



# UNDER PRESSURE

## Safeguarding the health of Europe's oncology workforce



A report and policy action plan  
from the European Cancer Organisation's  
Workforce Network





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# Acknowledgements

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## Authors:

**Prof Wim Ceelen**, Co-chair of the European Cancer Organisation's Workforce Network; European Society of Surgical Oncology; Ghent University Hospital, Ghent, Belgium

**Dr Mirjam Cruil**, Co-chair of the European Cancer Organisation's Workforce Network; European Society of Oncology Pharmacy

**Dr Wendy Oldenmenger**, Co-chair of the European Cancer Organisation's Workforce Network; European Oncology Nursing Society; Erasmus Medical Center, Rotterdam, The Netherlands



European Cancer Organisation staff: **Alexandra Eni, Anna Kiss, Nora Lorenzo i Sunyer, Norbert Couespel, Richard Price, Mike Morrissey, Silvia Romeo, Giuseppe Filiti, Alvaro Jimber, Marion L'Hote**

## Contributors:

**Andrea Antonuzzo** (Multinational Association of Supportive Care in Cancer), **Kiran Bali** (European Pain Federation), **Andreia Capela** (Multinational Association of Supportive Care in Cancer), **Stavroula Chante** (Young Cancer Professionals), **Melissa Chin** (Multinational Association of Supportive Care in Cancer), **Ana Clavería Fontán** (Área Sanitaria de Vigo), **Mary Coffey** (European Society for Radiotherapy and Oncology), **Tom Cooksley** (Multinational Association of Supportive Care in Cancer), **Cristina Cuerda Compes** (European Society for Clinical Nutrition and Metabolism), **Bruna David** (Young Cancer Professionals), **Mikael Daouphars** (Centre Henri Becquerel), **Nikolina Dodlek** (European Oncology Nursing Society), **Evelin Donohue** (European Health Management Association), **Audrius Dulskas** (National Cancer Institute, Lithuania), **Matthew Fowler** (European Oncology Nursing Society), **Pierfrancesco Franco** (European Society for Radiotherapy and Oncology), **Cristina Garibaldi** (European Society for Radiotherapy and Oncology), **Zoe Garoufalia** (European Society of Coloproctology), **Chiara Gasparotto** (European Society for Radiotherapy and Oncology), **Elwira Gliwska** (Maria Skłodowska Curie National Research Institute of Oncology), **Paula Gratal** (Fundación ECO), **Nuria Jornet Sala** (European Society for Radiotherapy and Oncology), **Katerina Kamaradova** (European Society of Pathology), **Iago R. Lago** (United European Gastroenterology), **Alessandro Laviano** (European Society for Clinical Nutrition and Metabolism), **Elene Mariamidze** (Todua Clinic), **Amélie de Martini** (European Association of Nuclear Medicine), **Mayura Nathan** (Homerton Anogenital Neoplasia Service), **Agata Pietzakk** (European Association of Nuclear Medicine), **Daniel Portik** (Young Cancer Professionals), **Christos Poulivos** (European Society of Pathology), **Beate Rau** (European Society of Surgical Oncology), **Alvaro Rogado** (Fundación ECO), **Stephane Schneider** (European Society for Clinical Nutrition and Metabolism), **Anita Sejben** (Young Cancer Professionals), **Reena Sidhu** (United European Gastroenterology), **Anna Smaak Gregor** (Erasmus University Medical Center), **Antonino Spinelli** (European Society of Coloproctology), **Virpi Sulosaari** (European Oncology Nursing Society), **Ina**

**Suppan** (Young Cancer Professionals), **Liva Tiesnese** (World Physiotherapy Europe Region), **Nikolaos Tsoukalas** (Multinational Association of Supportive Care in Cancer), **Helena Ullgren** (European Oncology Nursing Society), **Dimitris Visvikis** (European Federation of Organisations for Medical Physics), and **Wendy Wing Tak Lam** (International Psycho-Oncology Society).

Finally, we also convey gratitude to all those who took time to review and comment upon this report and its recommendations during its wider review, including the ECO Workforce Network (1), and participants within ECO's Policy Approval Pathway process (2).

**Suggested Citation:**

Ceelen W, Crul M, Oldenmenger W, Eni A, Kiss A, Lorenzo i Sunyer N, Couespel N, Price R, Morrissey M, Romeo S (2024). Under Pressure: Safeguarding the health of Europe's oncology workforce, European Cancer Organisation; Brussels.

# Executive Summary of Recommendations

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The crisis within Europe's health and cancer workforces can no longer go unaddressed. Recent crises, such as the Covid-19 pandemic, have taken a toll on healthcare professionals(3), and the current shortages within the cancer workforce are having a profound impact on the dedicated workers on the frontline of cancer care in Europe. Having come into healthcare with a mission to help people, inevitably the shortage of colleagues with whom to share the burden can lead to a negative impact on patients. Doctors, nurses, pharmacists, pathologists and many others – they are all struggling to cope. More and more of them report mental health issues, such as burnout, secondary traumatic stress, moral distress, grief and anxiety(4), forcing them to leave their professions. Those who remain are given more responsibilities, larger workloads, and ever-taller stacks of paperwork, resulting in even less time and attention being provided to patients. Mistakes under these conditions are inevitable, and patient care is being compromised.

This report presents hard-hitting evidence of the workforce conditions that Europe's oncology professionals are currently working in. The results of our survey of more than 700 individuals working in cancer care across 30 countries highlight:

- 51% felt like the people who make decisions that affect their job do not care about their well-being
- 52% reported that their workload seems "endless"
- 19% experience high levels of burnout
- 43% often have very little time for their personal life because of their work
- 55% reported that administrative procedures and rules make their job too difficult
- 77% reported often needing to work overtime
- 52% were not satisfied with measures to improve their occupation health and safety
- 34% were not satisfied with the remuneration they receive

- 80% often felt proud of what they can do to help
- 8% want to leave cancer care sometime within the next 5 years

Other findings include:

- Young cancer professionals reported more challenges across most factors compared to their older colleagues; and
- Satisfaction and support levels were higher in Western and Northern Europe, while Eastern and Southern Europe face greater difficulties, including increased burnout and stress

A crisis in the cancer workforce poses significant risks not only to healthcare professionals but also to the lives of cancer patients. Stress, burnout, and staff shortages can lead to unintended consequences that undermine both the quality of care and the quality of life for those affected by cancer. These challenges may result in longer waiting times for treatment, an increased risk

of medical errors, mistakes in the medication given to patients and compromised patient safety – all of which can have serious, even life-threatening, implications.

According to the World Health Organization (5), medication-related harm impacts one in every 30 patients in healthcare, with over a quarter of these cases considered severe or life-threatening. Medication issues account for half of all avoidable harm in healthcare (6).

Ensuring a well-supported, adequately staffed cancer workforce is essential for advancing cancer prevention, enhancing the quality of care, and ultimately reducing mortality rates across Europe. Only by addressing these workforce challenges can we hope to improve outcomes for cancer patients and provide the high standard of care they deserve.

Working alongside oncology professionals, our report sets out a range of policy recommendations to help address the crisis, restore job satisfaction and promote healthier working environments in cancer care.

We call for immediate and decisive action on multiple fronts to address the cancer workforce crisis and safeguard the care of cancer patients across Europe. Specifically, we recommend the following:

- **Guarantee a Joint EU Commitment to tackle the cancer workforce crisis:** We urge the European Commission and the European Parliament to develop a comprehensive Cancer Workforce Action Plan. This initiative should be co-created in collaboration with national governments and representatives from national cancer centres to ensure a coordinated, pan-European approach to workforce challenges in oncology. This commitment must align with and build upon existing EU cancer initiatives, including the objectives of Europe's Beating Cancer Plan. The focus should

be on ensuring that every cancer patient, across all EU member states, receives the care they deserve.

