

Recognising Cancer Nursing in Europe: challenges and opportunities

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Cancer nursing today

- ▶ Provide expert care, co-ordination, treatment and psychosocial interventions; beyond the biomedical.
- ▶ Work within complex MDT models, promoting patient wellbeing, innovation & safety
- ▶ Work across hospital and community sectors at all phases of the cancer experience.
- ▶ Respond to new treatments with patient-centric models of care.



RECaN Background



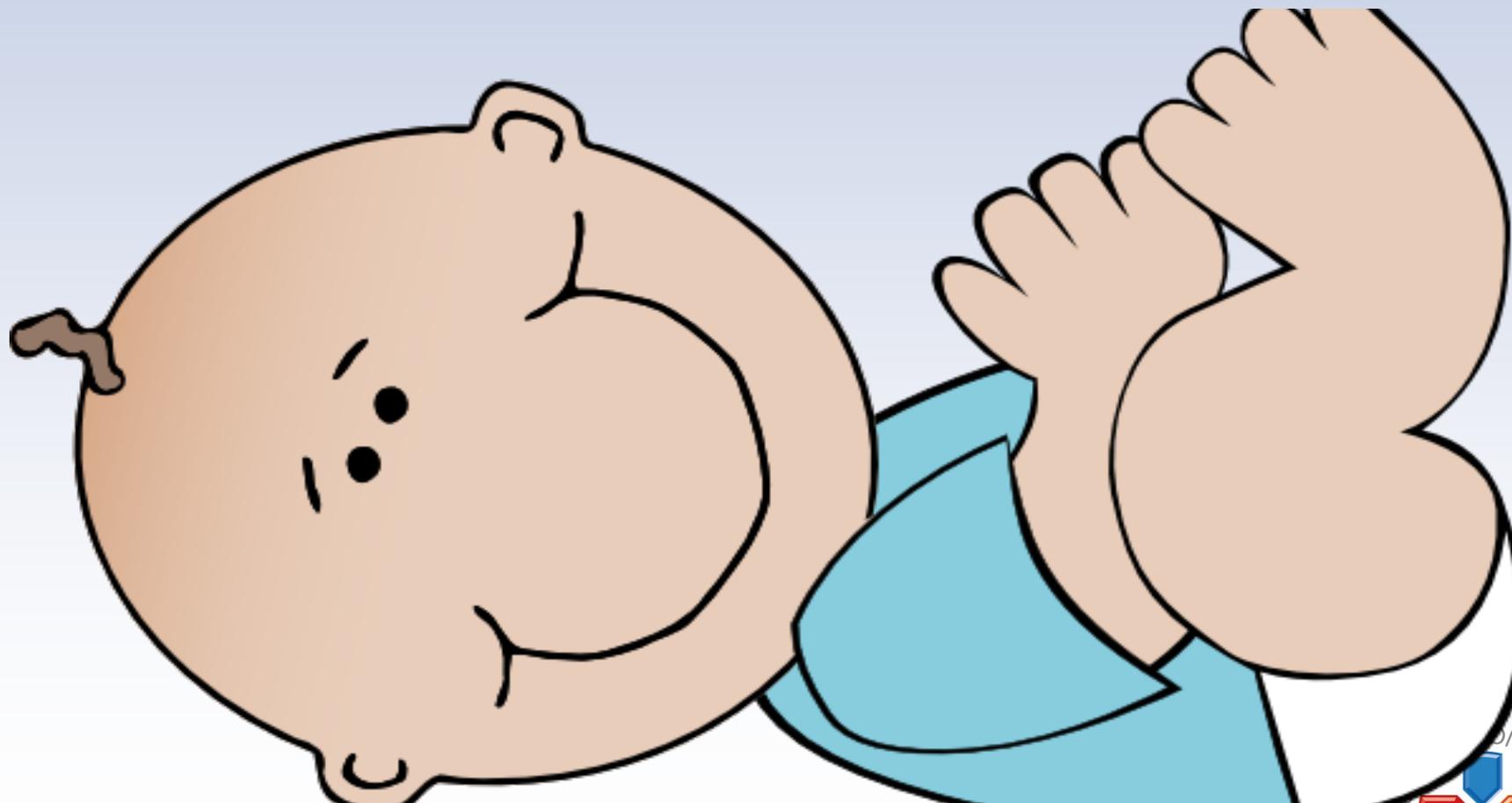
At its 2015 conference , the European CanCer Organisation (ECCO) announced its intention to make the cancer nursing workforce the focus of its work across Europe”

“Specialised cancer nursing continues to be frustrated by a continuing lack of uniform regulation and recognition across Europe. Yet, despite this situation, cancer nursing provides an undeniable added value in terms of patient outcomes.” *ECCO position statement*





RECaN was born





The RECaN project, ECCO supports the following characteristics:

- Cancer nurses as core members of the multidisciplinary team.
- Cancer nursing should be a recognised speciality across Europe based on a mutually agreed educational curriculum.
- Education for specialist cancer nurses (across all tumour types and phases of care) should be made available.
- Enhanced free movement of cancer nurses across Europe should be promoted and facilitated to help address rising demand.



