



EONS Membership Survey 2016

Dr Maggie Cunningham



Contents

Executive Summary.....	3
Survey Design.....	4
Dissemination of Survey	4
Description of the sample.....	5
Figure 1. Age of respondents.....	6
Table 1 Number of responses for each country (where there was at least 1 respondent).....	6
Table 2 List of countries with no respondents.....	7
Figure 2 Highest level of education completed	8
Figure 3 Number of years' experience in cancer nursing	9
.....	10
Figure 4 Patient groups or types of cancer work.....	10
Membership.....	11
Individual and Associate Members.....	11
National Society Members.....	11
Benefits of EONS membership.....	12
Figure 5 Word cloud of benefits of EONS membership.....	12
Figure 6 Satisfaction with EONS membership	13
EONS Services	13
Figure 7 Most useful EONS services.....	15
Cancer policy in different countries.....	16
Table 3 In your country, do you feel cancer nurses have enough specialist training.....	18
Table 4 In your country, do you feel cancer nurses have enough career structure	19
Table 5 In your country, do you feel cancer nurses have enough opportunities	19
Table 6 In your country, do you feel cancer nurses have enough recognition.....	19
Table 7 Percentage of respondents who feel their country does 'not at all' have enough.....	20
EONS Communication.....	20
Figure 8 How information is received by EONS members	21
Table 8 How effective are the following ways which EONS uses to communicate with its members? [212 answered, 128 skipped].....	22
EONS Education	23
Figure 9 Sources of information used to stay up to date	23
Challenges	25
Table 9 Professional Challenge Themes.....	26
Suggestions for future member surveys.....	27

Executive Summary

This report on the EONS member survey 2016 was commissioned by the EONS Membership Survey Task Group. The survey was disseminated on-line and advertised through the EONS newsletter, EONS website, and by emails to National Society representatives. 340 responses were received from members in 30 countries. One page infographics were produced for countries with over 15 responses – UK, Portugal, Sweden and The Netherlands. Analysis of the questions is reported for the whole sample, and sub-group analysis was conducted for those questions relevant to sub-groups. Main sub-group analysis compared responses of members from countries where nursing is recognised as a specialist area of nursing practice with members from countries who do not. Questions in the survey covered demographic information, EONS membership, EONS services, EONS strategy, communication, education, and future professional challenges.

- 71% individual and associate members, and 61% national society members considered the EONS membership fee to be good value for money.
- Respondents found the most useful features of EONS membership to be the educational opportunities provided by EONS, and access to information via the EONS monthly newsletter and EONS website.
- Respondents felt that all four aspects of the EONS CARE (Communication, Advocacy, Research, Education) strategy were important to them personally, and to their National Societies. Respondents made a range of suggestions for how EONS could address CARE issues in their country.
- Very few respondents felt cancer nurses in their country had enough specialist training (17%), career structure (13%), opportunities (8%), and recognition (10%).
- There was a difference in professional challenges between countries where cancer nursing is recognised, and those where it is not:
 - The most common professional challenges described in countries where cancer nursing is recognised were coping with organisational resourcing issues (e.g. low staffing levels and financial pressures affecting the provision of clinical services); and heavy workload.
 - The most common professional challenges described in countries where cancer nursing is not recognised were providing emotional and psychological support to patients; and keeping up to date with new developments in cancer care.

Survey Design

The EONS Membership Survey Task Group was convened in 2014. The task group reviewed the previous member survey conducted in 2012 and discussed plans to conduct a revised survey with the Advisory Council, when they met in Budapest in 2014. Through Advisory Council representatives, the task group asked National Societies to comment on the purpose, content and dissemination of the new survey. Informed by National Societies and EONS Board Members, the task group agreed that the new membership survey should cover 3 main areas:

- 1) Who are our members and how are they involved with EONS?
- 2) What can our members tell us that would enable us to grow as a society and improve the impact of the work we do?
- 3) What do our members think about our strategic direction and our activities?

The task group brainstormed and drafted questions relevant to these areas. Additional questions were then added from the 2012 EONS membership survey and from additional literature reviews of survey websites and surveys used by other health member organisations.

The consensus in the survey industry is that membership surveys should take around 10 to 15 minutes to complete. Longer surveys have lower completion rates. The 2016 draft survey had fewer questions than the 2013 membership survey, and also reduced the number of free-text options.

The EONS Board, and members of the Research and Membership Steering Groups were given the opportunity to comment on and revise the draft 2016 survey in February 2016. In particular, feedback was sought on whether the questions were in sufficiently plain English, whether instructions for answering the questions were clear, and whether there were any additional questions which they would like added to the survey. Thirteen committee members provided feedback on the draft survey and their comments were incorporated into the final design of the study.

The final survey (Appendix A) had 49 questions, split into sections which covered demographic information, EONS membership, EONS services, EONS strategy, communication, and education. Members who completed the survey were given the option to enter their name into a database for EONS to contact them about involvement in future projects.

Following a review of online survey tools, the EONS Board agreed that the survey should be created using Survey Monkey. As an incentive to encourage participation, the Board also agreed that there would be a prize draw for one person who completed their contact details to win free registration at the EONS 10 Autumn Convention taking place in Dublin in October 2016.

Dissemination of Survey

The survey was open from the beginning of March until the end of April 2016. The survey was advertised in both the March and April newsletters. A link to the survey was included on the front page of the EONS website. Responses to the survey were slow, with only 6 responses by the end of March. However, response rate picked up after:

- Emails were sent to National Society representatives;
- Regular facebook and twitter updates were posted with links to the survey;
- A pop-up link to the survey was added to the website which opened whenever a web page was opened.

By the closing date, 340 people had responded to the survey, with 212 complete responses. The average time taken to complete the survey was 16 minutes. The average time taken before logging out of partially completed surveys was 6 minutes.

The results in this report are given for all people who answered any given question, even if they did not go on to complete the survey. The number of people who answered the question, and the number who skipped the question are given in square brackets within the relevant text in the report.

One page infographics have been produced for the 4 countries who had over 15 respondents – UK, Portugal, Sweden and The Netherlands.

Sub-group analysis was conducted for some questions, based on whether or not cancer nursing is recognised as a specialist area of nursing practice in each country. The EONS report, Snap-shot Survey on Specialist Cancer Nursing in Europe (Kav, 2013) was used as the basis for allocating countries to groups. Some countries were not included in the snapshot report, and for those countries, allocation was decided based on contact with EONS representatives in those countries, and internet searches to determine whether or not cancer nursing is recognised as a specialism. Details the grouping are provided in Appendix B.

Description of the sample

There were 50 (15%) male and 288 (85%) female respondents to the survey [338 answered, 2 skipped]. The majority of respondents were aged between 35 and 54 years (Fig 1). [340 answered, 0 skipped]

Q2 What is your age?