- **Establish EU standards for cancer hospital staffing:** We recommend the development and implementation of minimum EU standards for cancer hospital staffing to guarantee adequate care is provided consistently across Europe. This should be supported by monitoring the ratios of healthcare professionals per patient/shift to prevent overload and ensure quality of care. Additionally, we propose that the European Health Emergency Response Authority (HERA) be tasked with conducting a comprehensive resilience study on the current state of health workforce availability across Europe. Furthermore, Eurostat should be empowered and funded to radically improve the collection and analysis of data on healthcare workforce to inform future policy decisions.
- **Implement a streamlined and fully integrated digital medication management system for cancer treatment:** This should be aligned with the European Network of Comprehensive Cancer Centres (CCCs) standards. Developed in close collaboration with oncology professionals, this initiative aims to reduce administrative burdens, shorten medication delivery times, and minimise the risk of medication errors.
- **Enhance cooperation between hospitals and cancer centres:** Stronger cooperation between national and regional hospitals and cancer centres is essential to improving care delivery, including making care more accessible within patients' homes. Such collaboration will enhance patient outcomes, streamline resources, and ensure timely interventions.
- **Implement workload adjustments across cancer workforce:** We call for the introduction of robust workload management systems and procedures in all hospitals and cancer centres to ensure a balanced and sustainable

working environment for oncology professionals. This should include flexible staffing models to mitigate burnout risks and ensure high-quality patient care.

- **Implement integrated digitisation:** The digitisation of cancer care systems must be accelerated in line with EU standards, legislation, and best practices. This will improve communication, data sharing, and patient management, enhancing the efficiency and effectiveness of the workforce while reducing human error that can impact patients, as well as reducing excessive administrative burdens.
- **Collaborate with OSHA-EU:** The European Commission must work closely with the European Agency for Safety and Health at Work (OSHA-EU) to investigate the alarming levels of burnout and anxiety experienced by oncology professionals across Europe. This collaboration should result in concrete recommendations for health systems to protect the mental health and well-being of the cancer workforce.
- **Monitor and report on mental health issues:** We advocate for the active monitoring and public reporting of mental health issues, including burnout and anxiety, within national health and cancer workforces. This data should be used to inform the development of targeted psychological support programmes and other measures aimed at reducing burnout and improving overall workforce resilience.
- **Prioritise mental health in health systems:** We urge healthcare systems across Europe to prioritise the mental health and well-being of their workforce by integrating programmes aimed at preventing and managing professionals' mental health issues at all levels of healthcare policy. This must include clear, actionable strategies for supporting oncology professionals, ensuring they have access to the resources they need to thrive.

- **Implement early intervention and training programmes and promote peer-support networks for cancer workforce:**

Healthcare systems should implement proactive early intervention programmes to identify workers at risk of burnout or stress. Additionally, mandatory training programmes should be introduced to equip healthcare professionals with tools to recognise early signs of mental distress in themselves and their colleagues, ensuring timely support is provided. It is vital that programmes and services dedicated to supporting the cancer workforce are widely communicated and promoted across Europe. —such as the peer-support groups offered by such as the psychologists' support on-demand from the Recovery from Stress (FOREST) programme (7), the peer-support groups offered by Doctors in Distress (8) or the Nurse Lifeline support group (9). These programmes provide critical mental health support and should be easily accessible to all oncology professionals. The ECO Workforce Network (1) is announcing that it will be convening national organisations dealing with the workforce crisis across Europe to share their data and experiences, discuss and promote solutions and work with the European Cancer Community Foundation (10) and its Cancer Workforce Fund to support pilot projects suggested by oncology professionals that could be promoted and rolled out across Europe if successful.

We present this report as a call to action to all those in a position to make a real difference – at the international, European, national, and local levels. The challenges that the cancer workforce is facing are undeniable, and their consequences are devastating. Across Europe, cancer patients are already feeling the impact of workforce shortages, burnout, and overwhelming pressure on healthcare systems. These issues are not just numbers on a page – they are real, with human lives at risk, and they demand urgent and decisive intervention.



The evidence is clear: the cancer workforce crisis is not an isolated problem but a systemic failure that threatens the very foundation of cancer care.

Now is the time for international, European, and national institutions, as well as health systems, to step up and address this crisis head-on. Governments, policymakers,

and healthcare leaders must prioritise the strengthening of the cancer workforce, ensuring that the resources, training, and support needed to deliver safe, high-quality cancer care are in place across all countries. This is not just an issue of healthcare infrastructure - it is a fundamental human rights issue, where the lives and well-being of cancer patients are at stake.



# Introduction

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## An Urgent Call for Action: Oncology Workforce in Crisis

The cancer workforce in Europe is experiencing an unprecedented crisis – accelerated by the Covid-19 pandemic – that is affecting the quality of care of patients and the well-being and quality of life of professionals. Meanwhile, cancer incidence rates are rising due to population growth and ageing, and shifts in risk factors (11). By the year 2045, there will be over 5,400,000 cancer cases in Europe (12). At the same time, 40% of medical doctors are nearing retirement age in one third of European and Central Asian countries (13). Thus, the oncology healthcare workforce is facing an increasing demand for cancer care, coupled with changes in the provision of care due to complex treatments and improved survival rates (13). However, these growing needs cannot be met as **there is a critical and growing shortage of healthcare workers across Europe** (14).

Even though healthcare workers are the cornerstone of health systems, the cancer workforce faces a number of challenges in their work, ranging from the emotional burden of caring for patients who are diagnosed with cancer, patients coming towards the end of life, interacting with concerned and bereaved families, dealing with the quickly evolving medical landscape and balancing the competing demands of work and personal lives and responsibilities (15). To illustrate the gravity of these issues, burnout in oncology has been described as a public health crisis. Alarming, these factors often push healthcare workers out of cancer care altogether, further increasing the shortage in the workforce (16).

We are in the midst of a cancer workforce crisis. **Our healthcare workers care for us, but do we care for them?**

## Ongoing Efforts to Tackle the Crisis

To date, the understanding and level of political commitment to address the health and oncology workforce crisis has fallen well behind the level of need. However, some notable initiatives have included:

- A set of EU Joint Actions and projects, including the ongoing HEROES project (17) on the accessibility, sustainability and resilience of healthcare services, which aims to support European countries in improving health workforce planning, as well as the ‘Health workforce projects cluster’ on addressing medical deserts (18), fostering retention, task shifting and reforms (AHEAD (19), METEOR (20), OASES (21), ROUTE- HWF (22) and TASHI (23)).
- A European Commission initiative to support Member States in retaining nurses in their health systems and making the profession more attractive to nurses (24)
- Initiatives by the World Health Organization to support and guide countries in addressing topics such as healthcare professional regulation (25), and healthcare professional migration (26)
- Ongoing work by numerous professional societies in addressing the workforce crisis, such as the European Oncology Nursing Society (EONS) Cancer Nursing Index (27), and the European Society of Radiotherapy and Oncology (ESTRO) Health Economics in Radiation Oncology (HERO) project (28).

However, it is the view of the ECO Workforce Network that while some efforts to tackle the crisis are ongoing and some projects have been launched, the level of political commitment to action remains unequal to the urgency.

## Time to Accelerate for our Workforce

Shortages and difficult working conditions within the cancer workforce have a profound impact on both healthcare professionals and patients. To address the workforce crisis and support cancer care professionals, on 16 November 2023 the European Cancer Organisation (ECO) and its Member Societies launched a pan-European campaign called **Time to Accelerate for our Workforce** (29). The campaign focuses on advocating for data-driven, national and European policies that can improve the working conditions of cancer professionals, build a stronger and healthier workforce and increase recruitment into the professions.

The campaign consists of three workstreams, each addressing a different dimension of the crisis. The first workstream addresses the lack of data and sets out to evaluate the working conditions in countries across Europe. The second workstream highlights the human stories of the workforce crisis through the testimonies of healthcare workers about their daily challenges. Lastly, the third workstream collects and promotes best practices and innovation examples to outline efforts to tackle the crisis.

