patient representatives to work more closely together to advance evidence-based cancer nursing practice, promote cancer nurses' opportunities to practice to their full scope, create systems of care that optimally align nurses with the needs of people affected by cancer and demonstrate the impact on care ^(17, 24).

Globally, cancer nurses make a positive difference to cancer care; their crucial contribution throughout the cancer care continuum warrants the inclusion and promotion of nursing in every country's cancer strategy⁽³⁴⁾. However, although nurses are the largest group of healthcare professionals across the world, they are the least represented in leadership positions and decision-making. Therefore, professional oncology nursing organisations must aim to influence policy through advocacy strategies, advocating for cancer nursing leaders to be represented on boards across healthcare organisations, in decision-making groups and other similar key leadership positions. Cancer nursing leaders are the drivers for quality cancer care and the enablers of transformation in care and improvement in the working conditions of the cancer nurse workforce^(22, 24).

National nursing societies, together with European nursing societies such as EONS, can provide support in leadership development, mentoring programmes, and opportunities for professional development. Societies also need to be active in influencing policy, decision-making and transforming healthcare for the future. Workforce capacity-building for cancer nurses needs to be fundamentally underpinned by initiatives that enhance equal access to basic and specialist nurse education, professional development, healthy and safe work environments, resulting in quality improvement in cancer care across Europe.

Three key strategies are required to promote equity in nursing education, particularly at graduate level: 1) enhanced accessibility of education, 2) recognition of specialist cancer nursing qualifications, 3) development and co-design of open access education for cancer nurses⁽¹⁶⁾.

To be successful and reflect the needs of the cancer nursing community, the EONS strategy needs to engage a wide range of internal and external stakeholders' views. We should think boldly, imagining a Europe where nurses caring for people affected by cancer find meaning and joy in their work; are fully able to apply their knowledge and expertise; enjoy partnership and collaboration with nursing/multidisciplinary teams and the whole European and global cancer nursing community. Europe, where the health system fluidly manages both the onboarding and retirement of nurses, must support those entering the profession in the growth in mastery of their practice.

EONS Strategy Update Process 2022-2023

The process of updating the EONS strategy for 2024-2028 included several phases of consultation with key stakeholders, including workshops and consultations with the EONS Board, EONS team, EONS Advisory Council, Working Groups and EONS members. The updated strategy was introduced at the EONS General Meeting in June 2023.

EONS Strategy for 2024-2028

EONS values need to be central to our activities, to our thinking and to the implementation of the strategy. The values inform and influence how our expertise and actions are expressed in concrete behaviour in EONS.

EONS Values for 2024-2028

EONS' core values are equity, integrity, diversity, inclusiveness, responsibility and respectfulness. The core strength of EONS comes from its members and team, who are committed to advancing cancer nursing and care, through better healthcare systems, research, education, advocacy and investment in healthy and safe work environments, and to sustainable and quality care for people affected by cancer across their lifespan.

EONS Vision for 2024-2028

Our vision is that people affected by cancer are cared for by specialist cancer nurses across Europe. We envisage cancer nurses becoming confident and empowered, operating as leaders in practice, research, education and policy within the multidisciplinary cancer care setting. We envision a Europe where the health system fluently manages the onboarding of early career nurses and nurses at all career stages.

More precisely, we want to see nurses:

- finding meaning and satisfaction in safe and rewarding work environments
- able to practice to the full extent of their expertise
- enjoying partnership and collaboration with nursing teams, multidisciplinary teams and the European and international cancer nursing communities.

EONS Mission for 2024-2028

Our mission is to provide leadership to ensure that all people affected by cancer benefit from the care of educated and competent cancer nurses. We bring together clinicians, academics, policy makers and patient advocates in order to advance evidence-based cancer nursing and the care of people affected by cancer, and to empower and enable cancer nurses to practice safely and to the full extent of their expertise.

Strategic Priorities and Objectives for 2024-2028

The EONS strategy is implemented through the C.A.R.E plan (Communication, Advocacy, Research and Education) by the EONS Board, management team and working groups who focus on:

Strategic priority: Practice

Promote organizational structures that supports sustainable capacity building in cancer nursing and encourages cancer nurses to maintain a personal and professional balance.

Provide tools and resources to empower nurses to advocate for the integration of principles of evidence-based, person- and family-centered cancer care.