RECaN project



- 1. Systematic review of cancer nursing trials.
- 2. Data collection from leaders, cancer nurses and managers in four country on roles, working conditions, education, leadership, communication and safety
- 3. Work with EU / national policy makers to explore & address issues raised; all EONS working groups, Advocacy focus.





Recognising European Cancer Nursing

Phase 1 now complete:

JAN

Informing Practice and Policy Worldwide through Research and Scholarship

[Explore this journal >](#)

PROTOCOL

Recognizing European cancer nursing: Protocol for a systematic review and meta-analysis of the evidence of effectiveness and value of cancer nursing

Pauline Campbell, Claire Torrens, Daniel Kelly, Andreas Charalambous,
Nuria Domenech-Climent, Iveta Nohavova, Ulrika Östlund, Elisabeth Patiraki,
David Salisbury, Lena Sharp, Theresa Wiseman, Wendy Oldenmenger, Mary Wells 

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Aims of RECaN Phase 1



- To systematically identify the roles and types of intervention activities currently undertaken by cancer nurses
- To determine the effectiveness and cost-effectiveness of interventions delivered by cancer nurses in improving the experience and outcomes of people with cancer





Profs Mary Wells , Daniel Kelly
& Theresa Wiseman: UK
Dr Wendy Oldenmenger: NL
Drs Ulrika Ostlund & Lena
Sharp: Sweden
Iveta Nohavova: Czech Republic
Nuria Domenech: Spain
Prof Elizabeth Patiraki: Greece
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Cyprus



Identification
Screening
Eligibility
Included

Records identified
N=22450



6281 removed
based on title

Abstracts screened
N=16169

15244 removed
based on abstract

Full texts assessed
(n=925)

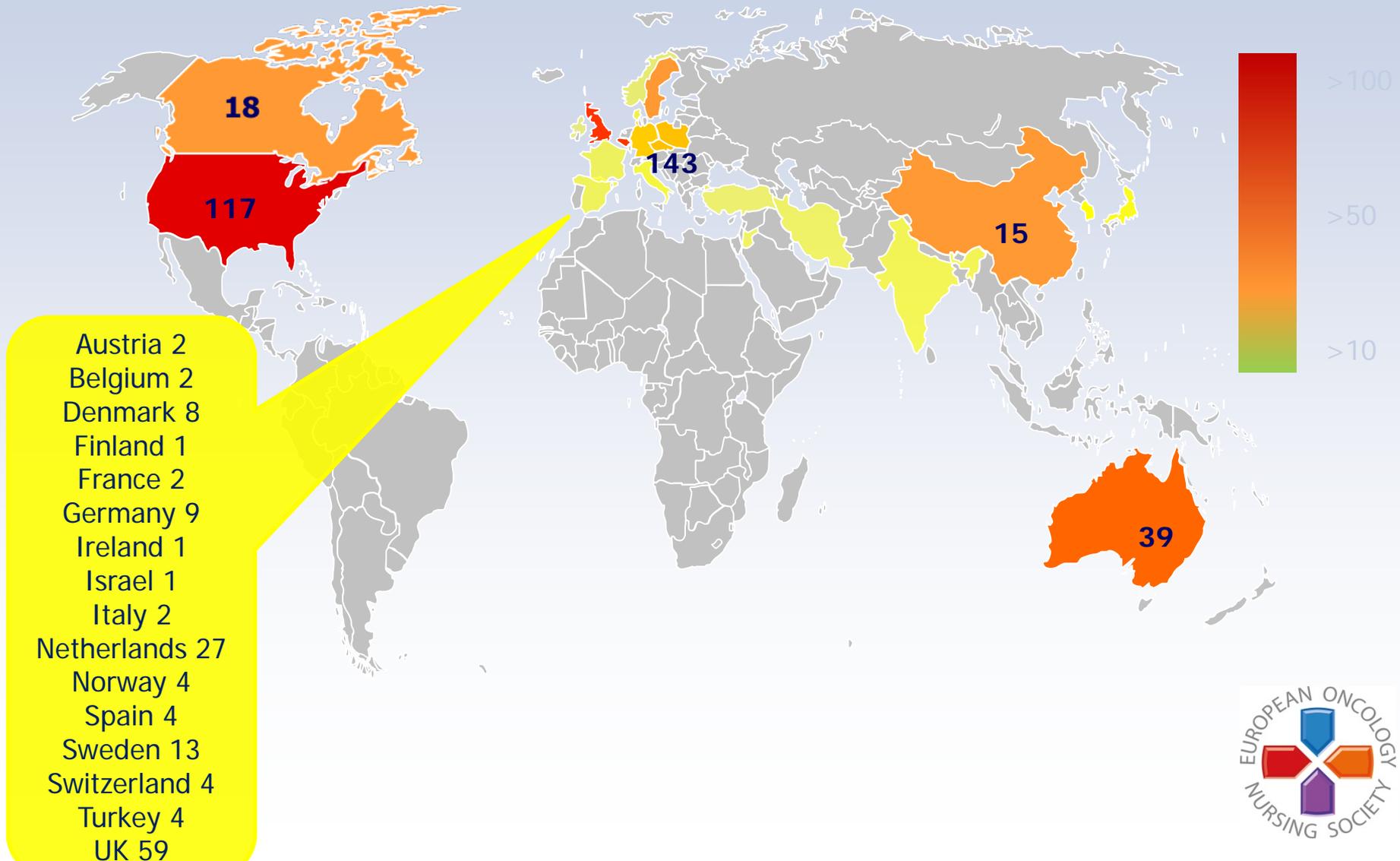
Excluded (n=454)
Awaiting
assessment (n=8)

