Oncology nurse specialist program in Europe

Sultan KAV RN, PhD
Professor of Nursing, Baskent University Faculty of Health Sciences, Ankara, TURKIYE (skav@baskent.edu.tr)
EONS former President (www.cancernurse.eu)

Oncology Nursing Conference, 19-20 June, 2014, Bangkok, Thailand
Driving forces for oncology nursing development:

- Needs of individuals with cancer, at risk for developing cancer, or surviving cancer
- National and international recognition of cancer as a major chronic health problem
- Advances in science and technology
- Changes in perceptions of cancer within the lay and professional publics
Challenges ahead for oncology nursing

- Responding to the changing nature of cancer provision
- Proving the value of specialist cancer nursing education
- Defining and implementing cancer nursing standards and competencies
- Understanding how nurses develop cancer practice knowledge
What is Specialist nursing

Specialist nursing defined in the International Council of Nursing framework as:

“The nurse specialist is a nurse prepared beyond the level of a generalist nurse and authorised to practice as a specialist with advanced expertise in a branch of the nursing field. Specialist practice includes clinical, teaching, administration, research and consultant roles.”

(Affara, 2009)
...What is Specialist nursing

The Irish strategy and educational framework for nurses caring for people with cancer cites the specialist oncology nurse as

“an expert in one area of nursing and is supported by specific preparation. Specialist oncology nurses need to have appropriate post-registration education and training to do something that is beyond the usual skills of the general nurse.”

(Cowman et al, 2010)
Why Specialist nursing?

- Presence of specialist cancer nursing
- The quality of care
- Satisfaction

- Hospitalization duration
- Emergency admissions
- Financial burden

Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States

Objective To determine whether hospitals with a good organisation of care (such as improved nurse staffing and work environments) can affect patient care and nurse workforce stability in European countries.

Design Cross sectional surveys of patients and nurses.

Setting Nurses were surveyed in general acute care hospitals (488 in 12 European countries; 617 in the United States); patients were surveyed in 210 European hospitals and 430 US hospitals.

Participants 33 659 nurses and 11 318 patients in Europe; 27 509 nurses and more than 120 000 patients in the US.

Aiken et al (2012) BMJ, 20; 344: e1717
<table>
<thead>
<tr>
<th>Country</th>
<th>Patients to professional registered nurses</th>
<th>Patients to total staff*</th>
<th>No of hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>10.7 (2.2)</td>
<td>7.9 (1.7)</td>
<td>67</td>
</tr>
<tr>
<td>England</td>
<td>8.6 (1.5)</td>
<td>4.8 (0.6)</td>
<td>46</td>
</tr>
<tr>
<td>Finland</td>
<td>8.3 (2.2)</td>
<td>5.3 (0.8)</td>
<td>32</td>
</tr>
<tr>
<td>Germany</td>
<td>13.0 (2.3)</td>
<td>10.5 (1.6)</td>
<td>49</td>
</tr>
<tr>
<td>Greece</td>
<td>10.2 (2.8)</td>
<td>6.2 (2.1)</td>
<td>24</td>
</tr>
<tr>
<td>Ireland</td>
<td>6.9 (1.0)</td>
<td>5.0 (0.8)</td>
<td>30</td>
</tr>
<tr>
<td>Netherlands</td>
<td>7.0 (0.8)</td>
<td>5.0 (0.7)</td>
<td>28</td>
</tr>
<tr>
<td>Norway</td>
<td>5.4 (1.0)</td>
<td>3.3 (0.5)</td>
<td>35</td>
</tr>
<tr>
<td>Poland</td>
<td>10.5 (1.9)</td>
<td>7.1 (1.4)</td>
<td>30</td>
</tr>
<tr>
<td>Spain</td>
<td>12.6 (1.9)</td>
<td>6.8 (1.0)</td>
<td>33</td>
</tr>
<tr>
<td>Sweden</td>
<td>7.7 (1.1)</td>
<td>4.2 (0.6)</td>
<td>79</td>
</tr>
<tr>
<td>Switzerland</td>
<td>7.9 (1.5)</td>
<td>5.0 (1.0)</td>
<td>35</td>
</tr>
<tr>
<td>US</td>
<td>5.3 (1.4)</td>
<td>3.6 (2.0)</td>
<td>617</td>
</tr>
</tbody>
</table>

*Total staff include professional registered nurses plus lesser trained care personnel.
Subjects surveyed in acute care setting in European and US Hospitals face problems of nurse burnout and dissatisfaction due to working conditions.