Answered: 340 Skipped: 0

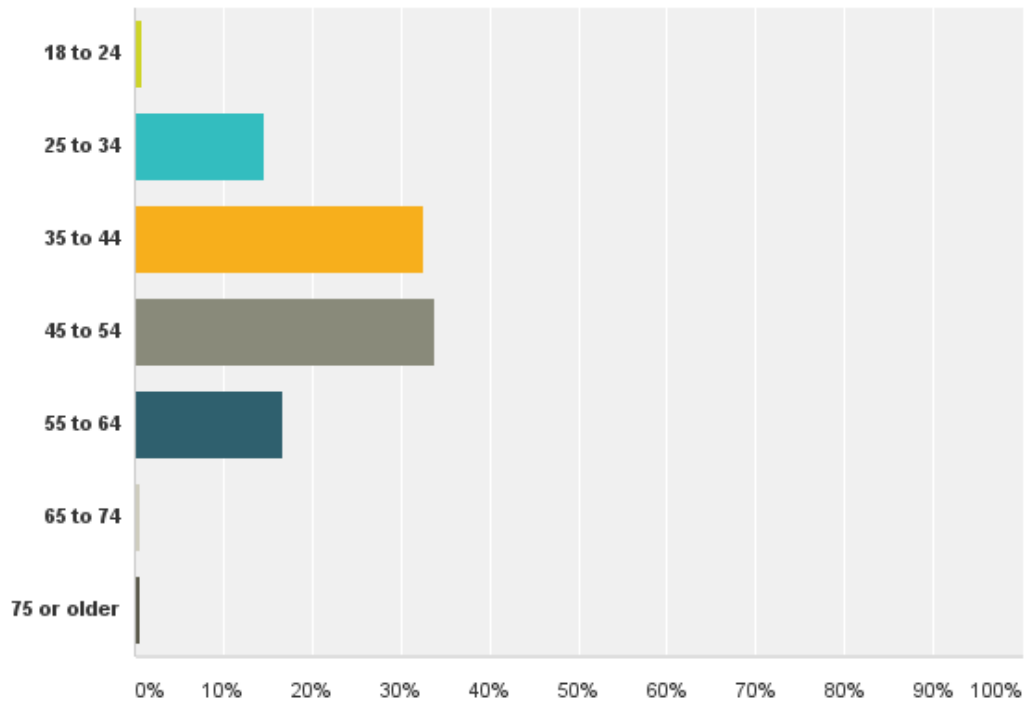


Figure 1. Age of respondents

Respondents came from 30 countries (Table 1), with 14 countries having no respondents (Table 2). 47% of respondents were from the UK, 10% from Portugal, and 5% each from Sweden and the Netherlands. All other countries had less than 15 respondents [340 answered, 0 skipped].

Table 1 Number of responses for each country (where there was at least 1 respondent)

Country	%age respondents	Number respondents
Albania	0.6%	2
Austria	2.1%	7
Belgium	3.2%	11
Cyprus	0.9%	3
Czech Republic	2.9%	10
Denmark	0.9%	3
Estonia	1.5%	5
France	1.2%	4
Georgia	0.3%	1
Germany	0.6%	2
Greece	1.5%	5
Iceland	0.6%	2
Ireland	3.5%	12

Israel	0.6%	2
Italy	2.6%	9
Lithuania	0.6%	2
Luxembourg	0.3%	1
Malta	0.3%	1
Netherlands	5.3%	18
New Zealand	0.3%	1
Norway	0.3%	1
Portugal	10.0%	34
Saudi Arabia	0.3%	1
Serbia	0.3%	1
Slovenia	3.2%	11
Spain	1.5%	5
Sweden	5.0%	17
Switzerland	2.1%	7
Turkey	0.9%	3
United Kingdom	46.8%	159

Table 2 List of countries with no respondents

Belarus
Bosnia and Herzegovina
Bulgaria
Croatia
Finland
Hungary
Kuwait
Republic of Macedonia
Romania
Russia
San Marino
Slovakia
State of Palestine
Ukraine

The majority of respondents (146) had a Masters Degree (Figure 2) [330 answered, 10 skipped]. 249 (75%) respondents had some level of postgraduate qualification.

186 (56%) respondents were qualified as a specialist nurse in oncology [335 answered, 5 skipped]. In those countries where cancer nursing is recognised as a specialist area of nursing practice, 151 (64%) respondents were qualified as a specialist cancer nurse. In those countries where cancer nursing is not recognised as a specialism, 35 (35%) respondents were qualified as a specialist nurse in oncology.

Q4 What is the highest level of education you have completed?

Answered: 330 Skipped: 10

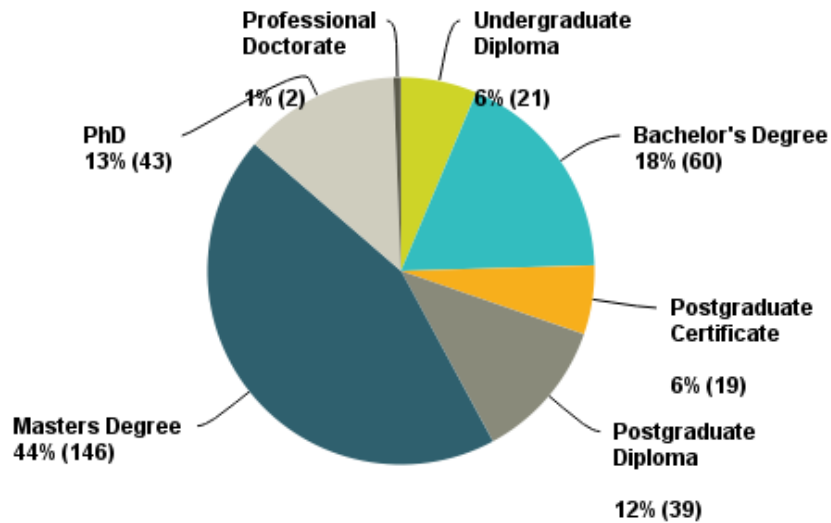


Figure 2 Highest level of education completed

The vast majority of respondents had qualified as a nurse over 10 years ago (n=268, 84%); 34 had qualified between 5 and 10 years ago; 8 between 3 and 5 years ago; 8 between 1 and 3 years ago; and 1 within the last year [319 answered, 21 skipped]. 73% (n=243) of respondents had more than 10 years' experience of cancer nursing (Figure 3) [334 answered, 6 skipped].

Q7 How many years' experience do you have in cancer nursing?

Answered: 334 Skipped: 6

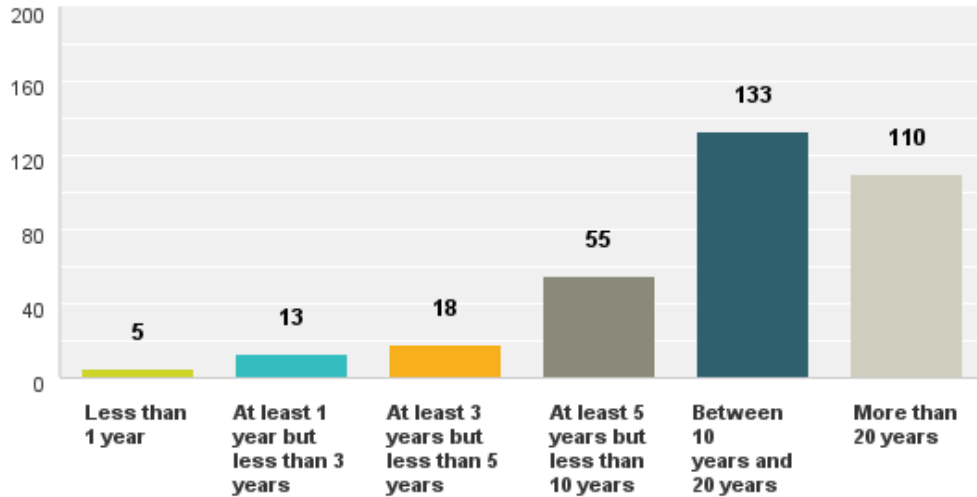


Figure 3 Number of years' experience in cancer nursing

The main work focus for respondents was clinical (n=188, 58%), with remaining respondents being equally split in describing their main work focus as research (n=45, 14%), education (n=46, 14%) and management (n=47, 14%) [326 answered, 14 skipped]. However, several respondents with a main clinical focus pointed out that they had research, management or educational responsibilities too.

