

EONS Cancer Nursing Index 2020-2022©

National profile: Netherlands

Introduction

In the [RECaN project](#) EONS highlighted important differences in cancer nursing across Europe. The EONS Cancer Nursing Index (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) covers the following dimensions: Education and Career Development, Patient and Occupational Safety, Recognition, Working Conditions and Impact and Workforce statistics. The results from the ECNI 2020 have been used to highlight the importance and impact the recognition of European cancer nursing. More information on ECNI 2020 including national profiles for each country could be found [here](#)

The ECNI 2022 also include data on staffing levels and cancer nurses' experiences from the covid-19 pandemic. However, these data are not included in the national profiles since no comparison data from 2020 is available. These data will be presented separately.

The ECNI 2022 focuses more on the experiences from the responding cancer nurses' workplaces (rather than the national perspective), allowing for the great regional and local variety indicated in the ECNI 2020 data. The Index is based on data from the following sources:

1. EONS Survey on Patient and Occupational Safety (anonymous survey among cancer nurses, 2020 and 2022 respectively)
2. Work force statistics (obtained from ec.europe.eu/Eurostat and OECD in 2020). When the ECNI 2022 were completed, no updates had been published so both ECNI 2020 and 2022 include the same scores.

A scoring system was developed 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, moreover to illustrate cancer nursing profiles, differences and areas in need of development. The Index could be used to aid the development of cancer nursing in each country as well as for general European progress.

The ECNI offers a snapshot of the current status in cancer nursing across Europe, reported by the profession. The results largely depend on number of and profiles of responses from each country.

Dimension/item	Maximum score	Mean general score 2022 (min-max)	Score 2020	Score 2022	Comments
OVERALL SCORES	100	55 (19-84)	77	65	
EDUCATION AND CAREER DEVELOPMENT (5 items presented below)	23	10 (0-23)	18	13	
Specialist education on university level	5		5	5	
EONS Cancer Nursing Framework recognized and supported	5		0	3	
Master programs in cancer nursing	4		4	0	In ECNI 2022, none of the Dutch cancer nurses reported that Master programs in cancer nursing were available.
Advanced cancer nursing roles established	5		5	5	
Professors in cancer nursing	4		4	0	In ECNI 2022, none of the Dutch cancer nurses reported that Professor in cancer nursing were available.
PATIENT AND OCCUPATIONAL SAFETY (8 items presented below)	36	20 (0-33)	33	30	
Safety guidelines (hazardous drugs) available	5		5	5	
Guidelines during pregnancy (hazardous drugs)	5		5	5	

Pregnant and/or breastfeeding women assigned other tasks that don't involve direct contact with cytotoxic/radioactive drugs	5		2	2	'Sometimes' To obtain the highest scores (5) for this item all responding nurses should have reported that pregnant/breast feeding women are forbidden to perform task with risks for exposure to cytotoxic/radioactive drugs at all workplaces.
Systematic testing for occupational exposure (surface swipes)	3		3	3	
Speak-up or whistle blower policy implemented for all members of staff	3		3	2	
Access to cytotoxic spillage kit and PPE	5		5	5	
Formal training before administering cytotoxic drugs	5		5	5	
Nurses not preparing cytotoxic drugs	5		5	3	Various responses for 2022
WORKING CONDITIONS AND THE IMPACT ON CANCER CARE (4 items presented below)	20	14 (9-17)	13	9	
Level of adherence to European Working Time Directive (EWTd)	5		4	5	
Risk of negative consequences if asking for alternative duties pregnancy/breast feeding	5		5	2	
To what extent hospital beds are closed due to cancer nursing shortages	5		0	0	'It happens every week'
To what extent cancer treatments were delayed due to cancer nursing	5		4	2	
RECOGNITION (4 items presented below)	18	10 (0-15)	10	10	
Does the country have a cancer nursing society?	5		5	5	
Does the country have a national cancer plan that includes nursing care?	3		3	0	
Does your workplace/center have Board positions dedicated for cancer nursing?	5		0	0	
To what extent is nurse-led cancer care implemented in your workplace/center?	5		2	5	
WORK FORCE STATISTICS (1 item)	3	1 (0-3)	3	3	
Number of practicing nurses/1000 citizens (www.europe.eu/Eurostat and OECD)	3		3	3	

Strengths and recommendations for improvements

The total score for The Netherlands in ECNI2022 (score 65) was lower comparing with results from ECNI2020 (total score 77). Other countries with similar total score were Finland (total score 64), Cyprus (total score 63), Norway (total score 63) and Belgium (total score 61). Total scores for all of those countries decreased in ECNI 2022.

The results for the Education and Career Development dimension in ECNI2022 seem inconsistent with previous assessment, possibly reflecting responses from different cancer nurses in ECNI2020 and ECNI2022 as well as relatively small number of responses.

In the Patient and Occupational Safety dimension, the Netherlands received maximum scores in five out of eight items. The score could have been higher if pregnant/breast feeding cancer nurses were reporting to be offered alternative duties, that not involve exposure to cytotoxic or radioactive drugs. Moreover, some Dutch nurses reported, that they are still preparing hazardous drugs. In majority of European countries those tasks are performed by pharmacists in strictly controlled environment. On the positive side, the Netherlands remain one of four countries in the ECNI, where systematic testing for occupational exposure (surface swipes) was performed regularly at all workplaces. The Netherlands also received a maximum score in Workforce statistics.

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