Many European nurses report they intend to leave their hospital positions, from 19% in the Netherlands, rising to 49% in Finland and Greece.
Higher patient-to-nurse ratios are associated with poorer nurse outcomes.

Higher percentages of baccalaureate nurses are strongly related to better patient outcomes.

Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study (Aiken et al, 2014*)

Analysis of 300 hospitals in 9 countries show that;

- An increase in nurses’ workloads by one patient increases the likelihood of inpatient hospital mortality by 7%,

- Every 10% increase in bachelor’s degree nurses is associated with a decrease on mortality by 7%.

Nurse staffing cuts to save money might adversely affect patient outcomes. An increased emphasis on bachelor’s education for nurses could reduce preventable hospital deaths.

http://dx.doi.org/10.1016/S0140-6736(13)62631-8
Comparing Oncology and Medical-Surgical Nurses in Practice Environments

- Oncology nurses reported favorable practice environments and better outcomes than did medical-surgical nurses.

- Nurses who reported favorable nursing foundations for quality of care (ie, active in-service or preceptorship programs) were less likely to report burnout and leave their current position.

<table>
<thead>
<tr>
<th>Work environment, %</th>
<th>Oncology (n = 708)</th>
<th>Med-Surg (n = 3339)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unfavorable</td>
<td>28.5</td>
<td>34.8</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Mixed</td>
<td>21.1</td>
<td>22.7</td>
<td></td>
</tr>
<tr>
<td>Favorable</td>
<td>50.4</td>
<td>42.5</td>
<td></td>
</tr>
</tbody>
</table>

*Practice Environment Scale-Nursing Work Index

What is in a name?

(Knowles, 2006)
The terms ANP and APN are often used interchangeably.
Advanced Nursing Practice

- Advanced nursing practice describes the work, or what nurses ‘do’ in the role.

- There is no single definition, but agreement that advanced nursing practice extends the traditional scope of nursing, involves highly autonomous practice, maximizes the use of nursing knowledge, and contributes to the development of the profession.
The International Council of Nurses defines an APN as:

- ‘a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which she/he is credentialed to practice.

- A master level degree is recommended for entry level’
APN/NPs

- A specific group of APNs are the NPs, a role that was developed (among other factors) as a response to primary care physician shortages in rural areas in the US in the 1960s.

- NPs can obtain a clinical history and perform physical exams, diagnose disease, order, perform and interpret laboratory, radiographic and other diagnostic tests, and they can prescribe and dispense medications.
The oncology NP scope of practice includes:

- Performing comprehensive health assessments and physical examinations,
- Making differential diagnoses,
- Ordering and interpreting diagnostic and laboratory tests, performing invasive procedures such as bone marrow aspiration and biopsies,
- Prescribing medications, ordering chemotherapy,
- and screening to prevent illness and other cancers

(ONS, 2003; Bishop, 2009).
In some health care systems, nurse practitioners can practice independently and have full prescription rights.

Over the years the role of NP has spread to several continents and many clinical settings. The NP role has been introduced in, for instance, Australia, New Zealand, UK and the Netherlands.
Drivers influencing APN/NP role development

- Workforce issues
- Legal, policy & economic context
- Health care needs of the population
- Education
- Practice pattern
• APNs help to defragment care and optimize outcomes.

• There is consensus in the literature that advanced practice nursing optimizes health care’s clinical, quality, functional, and cost outcomes by decreasing cost, increasing quality and improving access, while providing holistic primary and preventative care

(MacDonald et al., 2006)
Characteristics of specialist cancer nurse within Europe

- provides a therapeutic oncology environment
- assesses the needs of cancer patients and families in a culturally-sensitive matter
- is accountable for his/her oncology practice
- works autonomously
- is capable of providing speciality focused patient care

Characteristics of specialist cancer nurse within Europe

- is aware of the evidence base for the area of his/her speciality
- is confident and competent to practice in a collaborative manner with all members of the team
- should both value and be able to articulate to others the therapeutic value of cancer nursing
- should develop in-depth knowledge in cancer care/ in a defined area of oncology

National Cancer Action Team & Macmillan Cancer Support report: 'Excellence in Cancer Care: The Contribution of the Clinical Nurse Specialist'
Status of cancer nursing in Europe

The EONS National Member Societies (n= 33) from 30 countries were invited to provide information about the status of oncology nursing in their Countries. A letter including following three questions were mailed in November 2012 to the President /chair of the National Oncology Nursing Society:

• In your county is cancer nursing recognised as a specialist area of nursing practice? YES/NO

• Does your country have a specialist cancer nursing workforce? YES/NO

• If it does have a specialist cancer nursing workforce could you tell us what titles are used?
In your county is cancer nursing recognised as a specialist area of nursing practice?