Respondents could select up to three patient groups or areas of work that they were most involved in (Figure 4) [340 answered, 0 skipped]. The greatest response was for the category All Cancers (175 responses). However, breast cancer (n=71), gastrointestinal cancers (n=66) and haematological cancers (n=58) were also common choices. Very few respondents reported working specifically with brain cancers (n=6), cervical cancer (n=7) or uterine cancer (n=7).

Q9 Which of the following best describe the patient groups or areas of work that you are most involved in? Please select a maximum of 3 responses.

Answered: 340 Skipped: 0

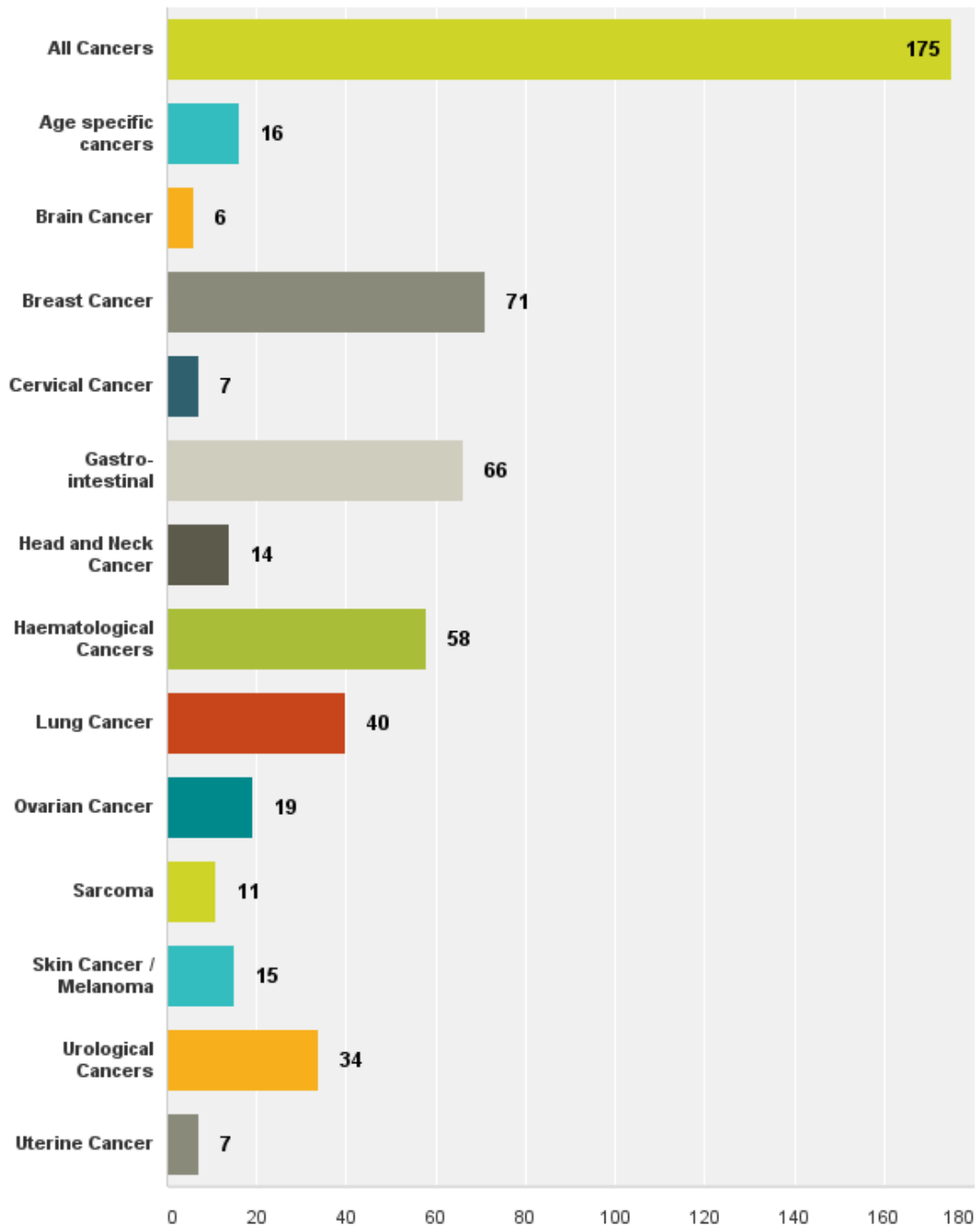


Figure 4 Patient groups or types of cancer work

Membership

114 (34%) respondents were individual members¹ of EONS; and a further 26 (8%) respondents were associate members²; 101 (31%) respondents were members of a National Society³ [331 answered, 9 skipped]. However, 90 (27%) respondents reported that they did not know what type of membership of EONS they had. 49 (54%) of the respondents who didn't know what type of membership they had were from the UK.

Individual and Associate Members

The majority of respondents who were individual or associate members had joined EONS recently, 41 (28%) having joined EONS within the last year. In total, 99 (69%) respondents had joined EONS within the last 5 years. [144 answered, 0 skipped]

Most (n=95, 71%) individual and associate members considered the EONS membership fee to be good value for money. 34 (25%) considered the EONS membership to be good value for money to some extent. 5 (4%) considered that the EONS membership fee was not good value for money. [134 answered, 10 skipped]

Feedback [46 comments] on the value of the membership fee indicated that opportunities for networking, the newsletter and events and conferences organised by EONS were particularly valued. However, negative comments on the value of the EONS membership fee centred around the fee being expensive for part-time nurses; there being an increased focus on the importance of National Societies, with individual members not feeling valued; and EONS not having a strong profile as an advocate of cancer nursing. EONS was described as being 'hermetically sealed' by one respondent, and another commented that they would like to see the society 'take a stand on contentious issues'.

National Society Members

75 (49%) respondents had been a member of their National Society for up to 5 years; 38 (25%) from 6 to 10 years; and 40 (26%) over 10 years. [153 answered, 43 skipped]

Most (n=92, 61%) national society members considered the additional benefits of EONS to be good value for money. 43 (28%) considered the additional benefits of EONS membership to be good value for money to some extent. 17 (11%) considered that the additional benefits of EONS membership were not good value for money. [152 answered, 44 skipped]

Comments [70 comments] on the additional benefits of membership of EONS focused on the educational opportunities provided by EONS, and on the availability of research grants through EONS membership. Other positives included being regularly updated with news of cancer nursing around Europe, and the networking opportunities available through being members of a European community of cancer nurses. Negative comments about the value of additional benefits of membership of EONS focused on respondents not having contact with EONS and not being aware of what EONS had to offer.

¹ Individual members are nurses who have directly become members of EONS

² Associate members are National specialist nursing groups, institutions and organisations involved in cancer care

³ National oncology nursing societies/Inter-European specialist nursing groups involved in cancer care

Q18 Overall, how satisfied are you with your EONS membership?