Within this paper, the findings and content from the three workstreams are integrated to show the current issues through data, what these issues mean for healthcare workers through human stories and potential ways to address them by presenting best practices and policy recommendations.



# UNDER PRESSURE

## Paper Structure





# Methodology

## Workstream 1: Improving Data on Cancer Workforce Crisis

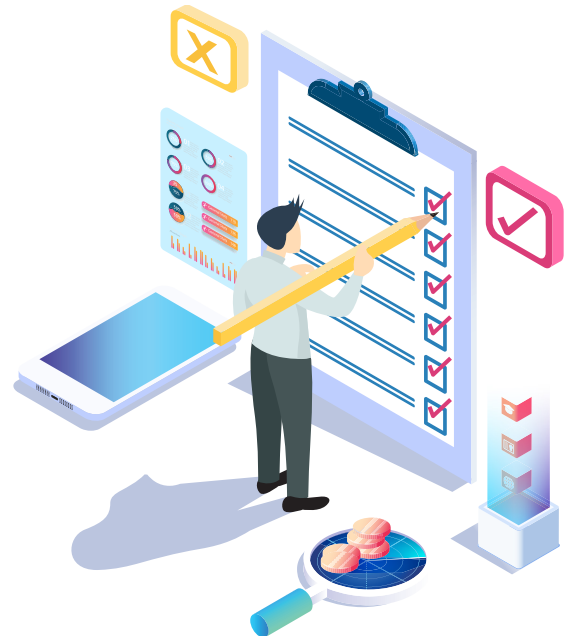
### *Focus of the Workstream and the Expert Group*

The first workstream of the campaign focused on improving data on workforce issues through a policy research project. The research centred on the systematic collection of data concerning working conditions for cancer care professionals to provide more up-to-date data on issues in the workforce, with a wider coverage of professions involved in cancer patient care. The analysis also compared this data across European countries.

The development of the workstream was guided by an Expert Group, consisting of over 40 representatives from organisations among ECO's community. These organisations include: European Association of Nuclear Medicine (EANM); European Pain Federation (EFIC); European Federation of Organisations for Medical Physics (EFOMP); European Oncology Nursing Society (EONS); European Society of Coloproctology (ESCP); European Society of Oncology Pharmacy (ESOP); European Society of Pathology (ESP); European Society for Clinical Nutrition and Metabolism (ESPEN); European Society of Surgical Oncology (ESSO); European Society for Radiotherapy and Oncology (ESTRO); International Psycho-oncology Society (IPOS); Multinational Association of Supportive Care in Cancer (MASCC); United European Gastroenterology (UEG); and the ECO Young Cancer Professionals group.

### *Survey development*

As part of the research project, a survey was developed with the objective of evaluating



the working conditions of professionals involved partially or fully in cancer patient care. The questionnaire was developed in collaboration with the Expert Group, consisting of specialists in various areas of oncology.

The initial phase of survey development involved a comprehensive review of relevant literature and key papers provided by the experts, which informed the conceptual framework and thematic areas to be explored (30–38). Following this, survey questions were iteratively developed through consultations with the Expert Group to ensure they were contextually appropriate, aligned with the project's objectives, and capable of capturing the complexities of the work environment within cancer care settings. The survey was subsequently disseminated using the Qualtrics tool to reach a broad audience of professionals within the field across Europe.

The survey comprised of several key components designed to capture a comprehensive picture of the working



conditions experienced by cancer care professionals. It included demographic questions, such as age, gender, and years of experience, as well as additional information regarding job characteristics, including contract type, shift patterns, overtime frequency, and whether there was any intention to leave the position.

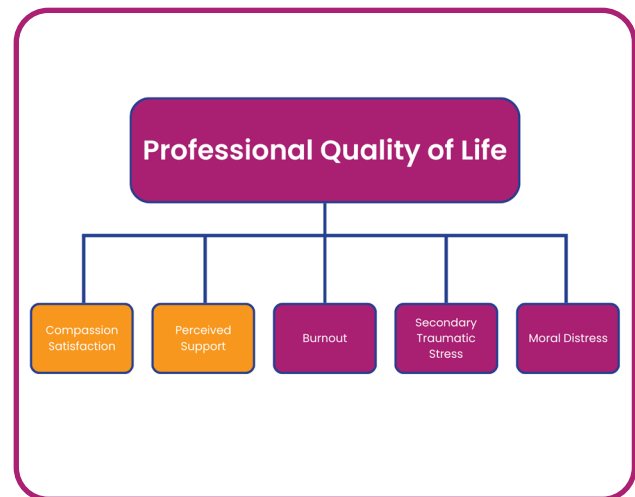
### *Measuring working conditions and professional quality of life*

Two scales were used to assess specific aspects of the work environment. The first scale was the Workplace Satisfaction Scale, developed following the World Health Organization's framework for healthy workplaces (39), which evaluated factors such as job satisfaction, organisational support, and professional development opportunities.

The second scale was the Professional Quality of Life (ProQoL) Scale, which measured both positive aspects (compassion satisfaction, perceived support) and negative aspects (burnout, secondary traumatic stress, and moral distress) of providing care (40). This measure is a widely used tool for assessing the well-being of professionals working in caregiving fields. It includes five key dimensions: compassion satisfaction, perceived support, burnout, secondary traumatic stress, and moral distress.

**Compassion satisfaction** refers to the positive feelings professionals experience from helping others, while perceived support assesses the extent to which individuals feel supported in their roles. **Burnout** measures the emotional exhaustion and hopelessness that can arise from prolonged stress. **Secondary traumatic stress** reflects the impact of being exposed to the suffering of others, often leading to symptoms such as uncontrollable memories or avoiding activities that remind them of bad experiences. **Moral distress**, on the other hand, captures the discomfort or frustration professionals feel when they are unable to act according to their ethical

beliefs, often due to institutional constraints. Together, these dimensions provide a comprehensive picture of the emotional and psychological challenges faced by those in caregiving professions.



### *Data analysis*

The data analysis was conducted in R software environment for statistical computing, employing methods tailored to the sample characteristics. This approach enabled the examination of group differences, as well as the distribution and frequency of scores across various dimensions of work conditions. We conducted an analysis across several key groups to better understand the dynamics within the cancer care workforce. Regional differences were examined by comparing Northern, Southern, Central Western, and Central Eastern Europe. We also assessed disparities between young cancer professionals and their more experienced counterparts, using age and years in the profession as criteria. Gender differences were explored to highlight any variations in experiences. Additionally, we compared the prevalence of compensated versus non-compensated overtime and investigated how these factors influenced professionals' intentions to leave their roles. This comprehensive approach provided





valuable insights into the diversity of experiences within the field. While the analysis of group differences revealed meaningful observations on patterns and variations among different subgroups, it is important to note that **these findings do not imply causation, but rather suggest associations that warrant further investigation.**

