The EONS RECaN Project:

Recognising European Cancer Nursing

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On behalf of the RECaN group
Background to RECaN

• Nurses are central to the care of patients with cancer, but recognition of cancer nursing across Europe is highly variable

• Little consensus on cancer nursing roles, training and education needs for the continued growth of the profession in today’s climate

• Limited evidence synthesis underpinning the impact and contribution made by cancer nurses
In 2015 ECCO announced its intention to focus on the cancer nursing workforce across Europe “...a continuing lack of uniform regulation and recognition across Europe... despite this situation, cancer nursing provides an undeniable added value in terms of patient outcomes” [ECCO position statement 2015]
RECaN Project Phases 1-3

- Phase 1 – systematic review of the value and impact of cancer nursing on patient experiences and outcomes
- Phase 2 – case study of 4 countries in Europe where nursing is at different stages of development
- Phase 3 – engaging with OncoPolicy community to find ways of supporting and promoting cancer nursing across Europe in different political contexts
Aims of RECaN Phase 1

- To systematically identify the roles and types of intervention activities currently undertaken by cancer nurses
- To determine the effectiveness and cost-effectiveness of interventions delivered by cancer nurses in improving the experience and outcomes of people with cancer
Records identified: n=22450

Abstracts screened: n=16169

Full texts assessed: n=925

Excluded (n=614)

6281 removed based on title

15244 removed based on abstract

Total number of trials in narrative synthesis: n=214 unique trials reported across 311 publications
Origin of cancer nursing trials

Austria: 2
Belgium: 2
Denmark: 8
Finland: 1
France: 2
Germany: 9
Ireland: 1
Israel: 1
Italy: 2
Netherlands: 27
Norway: 4
Spain: 4
Sweden: 13
Switzerland: 4
Turkey: 4
UK: 59

143
117
18
15

>100
>50
>10

EUROPEAN ONCOLOGY NURSING SOCIETY
Nurse-led interventions

- Delivered across cancer continuum but most during treatment; less in diagnostic phase
  - Main types: breast, prostate, colorectal, mixed
  - None in: brain, sarcoma, bladder, renal, skin
- Types of interventions:
  - Case management (n=38)
  - Surveillance (n=27)
  - Teaching, guidance, counselling (n=131)
  - Treatment and procedures (n=18)
Summary of Results

- Interventions often complex and multifaceted
- Interventions are diverse in nature
  - Some nurse-led; Some multi-professional
  - Others focus on patient self-management
- Important to consider changes to nurses’ roles
- Most delivered by nurses with advanced skills
- Meta analysis of nurse-led interventions (n=28 based on EORTC-30)
  - Nurse-led interventions are associated with significant improvements in quality of life: Global QoL, Physical function, Social and Role function
Key considerations

- Important to provide:
  - Pan-European career structure for nurses
  - High quality education and research skills for cancer nurses across Europe
- More research is needed to evaluate nurse-led care and interventions
  - Diagnostic procedures; Managing treatment
  - Leading follow up and survivorship
- Investment in collaboration for international studies is crucial to build an evidence base for nurse-led interventions
RECaN Phase 2: Comparing Cancer Nursing in 4 European Countries

- Data from Estonia, UK, The Netherlands and Germany (2017)
- Clinical visits, focus group interviews, individual interviews, survey, meetings with stakeholders
- Hospital Survey on Patient Safety (n=400 nurses)
- Questions: support, workplace, work content, leadership, communication, errors and safety
Summary of key issues

- **UK and Netherlands:** Advanced practice well established; High autonomy & professional status
  - Specialist training; good career prospects
- **Germany:** Less autonomy - difficult to develop practice; ineffective use of competences
  - Variation in training; most no academic degree
- **Estonia:** Little autonomy and recognition
  - Many nurses need more than one job
  - No specialist training in cancer care
  - Few career possibilities in cancer nursing
How and what do we value in cancer care?

- “Value in healthcare” has different interpretations
- **How** you do something may have additional benefits for patients than **What** you do
- Communication skills provide added value
Thank you