Total number of trials in narrative synthesis
(n=351 unique trials reported across 463
publications)

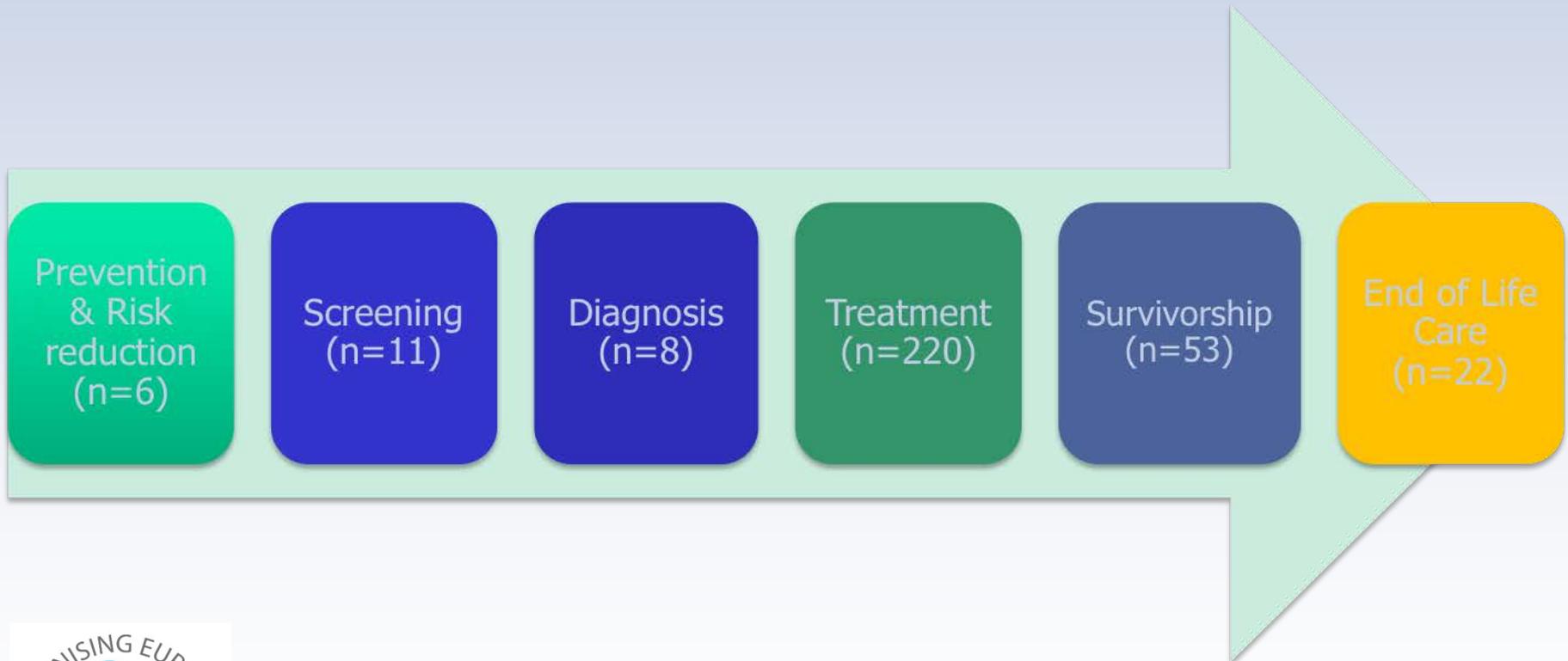




Origin of cancer nursing trials



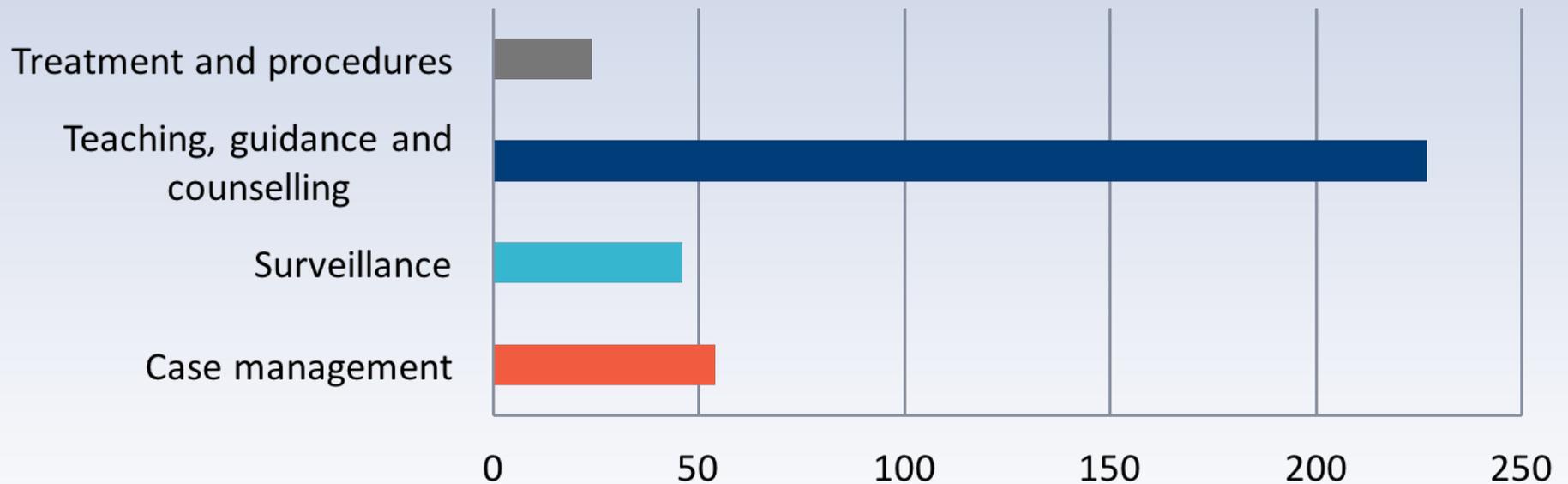
Focus within cancer care continuum





Nature of intervention - OMAHA

OMAHA categories



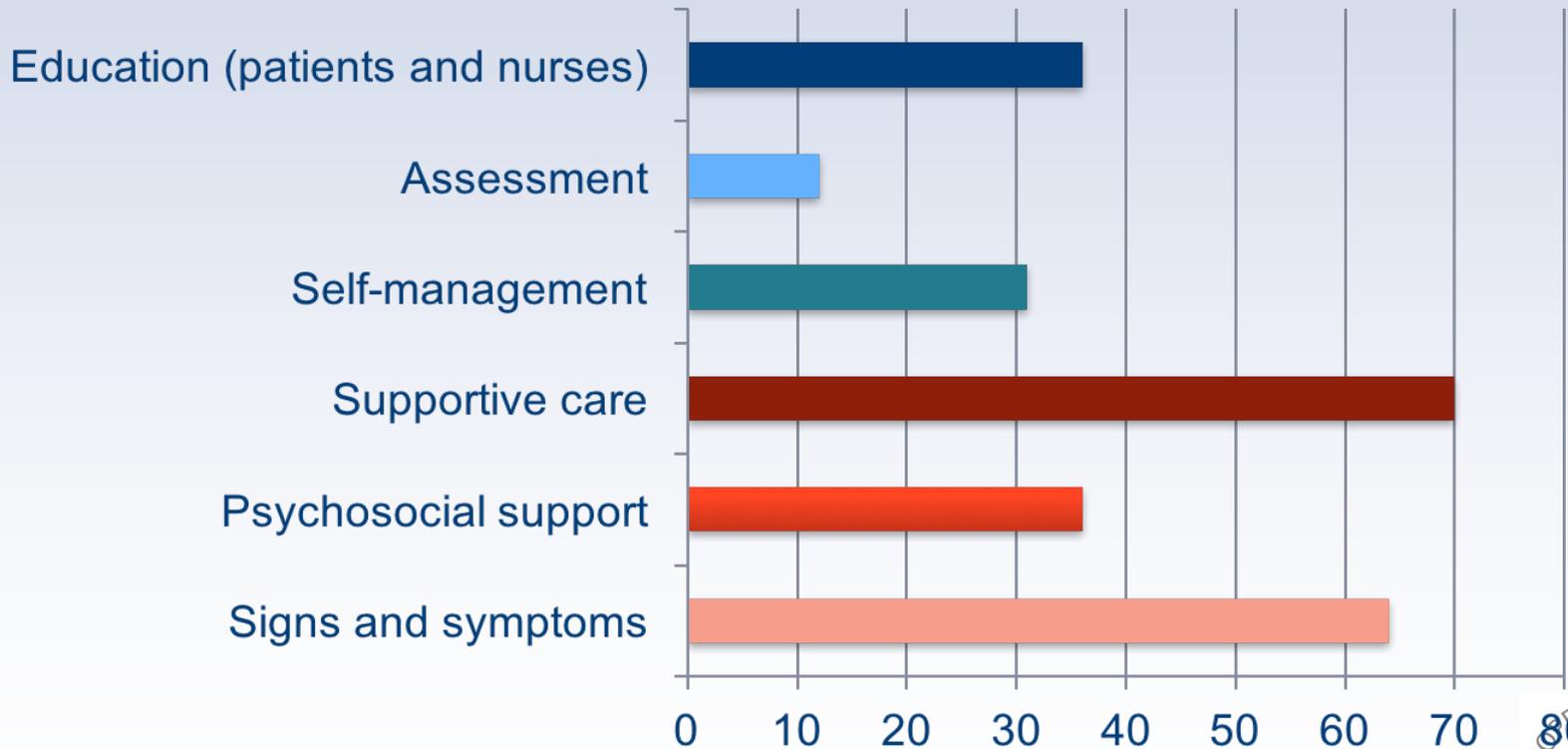
	Case management	Surveillance	Teaching, guidance and counselling	Treatment and procedures
■ Number of trials	54	46	227	24





Main component of cancer nursing interventions

Number of trials



OMAHA
75+ tasks



Scope and potential of specialist cancer nursing

Evidence base has been mapped

Focus has been identified

Benefits /non benefits have been
identified

Areas of interest and activity clarified



Summary

- ▶ Nursing is a finite **resource** across Europe