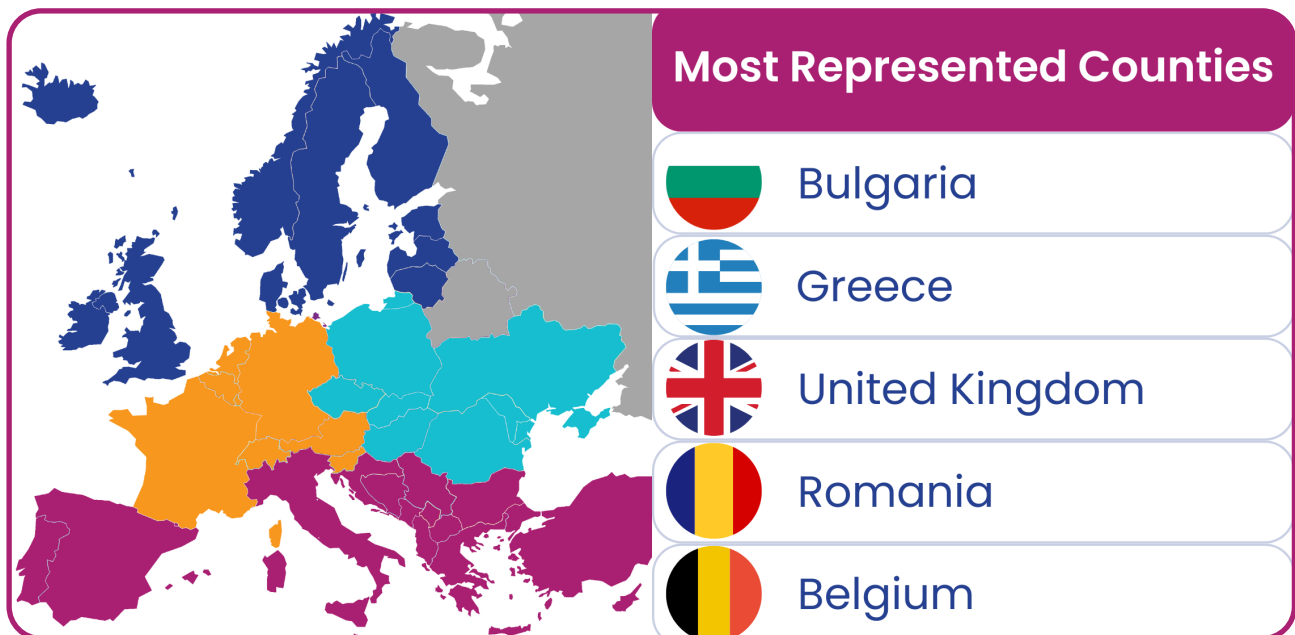
### Country classification into regions

The regions were divided into four distinct geographical groups to facilitate analysis. **Northern Europe** includes the UK, Ireland, Denmark, Finland, Norway, Sweden, Lithuania, Latvia, Estonia, and Iceland. **Central Western Europe** consists of France, Germany, Belgium, the Netherlands, Luxembourg, Switzerland, Austria, and Slovenia. **Central Eastern Europe**

**Greece, the United Kingdom, Romania and Belgium.** There were no participants that identified as being from Luxembourg or Slovakia. This categorisation allowed for meaningful comparisons between regions with differing cultural and socio-economic contexts.

### Final themes and policy recommendations

Through the above-described analytical process, key themes were identified, highlighting the multifaceted challenges faced by cancer care professionals and providing a nuanced understanding of their work environments. The themes are the following:



covers Poland, the Czech Republic, Slovakia, Hungary, Romania, Moldova, Ukraine, and Kazakhstan. Lastly, **Southern Europe** includes Bulgaria, Greece, Turkey, Croatia, Albania, Bosnia and Herzegovina, Cyprus, Italy, Spain, Portugal, North Macedonia, Malta, and Serbia. For country-specific analyses we focused **on the five countries that were most representative in our sample: Bulgaria,**

- Excessive workload – The burden of work impacting personal life
- Administrative burden – Lacking support to deal with paperwork
- Overtime – Compensation for extra work
- Health and safety – Safeguarding the mental and physical health at work
- Dissatisfaction with employment terms – Unpacking contractual challenges



- Disregard by leadership – Calling on decision-makers to prioritise well-being
- Career Perspectives – Barriers to professional development and further education
- Work fulfilment – The value of working in cancer
- Leaving cancer care – A diminishing workforce

Additionally, the two spotlight sections reveal insights on:

- Regional differences across Europe
- Differences for Young Cancer Professionals

Based on the data and the themes, policy recommendations were developed to provide actionable steps to be taken by decision-makers. The policy recommendations are essential parts of the report, as they outline the way forward and can push for action on a policy level.



## Workstream 2: Human Stories

To better understand and document the workforce issue, between July 2023 and April 2024, ECO obtained personal accounts of the human impact of this crisis, asking healthcare workers to describe the day-to-day challenges they now face.

The stories received, some of which are showcased in this report, present testimonies from doctors, nurses, managers, and workers at various levels in healthcare. Together they tell the moving and real story of how the current oncology workforce crisis is affecting the workload, and the everyday and family life of hard-working professionals, and their ability to appropriately care for their patients. The testimonies explore the effect on task completion, patient interaction, and personal job satisfaction. As of September 2024, 15 stories have been gathered from countries including Croatia, Germany, Portugal, the Netherlands, Sweden and the United Kingdom, exploring issues faced by oncology nurses, pharmacists, radiation therapists, gastroenterologists and medical oncologists.



Some of the key issues they addressed are:

- Workforce shortages – failure to retain or attract staff
- Increasing workloads leading to feelings of exploitation and burnout
- Too much bureaucracy
- Low wages
- Inadequate training
- Increasing errors leading to frustration by both patients and caregivers





All the stories are provided anonymously, and are publicly available at the following address:



<https://www.europeancancer.org/workforce-crisis/impact/human-impacts-workforce-crisis.html>

We thank all those who have contributed such personal stories.



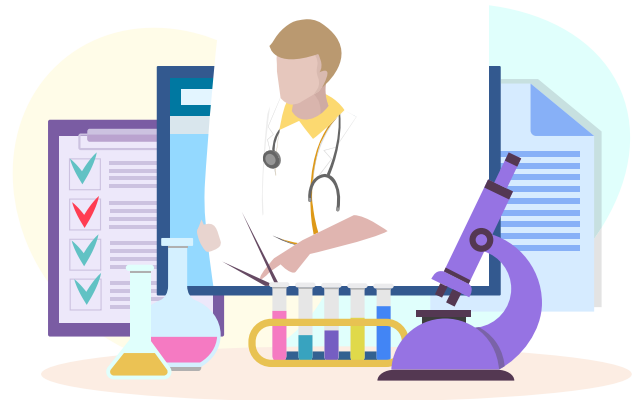
If you wish to contribute by sharing your story, you can do so by sending an email to: [workforce@europeancancer.org](mailto:workforce@europeancancer.org).



## Workstream 3: Best Practices and Innovation Examples

Through interviews with oncology professionals, literature searches and online questionnaire exercises, in 2023 a series of key identified best practices were brought together and published in an online repository on the European Cancer Organisation website. Examples brought forward give inspiration and ideas on how health systems and hospitals might, for example:

1. **Prioritise training and professional development:** Ensure dedicated time for oncology staff to engage in continuous training, professional development, and participation in scientific congresses and research. This is essential for them to keep up with the latest advancements in cancer care and fostering a culture of lifelong learning and support for their careers.
2. **Support work-life balance policies:** Implement and support policies that promote a healthy work-life balance for oncology professionals, reducing stress and preventing burnout. A balanced life is crucial for maintaining the long-term well-being of staff and the quality of care they provide.
3. **Foster a positive and growth-oriented work environment:** Create a work culture that actively promotes positivity, collaboration, and professional growth. Encourage open communication, recognition, and personal development opportunities to boost morale and promote retention.
4. **Streamline reporting and administrative tasks:** Revise bureaucratic reporting requirements to alleviate administrative burdens on oncology professionals. Consider re-distributing certain reporting duties across different healthcare roles to streamline processes, enabling staff to focus more on direct patient care.
5. **Ensure psychological care, stress management and promotion of healthy lifestyles:** Guarantee access



to psychological care and stress management training at all stages of an oncology professional's career. Ensure healthy lifestyles are also promoted, contributing to general well-being. Regular mental health support is vital for sustaining a resilient and capable workforce. Ensure the approach should be tailored to the needs, personal and professional experiences of each healthcare professional.