Advocate for and with patients affected by cancer and empower people who need a stronger voice by enabling them to express their needs and make their own decisions.

Strategic priority: Research

Sustain engagement with contemporary evidence, to ensure its effective use in research, education, and advocacy activities.

Conduct rigorous research to generate and disseminate new evidence to address knowledge gaps, and advance cancer nursing as a specialist area of practice.

Build capacity and provide opportunities for nurses to learn, network and develop research literacy (knowledge, confidence, and awareness), skills and experience.

Strategic priority: Education

Promote the recognition of cancer nursing as a specialty across Europe through communication, advocacy, research, and education.

Improve cancer nurses' access to flexible, fit for purpose, evidence-based education.

Support education programmes that are aligned to the EONS Cancer Nursing Education Framework and their translation into cancer nursing practice across Europe.

Strategic priority: Leadership and Management

Empower nursing-driven leadership to implement multidisciplinary service across the cancer care continuum.

Lead efforts addressing existing disparities in cancer nursing communities at all levels by influencing policy.

Support a culture of wellness and safety in the work environments of cancer nurses.

Strategic priority: Sustainable EONS

Stay informed about current and future cancer nursing trends and needs; determine and allocate resources and finances to provide the best outcomes for all cancer nurses EONS represents.

Identify areas relevant to the organisation's sustainability and prioritize its core activities while developing innovation as a not-for-profit organisation.

Continue initiatives to seek various funding opportunities with support from the EONS Board.

Enhance the collaborative system for working groups to be engaged in helping to achieve EONS' strategic and organizational goals.

References

1. European Oncology Nursing Society (2022). Cancer Nursing Education Framework. 5th edition. Available at <https://cancernurse.eu/education/cancer-nursing-education-framework/>
2. EU Cancer Mission (2020). Available at https://research-and-innovation.ec.europa.eu/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe/eu-missions-horizon-europe/eu-mission-cancer_en
3. European Commission (2021). Europe's Beating Cancer Plan: A new EU approach to prevention, treatment and care. Available at https://ec.europa.eu/commission/presscorner/detail/en/IP_21_342
4. Ferlay, J., Colombet, M., Soerjomataram, I., Dyba, T., Randi, G., Bettio, M., Gavin, A., Visser, O., & Bray, F. (2018). Cancer incidence and mortality patterns in Europe: Estimates for 40 countries and 25 major cancers in 2018. *European journal of cancer (Oxford, England : 1990)*, 103, 356–387. <https://doi.org/10.1016/j.ejca.2018.07.005>
5. World Health Organisation (2020). State of the world's nursing 2020: investing in education, jobs and leadership. World Health Organization. Available at <https://apps.who.int/iris/handle/10665/331677>
6. Young, A. M., Charalambous, A., Owen, R. I., Njodzeka, B., Oldenmenger, W. H., Alqudimat, M. R., & So, W. K. W. (2020). Essential oncology nursing care along the cancer continuum. *The Lancet. Oncology*, 21(12), e555–e563. [https://doi.org/10.1016/S1470-2045\(20\)30612-4](https://doi.org/10.1016/S1470-2045(20)30612-4)
7. World Health Organisation (2022). Cancer. Fact sheet. Available at https://www.who.int/health-topics/cancer#tab=tab_1
8. Aiken, L. H., Sermeus, W., Van den Heede, K., Sloane, D. M., Busse, R., McKee, M., Bruyneel, L., Rafferty, A. M., Griffiths, P., Moreno-Casbas, M. T., Tishelman, C., Scott, A., Brzostek, T., Kinnunen, J., Schwendimann, R., Heinen, M., Zikos, D., Sjetne, I. S., Smith, H. L., & Kutney-Lee, A. (2012). Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ (Clinical research ed.)*, 344, e1717. <https://doi.org/10.1136/bmj.e1717>
9. Aiken, L. H., Sloane, D., Griffiths, P., Rafferty, A. M., Bruyneel, L., McHugh, M., Maier, C. B., Moreno-Casbas, T., Ball, J. E., Ausserhofer, D., Sermeus, W., & RN4CAST Consortium (2017). Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care. *BMJ quality & safety*, 26(7), 559–568. <https://doi.org/10.1136/bmjqs-2016-005567>
10. Ball, J. E., Bruyneel, L., Aiken, L. H., Sermeus, W., Sloane, D. M., Rafferty, A. M., Lindqvist, R., Tishelman, C., Griffiths, P., & RN4Cast Consortium (2018). Post-operative mortality, missed care and nurse staffing in nine countries: A cross-sectional study. *International journal of nursing studies*, 78, 10–15. <https://doi.org/10.1016/j.ijnurstu.2017.08.004>
11. Challinor, J. M., Alqudimat, M. R., Teixeira, T. O. A., & Oldenmenger, W. H. (2020). Oncology nursing workforce: challenges, solutions, and future strategies. *The Lancet. Oncology*, 21(12), e564–e574. [https://doi.org/10.1016/S1470-2045\(20\)30605-7](https://doi.org/10.1016/S1470-2045(20)30605-7)