Answered: 257 Skipped: 83

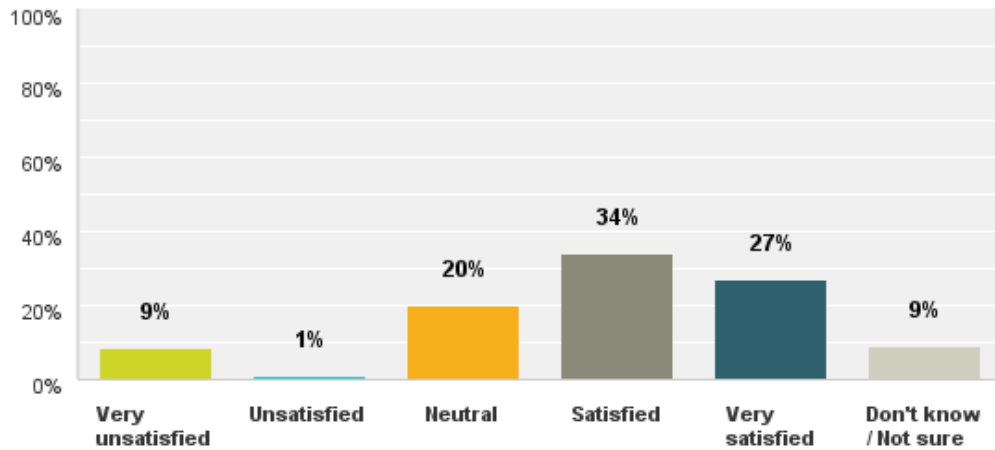


Figure 6 Satisfaction with EONS membership

The main reasons members gave for joining EONS were: to be part of a larger, professional group of cancer nurses (154 respondents ranked this in top 3 reasons); to make a difference to cancer nursing (125 respondents ranked this in top 3 reasons); and to raise the profile of cancer nursing in their country (92 respondents ranked this in top 3 reasons). [254 answered, 86 skipped]

EONS Services

Respondents found the most useful features of EONS membership to be the educational opportunities provided by EONS, and access to information via the EONS monthly newsletter and EONS web-site (Figure 7). Other popular features of EONS membership included the EONS Masterclass, and reduced registration fees to conferences. [238 answered, 102 skipped].

Educational opportunities and Masterclasses were rated as being among the most useful features of EONS membership for respondents from countries where cancer nursing is not recognised as a specialist area of nursing practice. 66% (n=45) of those respondents valued educational opportunities provided by EONS compared to 52% (n=88) of respondents from countries where cancer nursing is recognised. Further, 40% (n=27) valued Masterclasses as a useful feature of membership, compared to 26% (n=44) of respondents from countries where cancer nursing is recognised.

The majority of respondents had not attended an EONS meeting or the EONS/European Cancer Congress in the last 5 years (n=147, 57%). 73 (28%) had attended meetings once or

twice in the last 5 years; 25 (10%) had attended 3 or more times; and 15 (6%) had attended every year. [260 answered, 80 skipped]

The main issues preventing respondents from attending EONS events were not having funds available to cover travel and accommodation costs (n=87); and not having funds available to pay for registration fees (n=56). 27 respondents had never received any information about EONS meetings. Other reasons which prevented respondents attending EONS events included – not being able to take time off work (n=22); prioritising other conferences (n=16); and the topic not being relevant (n=9). [129 answered, 211 skipped]

Q20 Which of the following features of EONS membership are most useful to you and your colleagues? Please select a maximum of 3 features.

Answered: 238 Skipped: 102

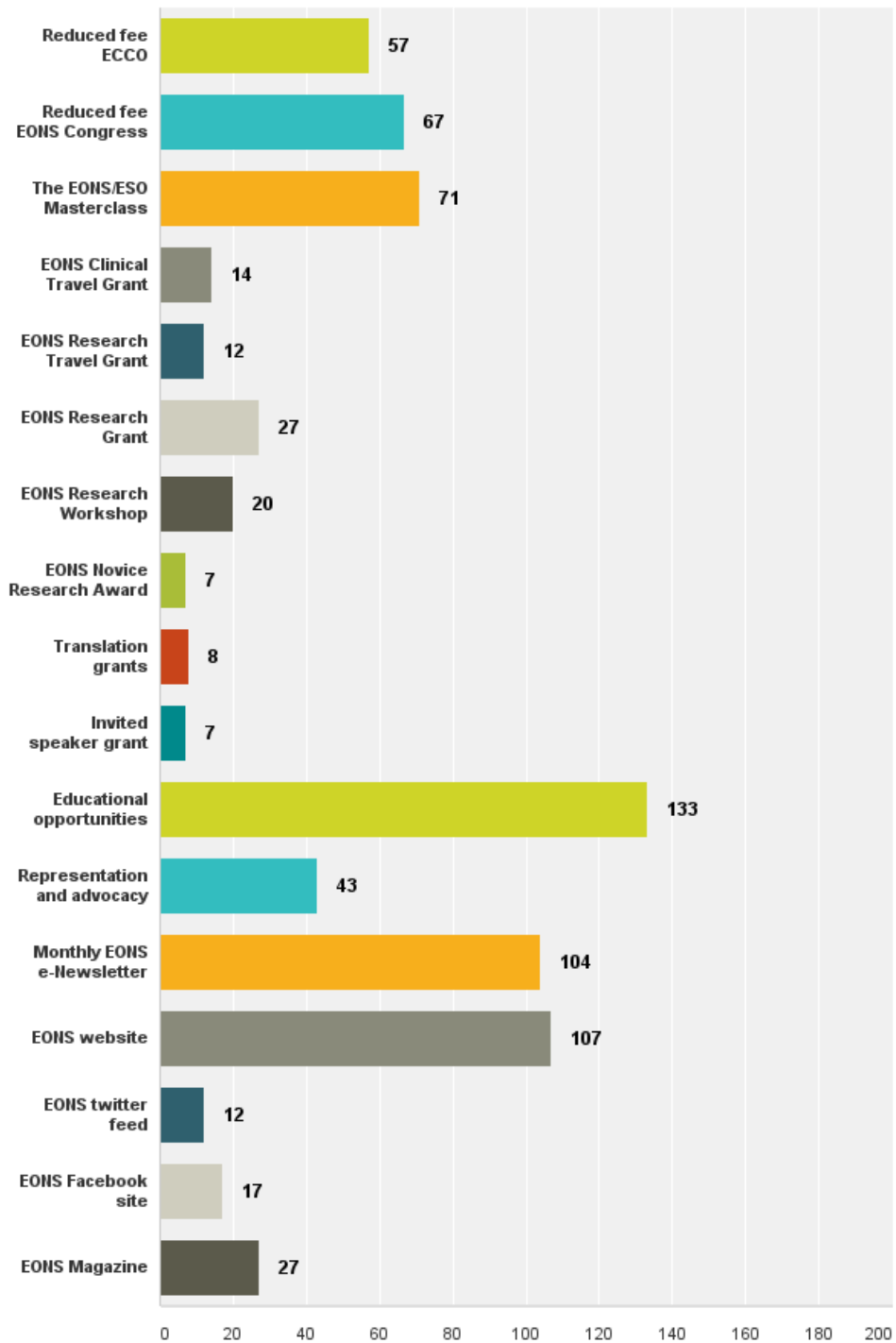


Figure 7 Most useful EONS services

Respondents had several suggestions [55 comments] regarding enhancements they would like to see to EONS services, including:

- Research – a conference/symposium for research nurses; greater encouragement by EONS of multicentre European research; the availability of more research grants; a later date for abstracts and more advertising of abstract deadlines; a monthly bulletin giving nurses the chance to write articles and share their expertise and research ideas/updates; provision of peer-reviewed European guidelines (e.g. safe handling of cyto toxics) and materials (e.g. stress management).
- Education – more regional (not London) meetings; career development support and support for CPD; more online learning opportunities.
- Conferences – reduced registration fees for conferences; more free places for conferences; a greater amount of variation with new faces presenting at conferences.
- Profile of EONS – a more active public profile; stronger and more visible links with National Societies.