6. **Reduce administrative burdens:** Simplify and streamline administrative processes to free up valuable time for oncology professionals to dedicate to patient care. Reducing paperwork and non-clinical duties will allow staff to focus on delivering high-quality care. This includes effective and integrated digitisation of medication management in cancer according to European Network of Comprehensive Cancer Centres (CCCs) standards, conducted in close consultation with oncology professionals to reduce administrative tasks, waiting times to receive medication treatment and minimise the risk of medication errors.
7. **Support technology integration:** Investing in the integration of technology into cancer care can enhance the quality of care, support healthcare professionals, improve patients' outcomes and reduce medical errors and can increase time efficiency. By supporting the adoption of these innovations, healthcare systems can better address the growing



demand of cancer care while improving the experience for both patients and healthcare professionals.


8. **Improve working conditions for better patient outcomes:** Enhance the working conditions for oncology staff, ensuring they have the appropriate resources, a manageable workload, and a supportive environment that enables them to provide the best care to their patients.
9. **Promote mentorship and training programmes:** Establish robust mentorship programmes for oncology trainees across healthcare facilities. Pairing experienced professionals with trainees ensures the transfer of knowledge, fosters career growth, and helps reduce the impact of workforce shortages.


The portal is available here:



<https://www.europecancer.org/workforce/impact/best-practices-innovation.html>

**Best practices and innovation examples**





**Portal of Best Practices and Innovations – Now Live**

In November 2023, a new portal was published of **examples of best practices and innovations** in healthcare arising from the workforce crisis.

**Related Resources**

Workforce Crisis - Main Page	VISIT
Workforce Network	VISIT

Further submissions of best practices are welcomed on an ongoing basis and will be added to the portal. For any suggestions for the portal, please email [workforce@europecancer.org](mailto:workforce@europecancer.org).

- 1. Workforce Planning
- 2. Workforce Retention
- 3. Workforce Time Efficiency
- 4. Technology
- 5. Reducing Bureaucracy
- 6. Wellbeing and Job Satisfaction



## Limitations and Future Research

While the survey and the campaign have received a significant number of responses pointing to key issues in the cancer workforce, there are certain limitations that should be addressed. One limitation of the study is the balance of responses from different countries and professions. Even though the major themes are applicable across professions and countries, they should be regarded in the context that not each profession was equally represented in each country. Specifically, over 60% of medical oncologists are Romanian, Bulgarian and Greek, over 60% of nurses are from the UK and Ireland, while over 50% of clinical oncologists are from Bulgaria, Greece and Poland. This uneven representation poses a risk to the external validity of the findings, as the conclusions may not fully capture the diverse challenges and needs across all national and professional contexts.

We have identified limitations to the questionnaire arising from its targeted scope in specific areas that did not allow for in-depth inquiries into intersectional variables. While the survey included questions on gender and marginalised status, no statistically significant differences were identified for marginalised status, and only one question yielded a statistically significant difference for gender. The lack of significant results can be due to the limited number of non-binary and marginalised respondents, as well as the lack of questions on experiences with discrimination, harassment or minority-specific barriers and challenges. Future studies could investigate potential differences further.

**Nevertheless, these limitations do not lessen the significance of our findings. Instead, they highlight the urgency of addressing the workforce crisis revealed in our results. Future studies can build on the topics raised in this report and further analyse national-level factors.**



# The Current State of the Cancer Workforce: Survey Findings

## Demographic profile of respondents

Overall, 737 responses to the survey were analysed. The majority of respondents were in the young cancer professionals (YCP) age-group (under 45 years old) and identified their gender as female (Figures 1-2).

Each respondent could indicate their specialty. There were 45 specialties represented in the analysis with the most frequent ones being nursing, radiation therapy and pathology (see Figure 3). The remaining 35% of the professionals belong to specialties such as haematology, gastroenterology, nuclear medicine, pharmacy, anaesthesiology, supportive care, psycho-oncology, palliative care, pulmonology, internal medicine, radiology, urology, coloproctology, gynaecology, hepatology and cardiology, among others.

## Overview of findings on workplace satisfaction and professional quality of life

Overall, workplace satisfaction scores reflected an acceptable level of contentment among survey respondents. However, several key areas emerged as needing attention due to their potential impact on staff wellbeing and engagement. In particular, satisfaction with job security, remuneration, and workload adjustments raised concerns around stability and work-life balance. Additionally, support for health and safety - including access to tools for managing stress and ensuring a respectful working environment - showed room for improvement. Career development opportunities, such as supportive supervision and access to continuing education, also received notably lower satisfaction

