

EONS Cancer Nursing Index 2020©

National profile: The Netherlands

Introduction

In the [RECaN project](#) EONS highlighted important differences in cancer nursing across Europe. The EONS Cancer Nursing Index 2020 (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) includes 22 items covering the following dimensions: Education and Career Development, Patient and Occupational Safety, Recognition, Working Conditions and Impact and Workforce statistics.

The Index is based on data from the following sources:

1. EONS Survey on Patient and Occupational Safety (anonymous survey, available in 9 languages) which at time for this analysis, included over 500 responses from cancer nurses in 38 countries)
2. Interviews with leading cancer nursing experts. Nurses from 38 of 42 invited countries participated
3. Work force statistics (from ec.europe.eu/Eurostat and OECD)

A scoring system was developed by EONS Advocacy Working Group 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 but to illustrate cancer nursing profiles, differences and areas in need of development. The Index could be used in the development of cancer nursing in each country but also for general European progress.

Dimension/item	Maximum score	Mean score (min-max)	The Netherlands	Comment
Overall score	100	48 (16 -78)	77	
Education and career development (5 items presented below)	23	9 (0-18)	18	
Specialist education on university level	5		5	
EONS Framework recognized/supported by Ministry of Education/Health	5		0	
Master programs in cancer nursing	4		4	
Advanced cancer nursing roles established	5		5	
Professors in cancer nursing	4		4	
Patient and occupational safety (8 items presented below)	36	18 (3-36)	33	
Safety guidelines (cytotoxic drugs) available	5		5	
Guidelines during pregnancy (cytotoxic drugs)	5		5	
Pregnant and /or breastfeeding women assigned other tasks that don't involve direct contact with cytotoxic/radioactive drugs	5		2	'Sometimes' To obtain the highest scores (5) for this item pregnant/breast feeding women should be forbidden to perform task with risks for exposure to cytotoxic/radioactive drugs at all workplaces.
Systematic testing for occupational exposure (surface swipes)	3		3	
Speak-up or whistle blower policy implemented for all members of staff	3		3	
Access to cytotoxic spillage kit and PPE	5		5	
Formal training before administering cytotoxic drugs	5		5	
Nurses not preparing cytotoxic drugs	5		5	
Working conditions and the impact on cancer care (4 items presented below)	20	15 (3-19)	13	
Level of adherence to European Working Time Directive (EWTD)	5		4	'Yes, most often but exceptions occur'

				To obtain the highest score (5) for this item, all responding nurses from the country should have reported that the Directive was always followed.
Risk of negative consequences if asking for alternative duties pregnancy/breast feeding	5		5	
To what extent hospital beds are closed due to cancer nursing shortages	5		0	'It happens every week' To obtain the highest score (5) for this item, the responding nurses should have reported that it never happens.
To what extent cancer treatment delayed due to cancer nursing	5		4	'It happens very rarely' To obtain the highest score (5) for this item, the responding nurses should have reported that it never happens.
Recognition (4 items presented below)	18	8 (0-15)	10	
Does the country have a cancer nursing society?	5		5	
Does the country have a national cancer plan that includes nursing care?	3		3	
Does cancer centers in the country have Board positions dedicated for cancer nursing?	5		0	To obtain the highest score (5) for this item, the respondent nurses should have reported that this is always the case.
To what extent is nurse-led cancer care implemented in the country?	5		2	'Partly implemented' To obtain the highest score (5) for this item, nurse-led care should be fully implemented and recognized on a national level
Work force statistics (1 item)	3	1 (0-3)	3	
Number of practicing nurses/1000 citizens (www.europe.eu/Eurostat and OECD)	3		3	

Strengths and recommendations for improvements

The total score for The Netherlands (score 77) were among the highest in the ECNI. Congratulations! Only Ireland received higher total score (78). The Netherlands received high scores in all dimensions, except in *Working conditions and the Impact on cancer care*. The Netherlands also received a maximum score in Workforce statistics.

In the dimension Education and Career development, The Netherlands received maximum scores in four of the five items. The Netherlands was also one of only four countries in the Index where Advanced cancer nursing roles were fully implemented and recognized on national level. If the Minister of Education/Health would support EONS Cancer Nursing Education Framework, The Netherlands would have completed this dimension with full scores. In the Patient and Occupational safety dimension, we want to highlight that The Netherlands was one of three countries in the Index, where nurses reported that systematic testing for occupational exposure (surface swipes) were performed at all workplaces. However, some Dutch nurses also reported that pregnant/breast feeding women were not forbidden to perform task with risks for exposure to cytotoxic/radioactive drugs at all workplaces.

Finally, if all cancer centers had a dedicated board nursing position and if nurse-lead care were fully implemented and recognized on a national level, the ECNI scores would be higher.

EONS Advocacy Working Group, September 2020