Respondents felt that all four aspects of the EONS CARE strategy were very important to them personally, however, education was ranked as slightly more important (weighted average 4.61/5), then communication (4.53), research (4.45) and advocacy (4.32). [216 answered, 124 skipped]

Cancer policy in different countries

Respondents felt that all four aspects of the EONS CARE strategy were also very important to their National Societies, again ranking education as most important (weighted average 4.46/5), followed by communication (4.38), advocacy (4.25) and research (4.23). [216 answered, 124 skipped].

To address Education issues in their country, participants suggested [54 comments] EONS could:

- Collaborate with National Societies to identify and meet educational needs within member countries.
- Work with other relevant bodies to set minimum qualification standards for specialist oncology nurses in Europe.
- Lobby European and national governments to provide funding for achievement of minimum qualification standards and CPD for specialist oncology nursing.
- Create a core curriculum for specialist oncology nursing and disseminate in national languages.
- Provide more on-line courses for specialist oncology nursing.
- Increase access to face-to-face courses and study days by providing more courses, and in a broader range of locations. Respondents would like to see more Titan and Target courses, more courses on cancer research methods, and opportunities for practice based learning.

- Create a database or network of educators who could share expertise in teaching strategies; use this network to promote opportunities to become involved in educational projects or take part in delivering teaching; encourage clinical nurses to become involved in teaching.

To address Communication issues in their country, participants suggested [46 comments] EONS could:

- Translate material into a broader range of languages.
- Forge stronger links with the National Societies, encouraging better communication about EONS through the National Societies.
- Create a module on Advanced Communication training for nurses.
- Increase publicity about EONS events.
- Increase knowledge about EONS among cancer nurses e.g. by producing an annual brochure in conjunction with a National Society explaining benefits and services.
- Produce patient information sheets in a variety of languages, taking into account patient health literacy.
- Encourage networking and collaborative working.

Respondents indicated that they were less clear how EONS currently addresses advocacy in their services. Respondents [42 comments] strongly felt that EONS needed to address advocacy in two ways:

- (i) By lobbying, along with National Societies, at both a European and national government level for the recognition of cancer as a nursing specialty / creation of an advanced practice oncology nurse or specialist cancer nurse role, and for the creation of cancer nursing guidelines. This would encompass points made above under Education for minimum levels of qualification for the specialist cancer nurse role.
- (ii) By including the voice of the patient in EONS activities. Suggestions as to how this could be achieved included increasing patient representation in EONS; creating a charter of cancer patients' rights; building relationships and collaborating with European cancer patient associations.

Respondents [57 comments] would like to see EONS help increase research in their countries by:

- Encouraging and equipping nurses to conduct their own studies by (i) **setting up a structure/processes to increase collaboration and encourage Europe wide cancer nursing research**; (ii) providing research methods training for members, especially for non-academic early career nurses; (iii) providing more research grants.
- Providing information to members on funding opportunities and networks suitable for cancer nursing research.
- Providing an opportunity for members to publish/share information on research projects, and case studies of the implementation of research findings into practice.

There were no differences in suggestions for increasing communication, advocacy, research and education between nurses who came from countries where cancer nursing is a recognised specialism, and those who didn't.

Respondents [91 comments] suggested that EONS could help to promote cancer nursing in their countries by:

- Engaging more with National Societies. In particular, having an EONS stand, literature and EONS representatives at national conferences; working with National Societies to set and design materials for cancer nursing education and qualifications; translating material into the language of the country; organising more local EONS educational events.
- The most popular suggestion was for EONS to work with National Societies to lobby national government and Europe on the importance of specialist education and qualifications for cancer nurses. Respondents felt EONS could play an integral role in providing data to support the benefits of specialist cancer nursing, and guidelines and educational material to support the development of specialist cancer nursing.
- Respondents felt EONS could do more to raise their profile. There was a general feeling that EONS is not well known out of academic and managerial cancer nursing circles. Respondents suggested that EONS should have more clinical nurse involvement in working groups, and advertise EONS to junior nurses, and non-cancer trained nurses who treat cancer patients. Respondents also suggested that EONS could build stronger links with relevant professional bodies and charities in the cancer and nursing fields.
- Respondents suggested a number of ways in which EONS could increase the visibility and profile of cancer nursing, by (i) updating and releasing guidelines in local languages; (ii) publishing position papers on key issues; (iii) writing short overviews of key issues for nurses and National Societies; (iv) having a greater press presence.

There was no difference in suggestions for EONS to promote cancer nursing in their country between nurses from countries who recognise cancer nursing as a specialist area, and nurses from countries who do not recognise cancer nursing as a specialism.

17% (n=37) respondents felt that cancer nurses had enough specialist training in their own country. 62% (n=132) felt there was enough specialist training for cancer nurses to some extent, and 21% (n=45) felt there was not at all enough specialist training for cancer nurses in their country. [214 answered, 126 skipped]. Five countries had a large enough number of respondents to this question (over 10) to analyse within country data – Ireland, Netherlands, Portugal, Sweden and the UK. Data for these countries is shown in Table 3.

Table 3 In your country, do you feel cancer nurses have enough specialist training

	Not at all	To some extent	Very much
Ireland	1 (9%)	6 (55%)	4 (36%)
Netherlands	0	6 (46%)	7 (54%)
Portugal	4 (24%)	9 (53%)	4 (24%)
Sweden	4 (33%)	5 (42%)	3 (25%)

UK	12 (12%)	68 (71%)	16 (17%)
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27 (13%) respondents felt that there was enough of a career structure for cancer nurses in their country. 119 (56%) respondents felt there was enough of a career structure to some extent for cancer nurses in their own country. 66 (31%) respondents felt there was not enough of a career structure for cancer nurses in their own country. Country specific data for countries with over 10 respondents to this question is shown in Table 4.

Table 4 In your country, do you feel cancer nurses have enough career structure

	Not at all	To some extent	Very much
Ireland	2 (18%)	8 (73%)	1 (9%)
Netherlands	0	9 (69%)	4 (31%)
Portugal	11 (69%)	2 (12%)	3 (19%)
Sweden	7 (58%)	4 (33%)	1 (8%)
UK	19 (20%)	60 (63%)	16 (17%)

17 (8%) respondents felt cancer nurses had enough opportunities in their own country; 155 (73%) felt they had enough opportunities to some extent; and 40 (19%) felt that cancer nurses did not have enough opportunities in their own country. Country specific data for countries with over 10 respondents to this question is shown in Table 5.