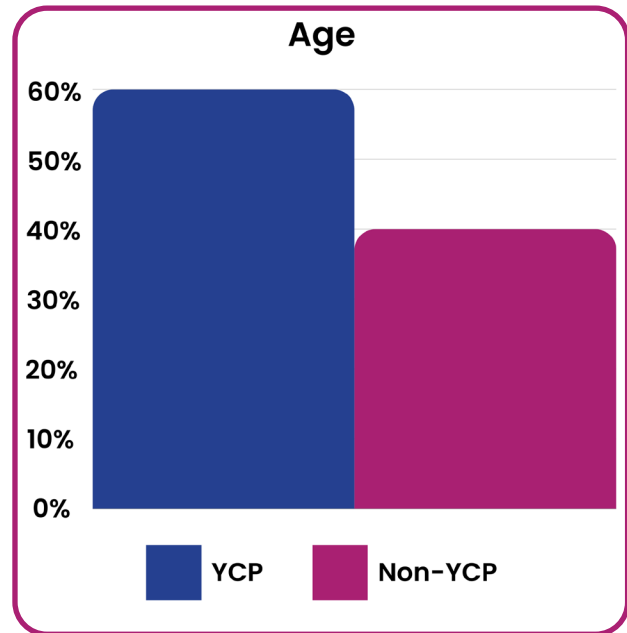


Figure 1. Age distribution

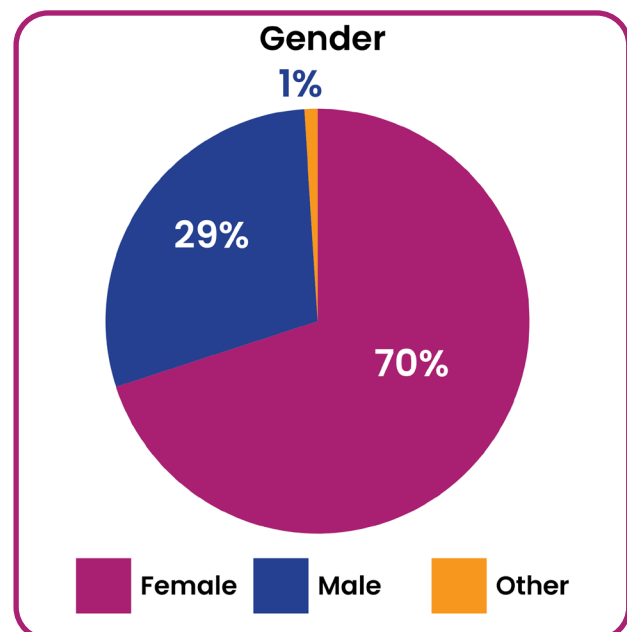


Figure 2. Gender distribution



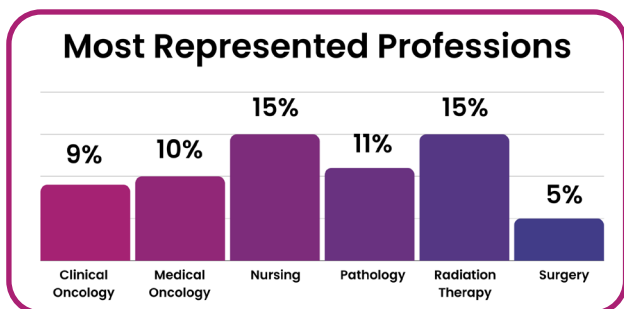


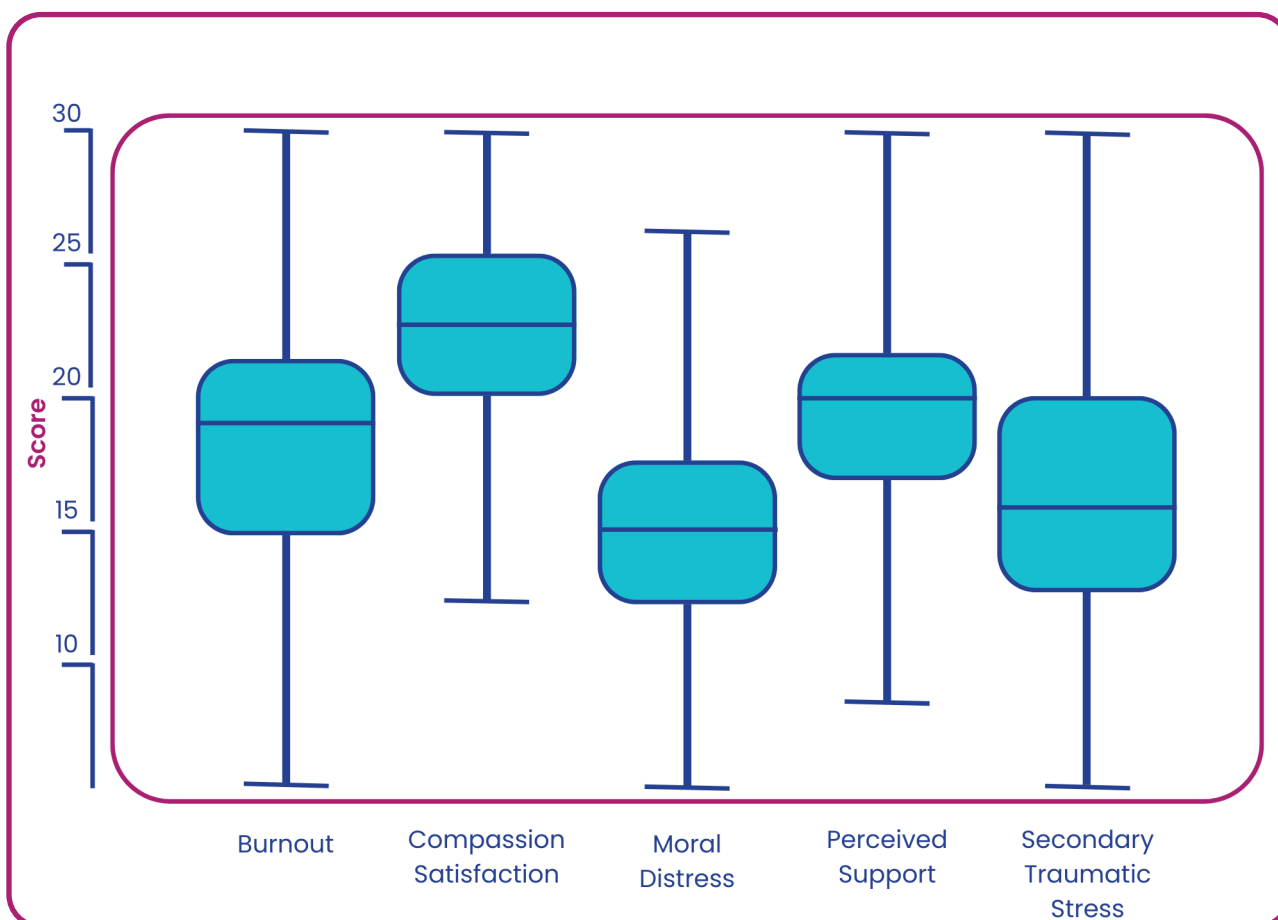
Figure 3. Distribution of specialties

ratings, suggesting a need for enhanced professional growth avenues. This feedback highlights specific aspects that, if addressed, could further strengthen both satisfaction and resilience across the workforce. These results are described in further detail in the thematic sections below.

The Professional Quality of Life scale reveals a mix of satisfaction and strain among healthcare professionals. While many feel a

sense of pride and believe their work makes a positive impact, significant challenges remain, such as high levels of burnout and exhaustion. Notably, a considerable number experience anxiety and find their workload overwhelming, affecting their work-life balance. The visual below provides these results in more detail across the ProQoL components. For each of them, scores should be interpreted as follows:

- A score comprised between 6 and 12 is considered low.
- A score comprised between 13 and 23 is considered average.
- A score comprised between 24 and 30 is considered high.





Specific examples of findings from individual ProQoL questions for the most frequently representative professions include:

- 52% of nurses feel that their workload is overwhelming and seems endless.
- 44% of radiation therapists say that administrative procedures and rules make their job overly challenging.
- 38% of pathologists feel that their work causes them to be anxious about many things.
- 54% of medical oncologists feel that decision-makers affecting their job do not prioritise their wellbeing.
- 54% of clinical oncologists report having very little time for personal life due to work demands.
- 43% of nuclear medicine specialists report experiencing unwanted, distressing thoughts due to their work.
- 40% of surgeons find themselves often thinking about their patients even when spending time with family.



# Workforce shortage holding back innovation and improvement in cancer care

## *Radioligand therapy as a case study*

The shortage of professionals in European cancer care has a multitude of impacts for patient care and for the well-being of oncology professionals themselves, as this report makes clear in its findings and recommendations.

However, one particular impact that merits its own attention is the manner in which innovations and improvements in cancer care are held back as a result of workforce shortages. The example of radioligand therapy is just one example.

Radioligand therapy is an exciting new development in treatment. It delivers radiation to specifically targeted cancer cells, with a minimal effect on healthy cells. With now established use in the treatment of neuroendocrine cancers, radioligand therapy is now a fast emerging treatment modality for advanced prostate and other cancers.

The European Cancer Organisation recently brought expert stakeholders from across Europe and beyond to consider how new treatment paradigms such as radioligand therapy can be assisted to be brought into clinical practice as a reality in European countries. When investigating obstacles to adoption, a highly repeated refrain was a shortage in the appropriately trained workforce. Put simply, Europe does not presently have enough nuclear medicine specialists to meet the demand upon their expertise.

This is but one practical example where improvement in cancer care is being achieved at a much slower pace than would otherwise be the case due to specialist shortage.

See the European Cancer Organisation's Policy Action report on New Treatment Paradigms for more information.



[https://europeancancer.org/  
events/288:community-365-roundtable-  
new-treatment-paradigms.html](https://europeancancer.org/events/288:community-365-roundtable-new-treatment-paradigms.html)



## Main Findings

### Analysing the cancer workforce crisis

#### Excessive Workload

#### *The burdens of work impacting personal life*

A major factor that oncology professionals struggle with is their workload. Alarming, over half of the respondents, **52% reported that their workload seems “endless”**. The high workload places a huge burden on professionals as **43% claim that their work often exhausts them**.

Due to the burdens of work, oncology professionals struggle to balance their professional and personal life, with **43% reporting that because of their work, they often have very little time for a personal life**. The lack of sufficient boundaries between work-life and family life is underlined by the findings that **38% of respondents often find themselves thinking about their patients when they are with their family**. Many personal stories from doctors and nurses, shared confidentially and anonymously with the European Cancer Organisation, further corroborate how cancer care professionals struggle to disconnect from work, often taking administrative tasks home or having to be on-call during personal time. This encroachment has strained personal



relationships and reduced time for self-care.

The complexities of cancer cases and treatment, coupled with high levels of responsibility make it more difficult to separate work life and personal life. Nonetheless, family is a good source of support with **76% of professionals often feeling supported in their work by their family**.

At the same time, work-life balance has been shown to relate to burnout in oncology, highlighting another reason for urgently addressing the workload of healthcare workers and ensuring that they have enough time to spend with their families (41,42). While there is a pressing need to manage workload and managing work-life balance, many professionals are **not satisfied with workload adjustment measures (42%) and almost half of them are not satisfied with family and lifestyle incentives (49%)**.