- Yes: 17; 61%
- No: 11; 39%

Countries:
- Belgium
- Croatia
- Cyprus
- Denmark
- Estonia
- Finland
- Hungary
- Iceland
- Ireland
- Israel
- Lithuania
- Norway
- Sweden
- Poland
- The Netherlands
- Turkey
- UK
- Austria
- Bulgaria
- Czech Republic
- France
- Greece
- Malta
- Serbia
- Switzerland
- Slovenia
- Portugal
- Spain
Does your country have a specialist cancer nursing workforce?

Yes: 17 (61%)
No: 11 (39%)

Total: 18

Yes | No
--- | ---
Belgium | Austria
Cyprus | Bulgaria
Estonia | Croatia
Finland | Czech Republic
France | Denmark
Greece | Serbia
Hungary | Switzerland
Iceland | Slovenia
Ireland | Portugal
Israel | Spain
Lithuania | 
Malta | 
Norway | 
Sweden | 
Poland | 
The Netherlands | 
Turkey | 
UK | 

Total: 18 | 10
<table>
<thead>
<tr>
<th>Which titles are used (n=18)</th>
<th>n</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncology Nurse/Nurses in oncology</td>
<td>4</td>
<td>Cyprus, Estonia, France, Norway</td>
</tr>
<tr>
<td>Clinical Nurse Specialist in Oncology/</td>
<td>5</td>
<td>Iceland, Sweden, Malta, Poland,</td>
</tr>
<tr>
<td>Specialist Nurse in Oncology</td>
<td></td>
<td>Turkey,</td>
</tr>
<tr>
<td>Oncology Nurse Specialist/</td>
<td>2</td>
<td>Hungary</td>
</tr>
<tr>
<td>Oncology Nursing Specialism</td>
<td></td>
<td>Belgium</td>
</tr>
<tr>
<td>Clinical Nurse Specialist, Nurse Consultant, Consultant Nurse,</td>
<td>1</td>
<td>UK</td>
</tr>
<tr>
<td>Nurse Practitioner, Advanced Nurse Practitioner, Lead Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse, Nurse Clinician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Cancer Nurse</td>
<td>1</td>
<td>Switzerland</td>
</tr>
<tr>
<td>Nurse Practitioner Oncology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSc in Cancer Nursing and Palliative Care</td>
<td>1</td>
<td>Greece</td>
</tr>
<tr>
<td>Coordinate nurse or other</td>
<td>1</td>
<td>Israel</td>
</tr>
<tr>
<td>No special titles/ No name</td>
<td>3</td>
<td>Denmark, Finland, Lithuania</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>
Summary of the Results

- Total of 30 member societies from 28 European Countries were responded.
- Cancer nursing recognised as a specialist area of nursing practice in seventeen countries.
- Majority of them (65 %) indicated to having a specialist nursing workforce in their country.
- Variations between countries in regarding the titles were noted.

*EONS Snap-shot Survey on Specialist Cancer Nursing in Europe (2013)*
• Nurses should practice to the full extent of their education and training

• Nurses should achieve higher levels of education and training cross Europe

• Nurses should be full partners in the multidisciplinary oncology team

• Nursing education is essential for effective workforce planning. In turn cancer patient outcomes should improve

• Nurses should be prepared and enabled to lead change and develop evidence based specialist cancer nursing practice.
EONS cancer nursing curriculum

Aims of the EONS curriculum

- Raise awareness of cancer nursing as a specialty within European health care.
- Provide a practice-based framework for educators and managers to facilitate post-registration cancer nurse training and professional development.
- Enhance cancer nurses’ knowledge, understanding and practice skills to improve health care management for people with cancer.
- Empower nurses to offer input into the multidisciplinary cancer team for research, management and practice.
- Foster the development of strategic capacity and capability within cancer nursing.
THE CONTEXT OF CANCER NURSING (60 h: 6 ECTS)

BASIC SCIENCE AND TREATMENT OF CANCER ( 60 hours : 6 ECTS )

NURSING ASSESSMENT AND INTERVENTIONS IN THE MANAGEMENT OF PEOPLE AFFECTED BY CANCER ( 90 hours : 9 ECTS )