Table 5 In your country, do you feel cancer nurses have enough opportunities

	Not at all	To some extent	Very much
Ireland	2 (20%)	8 (80%)	0
Netherlands	0	7 (54%)	6 (46%)
Portugal	8 (47%)	8 (47%)	1 (6%)
Sweden	3 (25%)	8 (67%)	1 (8%)
UK	12 (13%)	75 (79%)	8 (8%)

21 (10%) respondents felt that cancer nurses in their country had enough recognition; 129 (61%) felt that cancer nurses in their country had enough recognition to some extent; 62 (29%) felt that cancer nurses in their country did not have enough recognition. Country specific data for countries with over 10 respondents to this question is shown in Table 6.

Table 6 In your country, do you feel cancer nurses have enough recognition

	Not at all	To some extent	Very much
Ireland	3 (27%)	6 (55%)	2 (18%)
Netherlands	1 (8%)	7 (54%)	5 (38%)
Portugal	6 (38%)	9 (56%)	1 (6%)
Sweden	5 (42%)	7 (58%)	0
UK	18 (19%)	65 (68%)	12 (13%)

A far greater proportion of respondents from countries where cancer nursing is not recognised as a specialist area of nursing practice felt that cancer nurses did not have

enough specialist training, career structure, opportunities and recognition in their country compared to nurses from countries where cancer nursing is recognised as a specialism (Table 7).

Table 7 Percentage of respondents who feel their country does ‘not at all’ have enough...

	%age comments of respondents from countries where cancer nursing not recognised	%age comments of respondents from countries where cancer nursing is recognised
...Specialist training	41%	13%
...Career structure	53%	23%
...Opportunities	38%	12%
...Recognition	46%	23%

Respondents [75 comments] described a number of ways EONS could help cancer nurses to achieve greater recognition including:

- Lobbying at national and European level to achieve formal recognition across Europe of cancer nursing as a specialist nursing role. Respondents felt that EONS could work with National Societies to create European cancer care guidelines, and set European standards for the role of cancer nurses, and the qualifications, experience and knowledge necessary for the role.
- Strengthening the argument for a specialist cancer nurse role by summarising the evidence for the benefits of the cancer nurse specialist role, and conducting benchmarking exercises to identify best practice across Europe and the US.
- Designing specialist education courses for cancer nurses, and setting European wide standards for cancer nursing. Ideas for specialist education courses included educating nurses how to lobby for better cancer services, leadership, and educating nurses how to advocate patients’ needs.
- A number of respondents felt that EONS needs to also focus on providing support and services for day and ward nurses who are not specialist cancer nurses but who play an important role in the care of cancer patients.

EONS Communication

The most common way for respondents to receive information from EONS was directly by email through the e-newsletter (n=97, 60%). 19 (12%) respondents stated that they don’t receive any information from EONS (Figure 8). [163 answered, 177 skipped]

The 65 respondents who stated they did not receive the newsletter were distributed across all 4 categories of membership (17 National Society members, 14 Individual members, 9 Associate members, 23 members who don’t know what type of membership they have). Regardless of the type of membership they have, respondents who reported they did not receive the newsletter came from a wide range of countries, not from any one particular country.

Q17 In what way do you receive information from EONS, for example about strategies and activities? Please tick all that apply.

Answered: 163 Skipped: 177

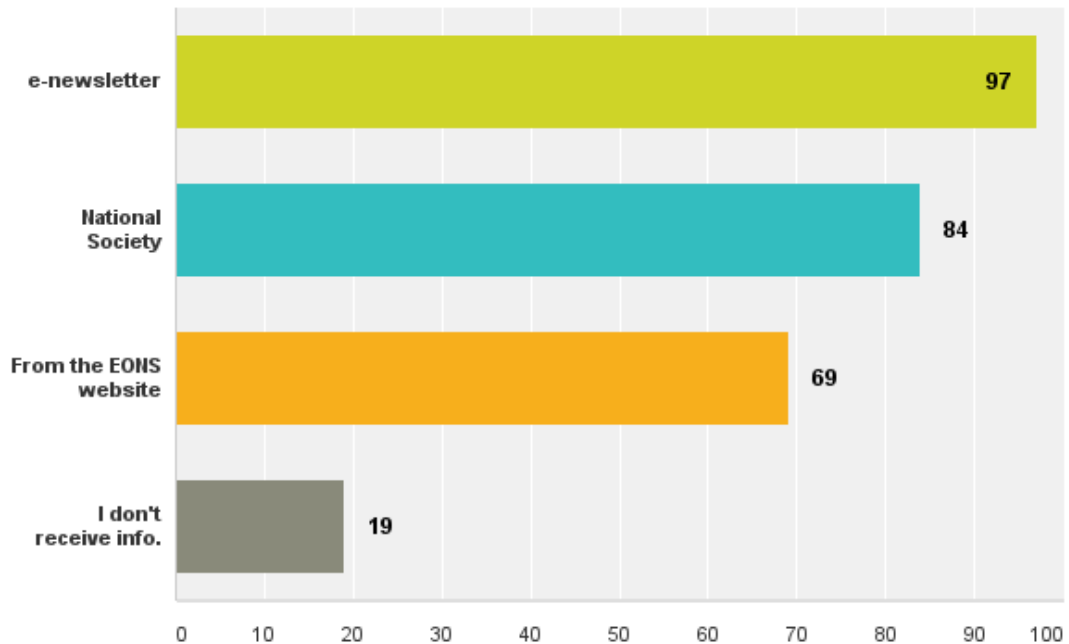


Figure 8 How information is received by EONS members

The EONS newsletter was the most popular method of communication with 101 (48%) respondents finding it very useful, and a further 73 (35%) finding it useful. Respondents were specifically asked if they receive the EONS e-newsletter every month – of the 216 who answered this question, 151 (70%) do receive the monthly newsletter, and 65 (30%) do not receive the newsletter. [216 answered, 124 skipped].

All aspects of the newsletter were regarded as being useful, with news about science and research (95% useful or very useful), and news about education and training (95% useful or very useful) being marginally the most popular subjects. News about EONS activities (92% useful or very useful), recent events (89% useful or very useful), future events (93% useful or very useful) and updates on health policy (91% useful or very useful) were also popular. 16 (11%) respondents found news about patients not at all or a little useful, and a further 9 (6%) respondents had not seen news on patients in the newsletter; however, 83% respondents found news about patients useful or very useful. [147 answered, 193 skipped]. There were not many suggestions [19 comments] for additional content for the newsletter, with many respondents stating their satisfaction with current contents. However, some respondents suggested that the newsletter could be used to encourage networking and

collaboration, for example by highlighting topics or problems from different national societies, with email addresses to stimulate contact.

Twitter was regarded as the least useful method of communication with 21 (11%) respondents finding it not at all useful, and 25 (13%) only finding it a little useful (Table 8). 66 (31%) respondents followed EONS on facebook or twitter. [212 answered, 128 skipped]. The majority 146 (69%) do not follow EONS on facebook or twitter. The main reasons [128 comments] for not following EONS on facebook or twitter were because (i) respondents do not use social media; (ii) respondents only use social media for personal purposes; (iii) respondents felt they have plenty of access to EONS information through other mediums; (iv) social media not available at work; (v) respondents did not realise EONS was on facebook and twitter; (vi) respondents do not find facebook or twitter useful or professional mediums for work. Respondents who do use social media were very positive about EONS facebook and twitter messages – the only suggestions for improvement were to increase the number of facebook posts, and to make the twitter posts less generic and more focused on nursing issues.

