

EONS Cancer Nursing Index 2020©

National profile: Portugal

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) | Portugal | Comment |
|--|---------------|----------------------|-----------|---|
| Overall score | 100 | 48 (16 -78) | 52 | |
| Education and career development (5 items presented below) | 23 | 9 (0-18) | 11 | |
| Specialist education on university level | 5 | | 5 | |
| EONS Framework recognized/supported by Ministry of Education/Health | 5 | | 0 | |
| Master programs in cancer nursing | 4 | | 0 | |
| Advanced cancer nursing roles established | 4 | | 2 | 'Partly implemented' To obtain the highest scores (4) for this item, advanced cancer nursing roles need to be fully implemented and recognized at a national level. |
| Professors in cancer nursing | 4 | | 4 | |
| Patient and occupational safety (8 items presented below) | 36 | 18 (3-36) | 22 | |
| Safety guidelines (cytotoxic drugs) available | 5 | | 5 | |
| Guidelines during pregnancy (cytotoxic drugs) | 5 | | 2 | 'Sometimes' To obtain the highest scores (5) for this item all responding nurses from the country should have reported that guidelines were in place. |
| 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 | | 0 | Surface swipes were not reported by the Portuguese nurses. To receive highest |

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|---|-----------|------------------|-----------|--|
| | | | | possible scores (3) for this item, testing should be systematically implemented at all workplaces. |
| 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 | | 0 | To obtain the highest scores (5) for this item all responding nurses from the country should have reported that formal training was requested at their workplaces. |
| Nurses not preparing cytotoxic drugs | 5 | | 5 | |
| Working conditions and the Impact on cancer care (4 items presented below) | 20 | 15 (3-19) | 12 | |
| Level of adherence to European Working Time Directive (EWTD) | 5 | | 4 | 'Most of the time' To obtain the highest score (5) for this item the EWTD should be reported as always followed. |
| Risk of negative consequences if asking for alternative duties pregnancy/breast feeding | 5 | | 0 | 'Yes' To obtain the highest score (5) for this item all responding nurses should have reported that there is no risk for negative consequences. |
| To what extent hospital beds are closed due to cancer nursing shortages | 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. |
| 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) | 6 | |
| Does the country have a cancer nursing society? | 5 | | 5 | |
| Does the country have a national cancer plan that includes nursing care? | 3 | | 0 | |
| Does cancer centers in the country have Board positions dedicated for cancer nursing? | 5 | | 1 | 'Some centers have' 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 | | 0 | 'Not established' 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) | 1 | |
| Number of practicing nurses/1000 citizens (www.europe.eu/Eurostat and OECD) | 3 | | 1 | To obtain the highest score (3) Portugal should have >8 practicing nurses/1000 habitants. |

Strengths and recommendations for improvements

The total score for Portugal (score 52) were slightly above total mean score (score 48) in the ECNI. Other countries with the similar total score were Bulgaria (total score 48), Turkey and Estonia (both with total score 50) and Malta (total score 48).

Portugal could improve their scores in all five dimensions of the Index for the next revision of the ECNI in 2022. Education and career development could be improved if Portugal had master's program in cancer nursing. Patient and Occupational safety could improve if guidelines, formal education and exposure testing for the management of cytotoxic drugs were systematically implemented at all workplaces. A special concern noted were that most responding Portuguese cancer nurses reported risks for negative consequences if asking for alternative duties pregnancy/breast feeding. Portugal could also improve their scores if advanced cancer nursing roles and nurse-lead care were implemented and also if the number of practicing nurses increased.

Finally, if all cancer centers had a dedicated board nursing position and if Portugal's Minister of Health/Education would support EONS Cancer Nursing Education Framework, the scores would also be higher.

EONS Advocacy Working Group, September 2020