

# RECaN, Phase 2

## Comparing cancer nursing in 4 European countries



# 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

The background of the slide is a photograph of a city at night. A prominent church spire with a cross on top is visible in the upper center. To the right, a lighthouse is visible against the dark sky. The city lights and buildings are visible in the lower half of the image, creating a warm, orange and yellow glow.

- ◆ 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 learning
- 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*

RECaN, Phase 2 HSPSC, Preliminary results		n (%)
Respondents characteristics, all four countries		393 (100)
Professional experience, years	≤ 5	83 (37)
	6-15	76 (34)
	>15	67 (30)
Weekly work time, h/week	≤ 39	136 (60)
	> 39	90 (40)
Direct contact with patients		208 (93)
		mean (SD)
Overall patient safety grade, 0-100		61.3 (18.7)







## RECaN, Phase 2, Preliminary results

### Patient Safety Culture Dimensions (HSPSC)

Highest rated dimensions	Mean score	Lowest rated dimensions	Mean score
Teamwork within units	69.4	Handoffs and transitions	47.9
Organisational learning	64.8	Staffing	46.6
Feedback and communication about errors	64.5		



## **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 ( $p = .007$ ), handoffs and transitions ( $p = .022$ ), and nonpunitive response to errors ( $p = .024$ )



# 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!

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[lena.sharp@sll.se](mailto:lena.sharp@sll.se)



@sharp\_lena