One of the drivers of the increasing workload are shortages and the lack of improvements in productivity through innovation (14).

Staff shortages in healthcare settings, particularly in oncology departments, have also been shown to significantly increase the risk of medication errors during

*The worst thing is, our health system is in a really bad place and, as a family medicine clinician, I felt helpless and I wasn't able to separate my personal life from my work life. Eventually, that led to extremely fast burnout.*

**Family medicine doctor, Croatia**



chemotherapy administration, resulting in adverse drug events such as toxicity, organ damage, or even death. The lack of skilled professionals leads to heavier workloads and heightened stress, both of which contribute to mistakes in medication prescribing, preparation, and administration (43).

*We often work fifteen-hour days. There is no night staff and often no beds for those patients who require admission.*

**Nurse practitioner, UK**

### *Policy recommendations*



Governments should:

- Implement **national standards and benchmarks on cancer workforce staffing.**
- Have in place **long term action plans** to address shortages within the cancer workforce.



Hospitals should:

- **Critically investigate all opportunities to more efficiently provide core services** which may include, as examples, stronger cooperation with cancer centres and hospitals within a region or country and means to enable more care to be provided within the patient's home.
- Hospitals and cancer centres should have in place strong **workload adjustment policies and procedures.**



## Administrative Burden

### *Lacking support to deal with paperwork*

One reason for the unmanageable workload is the administrative tasks professionals have to follow. From the respondents in the survey, **55% reported that administrative procedures and rules make their job too hard.** Many administrative duties and protocols are due to the nature of oncology, such as the need for multidisciplinary teams and the complexities of delivering cancer care.



*RTTs (radiation therapy technicians) in Slovenia handle a growing number of administrative tasks related to radiotherapy, including scheduling, chart and prescription approval, data preparation, and other technical responsibilities.*

#### **Radiation therapist, Slovenia**

An additional set of administrative procedures can be due to the complicated insurance and regulatory processes.

While professionals are burdened by administrative procedures which limit the time they spend with patients, they lack sufficient support to deal with bureaucracy (44). Based on the results of the survey, **around half of cancer professionals (51%) are not satisfied with the additional practice and administrative support.** Providing sufficient support is crucial, as it can be a protective factor against burnout (45). Other measures to tackle bureaucratic procedures are digital solutions, such as artificial intelligence for summarising records (44). However, technology applications come with their own set of shortcomings.

*Oncology is a speciality with too many files and too much paperwork. It can be overwhelming at times. Many of the newer oncology drugs awaiting approval in Portugal are not reimbursed by the health system. So we must apply for special authorization to use it. This means lots of paperwork (documents for internal approval and for the national authority).*

#### **Medical oncologist, Portugal**

Several scientific organisations, alliances, and societies support the adoption of electronic traceability systems (e-prescription, e-preparation, and e-administration) and automation as the most effective means to reduce medication errors in cancer treatment. These systems enhance efficiency by alleviating administrative burdens, addressing staff shortages, and minimising waiting times (46).



Therefore, IT platforms and tools should be incorporated into current systems without adding extra strain on healthcare workers.

*Digital solutions have the potential to help, but if we depend on 8 to 10 informatic applications to manage each patient, it becomes a nightmare.*

**Medical oncologist, Portugal**



## Policy recommendations



The European Commission should:

- Significantly **improve the impact assessment of health-related legal proposals** in respect to likely burden upon cancer professionals that will arise from them.
- Give active support (including financial) to countries in implementing **effective and integrated digitisation according to European standards** and identified best practices.
- **Proactively, publicly and widely consult oncology professionals on the development of new regulations** likely to impact their daily practice.



Governments should:

- Ensure that **hospital and health systems procedures are optimally digitised according to user-intuitive CCCs European standards**, avoiding duplication of systems.
- Conduct any **large-scale national procurement on digital solutions in the health sector in close connection with users** such as cancer professionals.



Health system managers should:

- Take steps to **monitor, measure and respond to levels of bureaucracy and administration** involved in cancer care delivery, including **daily committed time of oncology professionals to administrative tasks**. Targets for reduction should be set to guide improvement efforts
- **Seek to ensure oncology professionals are not spending more than 20% of their time on administrative tasks**.

## Expert commentary

Consultation with healthcare professionals on these recommendations brought forward many case study examples in which professionals considered that the burden upon professional time of some EU legislative initiatives was not adequately taken account of. Examples mentioned included the scanning burden of the Falsified Medicines Directive. Professionals also mentioned feeling that warnings given about such issues during legislative processes are often not well taken account of by decision-makers.

Testimonies were also shared of the poorly managed launches of new digitisation initiatives resulting in large amounts of lost time in trying to fulfil basic data sharing across systems. Regulations such as the General Data Protection Regulation were mentioned as sometimes creating additional problems in this area, even if due to over-interpretation of the Regulation.

Oncology professionals giving commentary on the recommendations considered that recruitment of staff with the specific remit of reducing healthcare professionals' time on administrative tasks would represent a sensible efficiency investment.





## Overtime

### *Compensation for extra work*

Due to the high demands of workload and the shortages in the sector, working overtime is a recurrent practice in healthcare. Healthcare workers often have to work additional hours to ensure that the system is coping, and that patients are cared for (47). The trend of working extra hours was consistent in the findings of the survey as around **77% of cancer professionals reported often working overtime.**

While overtime was a cross-cutting finding, compensation differed across countries. Compensation strongly influenced the satisfaction at work and professional quality of life of respondents, as **uncompensated overtime was related to worse outcomes on work satisfaction and professional quality of life.** Compared to those doing uncompensated overtime, **surveyed cancer professionals who are compensated had 20% higher workplace satisfaction, 10% more perceived support, 11% lower burnout rates, 7% lower secondary traumatic stress and moral distress.**

The differences in working conditions depending on compensation can help explain regional differences across Europe, as uncompensated overtime was more prevalent in certain countries. More specifically, **countries in the Southern and Central-Eastern regions reported higher rates of uncompensated overtime,** with 64% professionals in Southern Europe doing uncompensated overtime and 76% in Central-Eastern Europe compared to 48% in Northern Europe and around 30% in Central-Western Europe. In Central-Eastern Europe, 76% of people reported having done non-compensated overtime, followed by 64% of



people in Southern Europe, 48% in Northern Europe and 29.83% in Central-Western Europe. When looking at countries, the rates of people who do recording themselves as conducting non-compensated overtime are 80% in Romania, 79% in Greece, 53% in Bulgaria, 51% in the UK and 28% in Belgium.

One kind of overtime work which is often not reported is the work completed at home and online. Online remote working became a frequent practice during the Covid-19 pandemic and continued into normal work life after the pandemic, yet is not always monitored or recorded (47). rates, 7% lower secondary traumatic stress and moral distress.

This account underlines how **increasing pressures push professionals to work when they are at home, blurring the boundaries between professional life and personal life.** As a solution to tackle invisible overtime work, some countries are introducing legal measures, such as the right to disconnect (47).



*The pandemic allowed us to work occasionally from home. But it comes with the expectation that we're always available. And because we have remote access to files, we are spending more and more time at home finishing all the work we couldn't manage in the office.*

**Medical oncologist, Portugal**

### *Policy recommendations*



Member States and the European Commission should:

- Review existing legislation and regulation related to working time and compensation, and its enforcement.
- Commission a dedicated study to levels of overtime, compensated and uncompensated, taking place in European health systems and in the delivery of cancer care.

### *Expert commentary*

Oncology professionals commenting on these recommendations mentioned that overtime burden is often highly connected to administrative burden. This is because completing forms is the kind of task that can be put off until after a professional's core shift.

