

Keynote Symposium

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The status of cancer nursing – a European perspective

A. Glaus. *Zentrum für Tumordiagnostik und Prävention, St Gallen, Switzerland*

Nurses are the largest group of health care professionals in Europe. They promote health, prevent disease and provide care. This important contribution is increasingly recognised in member states and there is agreement that nursing should be strengthened to provide better health care for all Europeans. The World Bank identified nursing as "the most cost-effective resource for delivering high quality public health and clinical packages" (1). However, despite increasing recognition, the effective delivery of nursing services is influenced by many factors. The absence of nurses from policy-making in health care systems, shortage of qualified nurses, insufficient resources for education and development and undervaluing of nursing may be some of them. Nursing shares the characteristics of other female-dominated occupations – low pay, low status, poor working conditions, few prospects for promotion and poor education in many European countries.

Within the context of general nursing, oncology nurses in Europe are considered avantgardistic because they have been leaders in the development of cancer nursing as a clinical specialty and because they have joined together early to share skills and knowledge and to ensure that those who work in cancer care are safe and competent (2). However, a great variety of competencies, education, working conditions and professional status exists between European countries. In addition, cancer is identified as one of the major burdens of disease in Europe, demands are increasing and health care is dramatically changing.

The European Oncology Nursing Society (EONS) decided to undertake a survey about the status of cancer nursing in its national member societies. Aim: The purpose of the study was the identification of characteristics of nursing, working conditions, education and nursing developmental issues.

Methods: A postal survey was sent to the members of the Advisory Council of EONS, involving 24 countries.

Results: Information was received from representatives of 20 countries. The information received reflected a great variety in professional characteristics, working conditions, undergraduate and postgraduate education and nursing development. A strong indicator of diversity was the presence of 17 languages associated with many cultural patterns. Final results need to be further analysed and will be presented.

Conclusions: preliminary data suggest that nursing shortage is an alarming issue in most countries. Apart from this, very little seems to be known about vital indicators for the survival of the nursing profession in some European countries and non-availability of important data may surprise health policy-makers.

References

- [1] World Health Organisation, Nursing practice around the world. Geneva, 1997
- [2] Fawcett-Henesy Ainna, Foreword, in: Kearney N, Richardson A, Di Giulio P, Cancer nursing practice. Churchill Livingstone, Edinburgh, 2000

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ECN37 The status of cancer nursing tomorrow. The influence of nursing on treatment strategies

J.E. Lundgren. *Oncology Nursing Society, Pittsburgh, PA, USA*

Of all health care providers, oncology nurses spend the most time with cancer patients and their caregivers. This time is used to meet multiple goals. The role of nursing is to provide hands on patient care while teaching the patient about their disease process, treatment plan, potential side effects with suggestions for interventions, and describing the potential emotional, psychosocial and spiritual effects of the disease. Information on patient advocacy groups, sources for information on research protocols, and referrals to support groups can be provided by the nurse. Oncology nurses assess the patient's need and desire for information, then develop

a plan to meet those needs. The skill and knowledge to translate complex principles and issues into an understandable context for cancer patients is a major portion of the oncology nurse's daily work. Collaborating with other members of the cancer care team, the nurse provides information to aid the cancer patient in making treatment decisions.

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The influence of nurses on health care policy – a global view

M. Fitch. *Toronto Sunnybrook Regional Cancer Centre, Toronto, Canada*

By definition, policy governs change and influences human behavior. Policy directly effects resource allocation and, in large measure, determines quality of both health care and work life. Given the knowledge and expertise of oncology nurses, and their roles within the cancer care system, oncology nurses have the potential to effect policy concerning cancer control.

Cancer control includes all the efforts to eradicate cancer and reduce the burden of illness related to cancer. This includes efforts aimed at prevention, early detection, treatment, care, education and research. The scope of activity provides a great deal of opportunity to become active in influencing policy decision-makers, at various levels: institutional, local, regional, national, and international.

This presentation will highlight various avenues through which cancer nurses influence policy decisions and explore future challenges for us in undertaking these activities.

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Current and future cancer nursing in Denmark

S. Olafsdottir. *Herlev University Hospital, Dept. of Oncology, Herlev, Denmark*

Denmark is a small country with a little more than 5 mills. inhabitants. Placed in Scandinavia, and considered being a rich and affluent society, Denmark have some dubious honour to have the highest incidence of cancer and the lowest overall 5 year survival of the diseased among the Scandinavian Countries. In 1999 the percentage of deaths caused by cancer reached 26% of all diseases and became the most frequent cause of deaths in Denmark.

In 1998 the Danish Ministry of Health and the National Board of Health appointed a group of (medical) experts to develop a National Cancer Strategy describing the national effort to improve the results of the Danish initiatives in cancer prevention, treatment and care. The main areas are: prevention, early detection, treatment and care, rehabilitation and palliation.

Prevention and health campaigns have not been a success in Danes and especially Danish women smoke a lot more than their "sisters" in the other Scandinavian Countries and Cancer Patients in Denmark do not change their lifestyle after diagnosis.

Most patients go to the General Practitioner (GP) when they get the first symptoms of cancer, but there has been a delay in screening and further examinations because of a lack of resources in the counties.

The government has introduced a guarantee of quick appointment to the hospital and a guarantee of treatment two weeks after diagnosis for all cancer patients but however the resources are not yet sufficient.

In Denmark the basic nursing education became a Bachelors Degree few years ago but we do not have a tradition of university trained nurses in Denmark. Anyway Cancer Nurses have established an education based on "Basis Curriculum for Oncology Nurses Education for Nurses", which has existed for now 20 years, but it is not accredited or accepted.

In Denmark nurses take care of about 90% of all treatments both medical and radiotherapy.

However there is no accredited education for Nurses in Cancer-Care in Denmark at the moment. We have two (three) not accredited post-graduate educations in our country but all based on local initiatives.

In the Danish National Strategy of Cancer you do not see any acknowledgement of nurses making a difference in Cancer Care but Nurses have to be more self confident and demanding in the accept of their important

role in total cancer care ñ but we need an accepted education and the acknowledgement that cancer nursing is a specialty.

That demands that the strategies and policies for oncology nursing education and research are much more visible. Therefore The Danish Oncology Society is working for:

- Education and development
- Acknowledgment of Nurses Role
- Greater influence on the Political Agenda and Strategies
- Strategies for Nursing Research, development and educated Researchers
- Collaboration for the benefit of the Patient.
- Higher quality in Cancer Care.
- SOL/ECCO