- ▶ Working longer hours not necessarily smart answer, **well-rested, motivated, nurses work better!**
- ▶ **Safety** is key concern in oncology & in workforce
- ▶ Complexity of cancer therapy is rising: **education** is central to effective care
- ▶ Understanding **the scope and potential** of cancer nursing across Europe is key: RECaN project shows the potential of nursing.



Pay Summary: monthly salary*

Country	Starting Salary for newly qualified nurses	Highest possible salary for clinical nurse / advanced nurse practitioners
Estonia	€1,042	€1,153
Germany	€2,400	€3,500
The Netherlands	€2,529	€4,316
UK **	€2,525	€6,572**

* All excluding unsocial hours payments/ high cost area supplements

**InforEuro conversion, Grade 8c, May 2018. Pay award pending



New roles: Summary

Country	Clinical Nurse Specialists	(Advanced) Nurse Practitioner	Independent Prescribing rights
Estonia	Offer advice only	No	No
Germany	In tandem with physician only	Very few, mainly in University hospital sector	No
The Netherlands	Yes	Set in statute	Yes
UK	Yes	Yes	Yes

Summary 2

Nursing is shaped by social expectations derived from **historical, gendered and professional** factors

Nostalgic views of nursing present a simplistic view of the past, and belie today's complexity

The health workforce is now a global commodity that is **mobile** and is in **demand**

Education, appropriate work **environments**, **leadership and patient safety** are topical, nurses are leading research agendas

Leadership is key to achieving change



The Impact of Brexit on the future of European cancer nursing?

Pan-European Recognition?

Nursing innovation and research

Worker's rights

Knowledge exchange

RCN has called for a vote on the final deal

So, unfinished business!