31 (52%) respondents felt that LinkedIn may be another social media platform that EONS should consider using. Instagram (n=20, 33%) and WhatsApp (n=11, 18%) were less popular choices of social media platform. However, only 60 people answered this question in the survey, indicating that developing a presence on other social media platforms may not be of particular importance to EONS members.

Table 8 How effective are the following ways which EONS uses to communicate with its members? [212 answered, 128 skipped]

	Not at all useful	A little useful	Useful	Very useful	Don't know/Not seen
EONS Website	2 (1%)	12(6%)	73(35%)	93(45%)	26(13%)
EONS Newsletter	4(2%)	11(5%)	73(35%)	101(48%)	22(10%)
EONS Magazine	5(2.5%)	19(9.5%)	63(31.5%)	65(32.5%)	48(24%)
EONS Congress	7(4%)	11(6%)	52(26%)	80(40%)	49(25%)
Via National Society newsletters or websites	3(1.5%)	16(8%)	78(39%)	65(32.5%)	38(19%)
At National Societies or professional events	7(3.5%)	16(8%)	70(35%)	57(28.5%)	50(25%)
Twitter	21(11%)	25(13%)	37(19%)	36(18%)	78(40%)
Facebook	13(7%)	22(11%)	41(21%)	36(18%)	83(43%)

The EONS website is another effective way for EONS to communicate with its members (Table 8). 125 (60%) respondents indicated that they visit the EONS website to browse, even when they don't have something specific to search for. [209 answered, 131 skipped]. The majority (n=84, 44%) of respondents estimate that they can find what they are looking for within 2 to 4 minutes when they visit the EONS website for a specific purpose; 40 (21%)

indicated it takes them less than 2 minutes; 39 (21%) between 4 and 6 minutes; and 27 (14%) estimated it takes them more than 8 minutes to find what they are looking for. [190 answered, 150 skipped]

EONS Education

The most common type of information which respondents use to stay updated on development in cancer nursing is by reading academic journals (n=163, 79%) (Figure 9). Other popular methods used to stay up to date are conferences (n=138, 67%), courses and seminars (n=124, 60%) and web-sites (n=111, 54%). Less commonly used resources include e-Grand Rounds (n=12, 6%), supervision (n=25, 12%) and text books (n=29, 14%). [207 answered, 133 skipped]

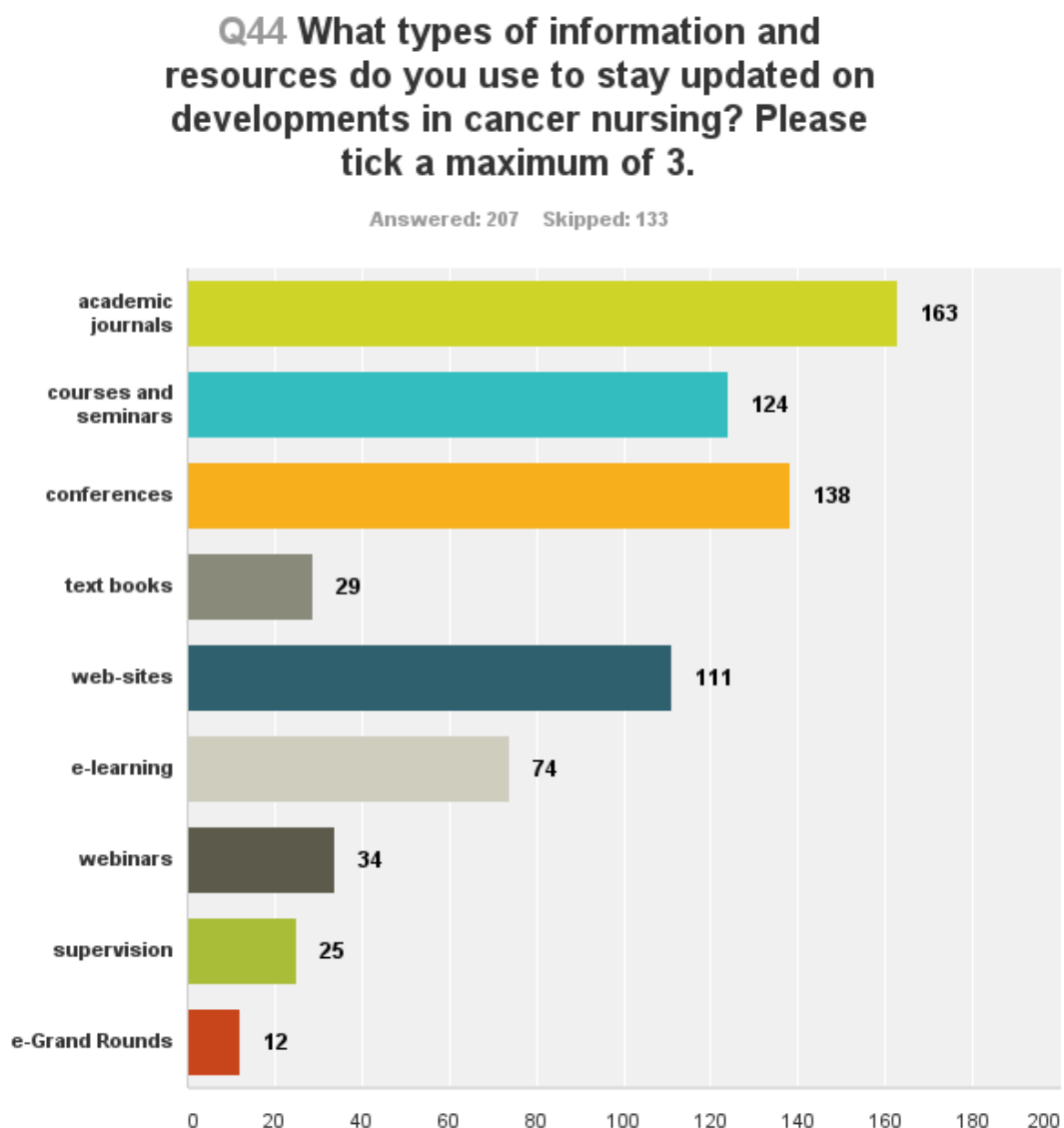


Figure 9 Sources of information used to stay up to date

It is interesting to note that different types of on-line courses, for example e-learning (n=74, 36%), webinars (n=34, 16%) and e-Grand Rounds (n=12, 6%) were not particularly popular among respondents.

Respondents [71 comments] made a number of suggestions of subjects they would like to learn about in future EONS education events. These suggestions covered personal development, cancer knowledge, research skills and patient management:

1. Personal development – strategic thinking, leadership, planning, communication, managing stress at work, advocacy, patient involvement, nurse led initiatives.
2. Cancer knowledge – immunotherapy, genetics, new treatments, chemotherapy, biosimilars, wound management, tumour specific care, acute oncology, lung oncology, symptom management, GI cancer, haematology, clinical assessment, palliative care, acute oncology.
3. Research skills – conducting research, the role of the nurse in clinical trials, translation of research into practice, big data management, updates on current research, new developments, how to get a PhD.
4. Patient management – survivorship, patient self-management, psycho-oncology, expectations management, health promotion, patient education, spirituality in oncology, impact of socioeconomic status, multiculturalism, onco-sexuality.

Respondents suggested that it would be good for EONS to hold more educational events in other languages (other than English), and that EONS should send out email updates about educational events.