12. Ross, J. G., & Burrell, S. A. (2018). Standardized Patient Simulation to Facilitate Learning in Evidence-Based Oncology Symptom Management. *The Journal of nursing education*, 57(4), 250–253. <https://doi.org/10.3928/01484834-20180322-12>
13. Mitema, A., Maree, L., & Young, A. (2019). Cancer treatment in Africa: the importance of the role of nursing. *Ecancermedicalscience*, 13, 944. <https://doi.org/10.3332/ecancer.2019.944>
14. Charalambous, A. (2023). Theoretical Frameworks of Leadership in Nursing: Critical Reflections. *Seminars in oncology nursing* 39(1),151362. doi: <https://doi.org/10.1016/j.soncn.2022.151362>
15. Estrella, J., Sullivan, H., Febryani, I., Vaughn, J., Villamin, C., & Bowman, G. (2018). Clinical Nurse Leader: Evolution of the Role in Oncology Care. *Clinical journal of oncology nursing*, 22(4), 457–459. <https://doi.org/10.1188/18.CJON.457-459>
16. Drury, A., Sulosaari, V., Sharp, L., Ullgren, H., De Munter, J., Oldenmenger, W. (2023). The Future of Cancer Nursing in Europe: addressing professional issues in education, research, policy and practice. *European journal of oncology nursing*. <https://doi.org/10.1016/j.ejon.2023.102271>
17. Cummings, G. G., Lee, S. D., & Tate, K. C. (2018). The evolution of oncology nursing: Leading the path to change. *Canadian oncology nursing journal = Revue canadienne de nursing oncologique*, 28(4), 314–317. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6516934/>
18. Campbell, P., Torrens, C., Kelly, D., Charalambous, A., Domenech-Climent, N., Nohavova, I., Östlund, U., Patiraki, E., Salisbury, D., Sharp, L., Wiseman, T., Oldenmenger, W., & Wells, M. (2017). Recognizing European cancer nursing: Protocol for a systematic review and meta-analysis of the evidence of effectiveness and value of cancer nursing. *Journal of advanced nursing*, 73(12), 3144–3153. <https://doi.org/10.1111/jan.13392>
19. Charalambous, A., Wells, M., Campbell, P., Torrens, C., Östlund, U., Oldenmenger, W., Patiraki, E., Sharp, L., Nohavova, I., Domenech-Climent, N., Eicher, M., Farrell, C., Larsson, M., Olsson, C., Simpson, M., Wiseman, T., & Kelly, D. (2018). A scoping review of trials of interventions led or delivered by cancer nurses. *International journal of nursing studies*, 86, 36–43. <https://doi.org/10.1016/j.ijnurstu.2018.05.014>
20. Kelly, D., Campbell, P., Torrens, C., Charalambous, A., Östlund, U., Eicher, M., Larsson, M., Nohavova, I., Olsson, C., Simpson, M., Patiraki, E., Sharp, L., Wiseman, T., Oldenmenger, W., Wells, M. (2022). The effectiveness of nurse-led interventions for cancer symptom management 2000–2018: A systematic review and meta-analysis. *Health Sciences Review* 4, 100052. <https://doi.org/10.1016/j.hsr.2022.100052>
21. Tuominen, L., Stolt, M., Meretoja, R., & Leino-Kilpi, H. (2019). Effectiveness of nursing interventions among patients with cancer: An overview of systematic reviews. *Journal of clinical nursing*, 28(13-14), 2401–2419. <https://doi.org/10.1111/jocn.14762>
22. Sulosaari, V., Kosklin, R., & De Munter, J. (2022). Nursing Leaders as Visionaries and Enablers of Action. *Seminars in oncology nursing*, 151365. Advance online publication. <https://doi.org/10.1016/j.soncn.2022.151365>
23. Dowling, M., Efstathiou, N., Amanda, D., Cherith, S., Fernández-Ortega, P., Brochstedt Dieperink, K., Pape, E., Kotronoulas, G., Miguel, S., Colomer-Lahiguera, S., Bağçivan, Gü. (2023) Cancer nursing research priorities: A rapid review, *European Journal of Oncology Nursing*, doi: <https://doi.org/10.1016/j.ejon.2023.102272>