CANCER AS A CHRONIC ILLNESS AND SUPPORTIVE AND PALLIATIVE CARE ( 90 hours : 9 ECTS )

INFORMATION AND COMMUNICATION IN CANCER CARE ( 90 hours : 9 ECTS )

CLINICAL LEADERSHIP AND RESOURCE MANAGEMENT OF CANCER NURSING ( 60 hours : 6 ECTS )

EVIDENCE BASED AND APPLIED RESEARCH IN CANCER CARE ( 60 hours : 6 ECTS )

UNDERSTANDING IMPACT OF CANCER ON THE INDIVIDUAL, FAMILIES AND HEALTHCARE PROFESSIONALS ( 90 hours : 9 ECTS )

PRACTICE
Entry requirements

- To gain entry to a specialised oncology nursing education program a nurse must have achieved the first-level qualification of a nurse as specified in the EC Directive 77/452/EEC (subsequently amended by Council Directive 89/595/EEC) or its equivalent in other countries.

- It is recommended that students should have at least one year’s post-registration experience in either a general or cancer setting.

- If the course is run on a part-time basis, the nurse must be involved in the care of people with cancer and their families for the duration of the course.
Emerging Trends in Cancer Care

- Increasing use of oral therapies
- Molecularly targeted therapies with attenuated side effects versus traditional chemotherapy
- Considering cancer a chronic disease with new emphasis on ongoing therapy
- Longer survival times requiring long-term daily medication
- Changing needs for patients and caregivers to monitor/manage side effects, toxicities, and adverse events
- Increased patient responsibility for adherence to treatment

*Given BA, Spoelstra SL & Grant M (2011). Seminars in Oncology Nursing, 27(2): 93-103*
Future of Oncology Nursing

- Optimise supportive and palliative care
- Increasing array of multi-modality therapies
- Personalised healthcare
- Genetics and personalized medicine will continue to change cancer management as we know it.
- Different models for follow-up and new focus on survival
- Shortage of specialist skills
Conclusion

- Education is vital as oncology moves forward
- Diversity is probably the biggest characteristic in Europe
- Europe is growing and a lot of countries haven’t been reached
- EONS can empower nurses
- Leadership and power has biggest impact at local level
“In so many ways – through practice, advocacy, education, and research – nurses can help to mold the future of cancer patient care as it continues to evolve in the next millennium.”

M. J. Friedrich

“If your actions inspire others to dream more, learn more, do more and become more, you are a leader.”

_John Quincy Adams_
About Turkey

Socio economic data
- Population (2013): 76,667,864
- Life expectancy: 74 years
Total number of Nurses and Doctors in Turkey, 2012

134,906 nurses
129,772 doctors

one nurse per 561 people
one doctor per 583 people

The ratio of nurses to doctors: 1.03

(Turkish Statistical Institute, 2012)
History Nursing Education in Turkey

1923

Ministry of Health founded the nursing schools, as a 3-year program; then extended to 4 years in 1958

1946

BSN programs were started at Ege University in İzmir; There are 106 nursing schools affiliated with universities

1955

The first Turkish nursing school was established in Istanbul by the Red Crescent Society

1968

MSN degree started, currently 38 programs

1972

Doctoral degree started, (available in 11 universities)

(Yavuz, 2004; Özsoy, 2007; Bahcecik & Alpar, 2009; Ergol, 2011; OSYM 2012)
BSN Programs (2012)

<table>
<thead>
<tr>
<th>Type of programs</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty of Nursing</td>
<td>6</td>
</tr>
<tr>
<td>School of Nursing</td>
<td>5</td>
</tr>
<tr>
<td>School of Health</td>
<td>75</td>
</tr>
<tr>
<td>Faculty of Health Sciences</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>106</td>
</tr>
</tbody>
</table>

85 of them are affiliated with state universities; 21 of them are foundation based/private universities.
A University-based master programme in oncology nursing was established in first in 1997 and second was launched in 2004.

Although these are mainly attended by nurses intending to develop academic rather than clinical careers and clinically-focused programmes are needed.

The main goals of Turkey’s National Cancer Control Program

To reduce:
- consumption of tobacco
- infection-related cancer morbidity and mortality
- frequency of cancers due to environmental & occupational factors

To control:
- obesity, diet and physical inactivity related cancers

To establish:
- a national organization structure for cancer
- a delivery chain structure for diagnosis, treatment and scientific research for cancer

To extend:
- palliative care services throughout the country

State of Oncology in Turkey, 2013
ขอขอบคุณคุณ... for your great hospitality