Respondents listed a wide variety of conferences which they considered to be the best they had attended in the last 3 years (Appendix C) [152 answered, 188 skipped]. The most commonly cited conferences were ECCO Congresses (30 respondents), and a variety of EONS events including masterclasses, spring conventions and advisory council meetings (21 respondents). Other conferences included National Society conferences (24 respondents), conferences which related to specific cancer specialisms (36 responses), general cancer conferences (6 responses), other multidisciplinary or general nursing conferences (13 responses).

Respondents [127 comments] described a number of factors which made a conference 'the best' – the most important factors were networking (30 respondents), relevance to their job role (33 respondents), the range of topics in the program (21 respondents), and high quality presenters and presentations (18 respondents). When describing the importance of the range of topics in the program, respondents valued hearing about national and international best practice, clinical and research topics, up to date content which would inform nurses of the latest news and future changes to practice. Other factors which made a conference 'the best' included being well organised, interactive, multidisciplinary, local or easy to travel to, free or cheap registration, a good venue, and being inspiring or motivational.

Respondents [116 comments] suggested a large number of themes and topics they would be interested in hearing about at future EONS congresses, along with suggestions for a wide range of speakers (Appendix D). Commonly suggested topics included acute oncology

nursing, geriatric oncology, palliative care, symptom control and managing side effects, home care, psycho oncology, alternative therapies, haematology, sexual consequences of cancer, immunotherapies, and advanced roles in cancer nursing.

Challenges

Respondents were asked to consider the top three professional challenges they have to deal with. 270 respondents listed their challenges [70 skipped]. The most common challenge described by respondents (15%, 111 comments) was coping with organisational resourcing issues, for example, low staffing levels, difficulties with recruitment and retention of high quality staff, financial pressures affecting the provision of clinical services, and difficulties with the working environment (poor facilities or working across multiple sites). Respondents described their concern about the impact that these organisational resourcing issues had for patient care, quality and safety of services, and stress on existing staff. Staffing and resource issues were a much more common challenge for respondents from countries which recognised cancer nursing as a specialism (18% of those respondents) than for respondents from countries where cancer nursing was not recognised as a specialism (7%) (Table 9); this effect is caused by the responses of participants from the UK, 80% of the comments citing challenges with staffing and resources in the group of countries where cancer nursing is recognised as a specialism, were from the UK.

Two other frequently cited challenges were also organisational. One of these (11%, 76 comments) was the challenge of coping with an increasingly heavy workload and juggling conflicting demands, the time constraints of the job, and the large volume of patients for which individual nurses were responsible. This was a more frequent challenge for nurses from countries where cancer nursing is recognised (13% of those respondents) than for nurses from countries where cancer nursing is not recognised (3% of those respondents). Again, this effect was caused by UK respondents, with 91% of the comments about workload being made by UK respondents in the group where cancer nursing is recognised as a specialism.

The other, (9%, 64 comments) was the challenge of introducing research evidence into practice and developing services which meet guidelines and are fit for purpose, within the financial, managerial, time and system constraints of the organisation. This issue affected respondents in different ways, some finding the challenge was trying to make change happen, while others found the constant organisational change was the challenge. Several respondents felt that lack of clear guidelines, lack of policy and lack of managerial and political support for evidence based best practice services aggravated this problem.

Many respondents (15%, 106 comments) felt that providing emotional and psychological support to patients was a major challenge, particularly due to lack of time, and poor provision of community rehabilitation and psychological support services. Respondents described particular challenges with (i) communicating with patients, including providing negative or significant news to patients and their families, managing patient expectations and anxieties; and (ii) with supporting patients with end of life and palliative care. Supporting patients emotionally and psychologically was a much more common challenge

for respondents from countries where cancer nursing is not recognised as a specialism (26% of those respondents) than for nurses from countries where cancer nursing is recognised as a specialism (11% of those respondents).

Another frequently reported challenge (9%, 68 comments) was keeping up to date with new developments in cancer care, and struggling to find the time for professional development. A closely related challenge for respondents (8%, 55 comments) was educating nurses in oncology – developing courses for both general nurses and cancer nurses, and finding time and funding for formal oncology education.

A common organisational issue for respondents (7%, 48 comments) was working as part of a multidisciplinary team. Respondents felt that multidisciplinary working led to problems with role differentiation, and that often medical colleagues had conflicting ideas about the role of the nurse in patient care, leading to problems with collaboration. Respondents felt that role clarification, and greater support from colleagues to achieve professional autonomy are required to face this challenge.

The other commonly cited challenge (7%, 54 comments) was finding the time, funding, and support from colleagues to conduct research.

Two further issues emerged more frequently as challenges for the respondents from countries where cancer nursing is not recognised as a specialism. The first of these (5%, 38 comments) related to issues with the role of oncology nurses – developing oncology nursing as a career pathway, having the role of cancer nurses formally recognised, and clarifying professional duties. This was an issue for 9% of respondents from countries where cancer nursing is not recognised, compared to 4% of respondents from countries where cancer nursing is recognised.

The second issue was with managing specific clinical issues to do with cancer treatment (4%, 29 comments), including administering chemotherapy and radiotherapy, pain and wound management, and managing side effects. This was an issue for 10% of respondents from countries where cancer nursing is not recognised, compared to 4% of respondents from countries where cancer nursing is recognised.

Other challenges described by respondents included developing personal leadership and managerial skills including advanced communication and change management skills (3%, 20 comments); coping with management or working practice issues, for example lone working or having a non-clinical manager (5%, 38 comments); and managing stress, burnout and feeling emotionally drained from the demands of the job (2%, 12 comments).

Table 9 Professional Challenge Themes

Themes	%age comments of respondents from countries where cancer nursing not recognised	%age comments of respondents from countries where cancer nursing is recognised	%age comments from all respondents
Stress	2	1	2

Leadership	2	3	3
Managing clinical issues	10	2	4
Issues with role	9	4	5
Management and working practices	2	6	5
Multidisciplinary working	5	7	7
Workload	3	13	11
Research	7	7	7
Education (providing)	7	8	8
Keeping up to date	11	9	9
Service design	6	10	9
Supporting patients	26	11	15
Staffing and structures	7	18	15

Suggestions for future member surveys

A number of changes could be made to the survey in order to increase response rate and streamline the survey in the future.

To increase response rate:

- A pop-up window should be added to the EONS web-site from the date of the survey launch, providing a link to the survey.
- Extra attention should be given to communicating with those countries which had no or a low response to the survey this time round.
- The survey could be rolled out to coincide with an EONS conference and facilities for completing the survey could be provided at the conference.

To streamline the survey changes should be made to the following questions:

- Q11 – include description under each type of EONS membership to reduce the number of ‘I don’t know’ responses;
- Q12 & Q14 – include bands with options rather than a drop down list of years e.g. 1-3 years etc;
- Either remove Q16, or remove the option for comments boxes after Q13 and Q15;
- Q19 – ask for top 3 reasons rather than ranking all responses;
- Q22 – add to list of issues re why people haven’t attended EONS meetings – ‘don’t have time/clashes with other commitments’;
- Q3 – add Gibraltar to country list;
- Q41 – social media – change question to ask for suggestions for improvement;
- Q44 – ask question to discover why online courses are not more popular or commonly used by members. Answer options could include ‘lack of time’; ‘lack of

good courses'; 'lack of relevant courses'; 'lack of IT availability'; 'no CPD credits';
'some other reason'.