

EONS Cancer Nursing Index 2020-2022©

National profile: Turkey

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) | 50 | 68 | |
| EDUCATION AND CAREER DEVELOPMENT (5 items presented below) | 23 | 10 (0-23) | 13 | 13 | |
| Specialist education on university level | 5 | | 5 | 2 | |
| EONS Cancer Nursing Framework recognized and supported | 5 | | 0 | 5 | |
| Master programs in cancer nursing | 4 | | 4 | 4 | |
| Advanced cancer nursing roles established | 5 | | 0 | 2 | |
| Professors in cancer nursing | 4 | | 4 | 0 | |
| PATIENT AND OCCUPATIONAL SAFETY (8 items presented below) | 36 | 20 (0-33) | 14 | 28 | |
| Safety guidelines (hazardous drugs) available | 5 | | 0 | 5 | |
| Guidelines during pregnancy (hazardous drugs) | 5 | | 0 | 5 | |
| Pregnant and /or breastfeeding women assigned other tasks that don't involve direct contact with cytotoxic/radioactive drugs | 5 | | 2 | 5 | |
| Systematic testing for occupational exposure (surface swipes) | 3 | | 0 | 0 | |
| Speak-up or whistle blower policy implemented for all members of staff | 3 | | 2 | 3 | |
| Access to cytotoxic spillage kit and PPE | 5 | | 5 | 5 | |
| Formal training before administering cytotoxic drugs | 5 | | 0 | 5 | |

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|---|-----------|------------------|-----------|-----------|-------------------------|
| Nurses not preparing cytotoxic drugs | 5 | | 5 | 0 | 'It happens every week' |
| WORKING CONDITIONS AND THE IMPACT ON CANCER CARE (4 items presented below) | 20 | 14 (9-17) | 15 | 14 | |
| Level of adherence to European Working Time Directive (EWTD) | 5 | | 4 | 0 | |
| Risk of negative consequences if asking for alternative duties pregnancy/breast feeding | 5 | | 2 | 5 | |
| To what extent hospital beds are closed due to cancer nursing shortages | 5 | | 5 | 5 | |
| To what extent cancer treatments were delayed due to cancer nursing | 5 | | 4 | 4 | |
| RECOGNITION (4 items presented below) | 18 | 10 (0-15) | 8 | 13 | |
| 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 | 3 | |
| 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 | | 0 | 5 | |
| WORK FORCE STATISTICS (1 item) | 3 | 1 (0-3) | 0 | 0 | |
| Number of practicing nurses/1000 citizens (www.europe.eu/Eurostat and OECD) | 3 | | 0 | 0 | |

Strengths and recommendations for improvements

Impressive improvement was observed for Turkey, with total score 68, comparing with result from ECNI2020 (total score 50). Congratulations! Other countries with similar total scores were the Czech Republic (total score 69) and Netherlands (total score 65).

Major improvement was reported in Patient and Occupational Safety, where the scores doubled from 14 points in ECNI2020 to 28 points in ECNI 2024. General guidelines for handling hazardous drugs and specific guidelines for reducing the risks of exposure during planned/pregnancy/breast feeding were reported to be fully implemented. All Turkish nurses reported that formal training was mandatory, before administering hazardous drugs, however systematic swipec testing for occupational exposure were not reported to be implemented. Unfortunately, Turkey remains one of a few countries where nurses reported to very often (once a week) be involved in preparing hazardous drugs. Other countries facing the same issue are Bosnia, Romania, Lithuania and Slovenia. In majority of European countries those tasks are performed by pharmacists in strictly controlled environment.

Turkey could also improve their scores for Working Conditions and the Impact on Cancer Care as well as Recognition, if the European Working Time Directive (EWTD) was exercised and cancer nurses were invited to decision-making bodies in cancer centers. A specialist education program in cancer nursing were reported to be developed but not fully implemented and recognized on a national level.

Finally, Turkey has lower number of practicing nurses compared with most countries in the ECNI. Despite this, cancer nurses in Turkey report that hospital beds never close or that cancer treatments rarely are delayed due to nursing shortage.