24. Truant, T., & Chan, R. J. (2017). Future ready: Strengthening oncology nursing leadership in the context of professional oncology nursing organizations. *Canadian oncology nursing journal = Revue canadienne de nursing oncologique*, 27(1), 2–4. Available at <https://canadianoncologynursingjournal.com/index.php/conj/article/view/750>
25. Nowrouzi, B., Lightfoot, N., Larivière, M., Carter, L., Rukholm, E., Schinke, R., & Belanger-Gardner, D. (2015). Occupational Stress Management and Burnout Interventions in Nursing and Their Implications for Healthy Work Environments: A Literature Review. *Workplace health & safety*, 63(7), 308–315. <https://doi.org/10.1177/2165079915576931>
26. Weston M. J. (2022). Strategic Planning for a Very Different Nursing Workforce. *Nurse leader*, 20(2), 152–160. <https://doi.org/10.1016/j.mnl.2021.12.021>
27. Kelly, D., Lankshear, A., Wiseman, T., Jahn, P., Mall-Roosmäe, H., Rannus, K., Oldenmenger, W., & Sharp, L. (2020). The experiences of cancer nurses working in four European countries: A qualitative study. *European journal of oncology nursing : the official journal of European Oncology Nursing Society*, 49, 101844. <https://doi.org/10.1016/j.ejon.2020.101844>
28. Drury, A., Diez de Los Rios, C., (2021). The Education, Training & Support Needs of Young Cancer Nurses. *Abstract. Onc Nurs Forum* 48, 34-35. Available at <https://ons.confex.com/ons/2021/meetingapp.cgi/Paper/9726>
29. Azad, A., Min, J. G., Syed, S., & Anderson, S. (2020). Continued nursing education in low-income and middle-income countries: a narrative synthesis. *BMJ global health*, 5(2), e001981. <https://doi.org/10.1136/bmjgh-2019-001981>
30. Duncan, K., Cira, M. K., Barango, P., & Trimble, E. L. (2019). Challenges and opportunities in the creation and implementation of cancer-control plans in Africa. *Ecancermedicalscience*, 13, 938. <https://doi.org/10.3332/ecancer.2019.938>
31. Bahlman-van Ooijen, W., Malfait, S., Huisman-de Waal, G., & Hafsteinsdóttir, T. B. (2023). Nurses' motivations to leave the nursing profession: A qualitative meta-aggregation. *Journal of advanced nursing*, 10.1111/jan.15696. Advance online publication. <https://doi.org/10.1111/jan.15696>
32. Souliotis, K., Peppou, L. E., Agapidaki, E., Tzavara, C., Debiais, D., Hasurdjiev, S., & Sarkozy, F. (2018). Health democracy in Europe: Cancer patient organization participation in health policy. *Health expectations : an international journal of public participation in health care and health policy*, 21(2), 474–484. <https://doi.org/10.1111/hex.12638>
33. Morris, M., Seguin, M., Landon, S., McKee, M., & Nolte, E. (2021). Exploring the Role of Leadership in Facilitating Change to Improve Cancer Survival: An Analysis of Experiences in Seven High Income Countries in the International Cancer Benchmarking Partnership (ICBP). *International journal of health policy and management*, 11(9), 1756–1766. Advance online publication. <https://doi.org/10.34172/ijhpm.2021.84>
34. Soukup, T., Lamb, B. W., Arora, S., Darzi, A., Sevdalis, N., & Green, J. S. (2018). Successful strategies in implementing a multidisciplinary team working in the care of patients with cancer: an overview and synthesis of the available literature. *Journal of multidisciplinary healthcare*, 11, 49–61. <https://doi.org/10.2147/JMDH.S117945>