Some professionals related that unpaid overtime working in their national health system has become so widespread and normalised that the operation of the health system is now fully reliant upon it.

However, digitalisation also offers significant potential to improve work-life balance. For instance, the ability to work from home, a growing trend in fields like pathology, allows professionals to manage their time more flexibly. While physical specimens cannot be taken home, many pathologists and other healthcare professionals now use digital tools to analyse cases and complete reports outside of traditional working hours. This flexibility helps reduce the pressure of long shifts in the hospital and provides the option to better balance personal and professional responsibilities. When integrated thoughtfully, digitalisation can help alleviate some of the workload burden while supporting a healthier work-life balance for healthcare workers.



## Health and Safety

### *Safeguarding mental and physical health at work*

High workload, administrative burdens and uncompensated overtime can seriously affect the health and well-being of healthcare workers, increasing risks of burnout (30). Within our respondents, **19% experience high levels of burnout**. While these results are not derived from a burnout-specific measure, they do highlight significant levels of burnout within the broader context of professional quality of life. This suggests that while the exact rates may vary, the findings align closely with other studies, underscoring a persistent trend of high burnout in similar professional environments. For instance, a survey from the Spanish Society of Medical Oncology from the Covid-19 pandemic focusing on young professionals reported that one quarter of their respondents experienced burnout (48).

An additional psychological impact of work is anxiety as **30% of professionals often feel anxious about many things because of their work**. The results on burnout and anxiety clearly point to pressing mental health concerns that should be addressed.

This testimony shows how professionals often do not feel adequately supported to deal with the burdens of work. An overall dissatisfaction with existing support interventions is underlined by the results of the survey. **More than half (52%) of the respondents were not satisfied with measures to improve their occupation health and safety**. These measures include access to stress coping tools, psychological support, and a working environment free of violence, discrimination and harassment.

Even though other healthcare workers can be a source of relief, this is not sufficient and instead, proper psychological support is needed.



*What upset me most is that the system is overcrowded, and the doctor is powerless to speed up the process of diagnosis and therapy. Even when I tried to do something on my own, I constantly encountered obstacles.*

*As time passed, I was more and more burdened. I even dreamed of patients at night and had nightmares that I made vitium artis. The situation culminated after two months when the epigastric pain became so active that I could no longer sleep because of the pain.*

**Family medicine doctor, Croatia**

In addition to a dissatisfaction with support measures, **39% of respondents were not satisfied with the facilities and working tools**. Good quality facilities and working tools, such as gloves and face shields are important to protect professionals from exposure to health hazards, and ensure that healthcare workers can provide good quality care to patients (50).



*There was also a lack of any psychological support in dealing with the suffering of critical ill patients, or facing the dying process, or how to handle emergency situations. We turn to each other to handle all these situations, but we were under great stress and unaware how very dangerous it can be for us, for our private life, or for our families. Support from our colleagues was all we had. We could understand each other well.*

**Critical care nurse, Croatia**

*The number of RTTs (radiation therapy technicians) who have changed their career path to diagnostics has increased. The prime reason: higher salaries. While the work in radiotherapy is rewarding and patients are profoundly grateful, it is also very intense. The number of patients can be overwhelming.*

**Radiation therapist, Estonia**

A central impact of such high levels of burnout and dissatisfaction among medical personnel is a lack of specialised professionals

in specific subsectors of radiation oncology.

Increasing shortages and pressures in certain professions can become very demanding, ultimately impacting the quality and timeliness of cancer care for patients. There is also an ever-growing reliance on anxiety and depression medications to handle these issues; however, their secondary effects, such as the lack of sleep, weight changes, headaches and dizziness can further impact the quality of the care that professionals are able to deliver.

Meanwhile, strategies that have been shown to be effective in reducing the risk of adverse mental health impact amongst healthcare professionals typically include:

Psychological support services and training programmes made available by employers:

- Preservative/coping strategies, such as mind-management/coping skills, resilience programmes, professional coaching and ensuring strong workplace support.
- Interventions for adverse mental health, such as acceptance and commitment therapy, cognitive behavioural therapy and interpersonal therapy to tackle depression, anxiety and distress; and imagery-competing cognitive interventions and Eye Movement Desensitisation and Reprocessing (EMDR) to tackle Post-Traumatic Stress Disorder (PTSD) and trauma.

Self-delivered strategies facilitated by employers, such as physical activity, diet, healthy eating and mindfulness activities (3).



## Policy recommendations



The European Commission should:

- Instruct **OSHA-EU to investigate the pan-European reports of oncology professionals experiencing burnout** and anxiety and to provide accompanying recommendations to health systems.
- Commission **OSHA-EU to produce new guidelines** for European health systems on the protection of the health and safety of oncology professionals.



National Governments should:

- Actively **monitor and publicly report on levels of mental health issues, experienced within national health and cancer workforces, including burnout and anxiety**
- Have in place, and implement, **guidance to employers within health systems on measures to take to reduce mental health issues, based on known best practices**
- Ensure **access to psychological support services** to those working in cancer care



Hospitals and cancer centres should:

- Ensure dissemination of existing online and offline activities and initiatives to promote and protect the mental health of the cancer workforce.
- Have in place strong systems of **peer support for medical mistakes**.
- **Implement early intervention and training programmes and promote peer-support networks for cancer workforce:** Healthcare systems should implement proactive early intervention programmes to identify workers at risk of burnout or stress. Additionally, mandatory training programmes should be introduced to equip healthcare professionals with the tools to recognise early signs of mental distress in themselves and their colleagues, ensuring timely support is provided. It is vital that programs and services dedicated to supporting the cancer workforce are widely communicated and promoted across Europe. —such as the peer-support groups offered by such as the psychologists' support on-demand from the Recovery from Stress (FOREST) programme (7), the peer-support groups offered by Doctors in Distress (8) or the Nurse Lifeline support group (9). These programmes provide critical mental health support and should be easily accessible to all oncology professionals. The ECO Workforce Network (1) is announcing that it will be convening national organisations dealing with the workforce crisis across Europe to share their data and experiences, discuss and promote solutions and work with the European Cancer Community Foundation (10) and its Cancer Workforce Fund to support pilot projects suggested by oncology professionals that could be rolled out across Europe if successful.



### *Expert commentary*

Oncology professionals reviewing and commenting upon these recommendations highlighted the emotional distress that can occur from patient safety incidents and medical error, but also from aggressive patients or emotive patient cases. Such emotional distress can be a particular matter for those highly engaged in palliative care for example, or witnessing young people and children suffering as a result of their cancer and its treatment. The emotional impact of working in cancer can sometimes lead to emotional burden being taken home after working hours have finished.



## Spotlight:

### Regional Differences Across Europe

While burnout and dissatisfaction are cross-cutting themes, the data highlights meaningful regional variations across Europe. This reflects the **diverse experiences and challenges faced by professionals across the continent.**

In terms of workplace satisfaction, the findings are striking. Satisfaction is 25% higher in Western Europe than in Eastern Europe, and 20% higher in Western Europe compared to Southern Europe. Additionally, satisfaction levels in Northern Europe are 21% higher than in Eastern Europe and 17% higher than in Southern Europe. Country-specific comparisons reveal that **Belgium stands out with significantly higher satisfaction, showing levels that are 30% higher than in Romania, 32% higher than in Greece, and 15% higher than in Bulgaria.** The UK also shows notably higher satisfaction, with levels 22% above Romania and 24% above Greece.

When it comes to burnout, the contrast between regions of Europe is again significant. Burnout levels are 17% higher in Eastern Europe compared to Western Europe and 13% higher in Southern Europe than in Northern Europe. Country-specific data shows that **Romania's burnout levels are 21% higher than Belgium's, while in Greece, burnout is 27% higher than in Belgium.** These figures highlight a clear pattern of greater stress and exhaustion in the East and South, compared to the North and West of Europe. As a result, oncology professionals can feel more attracted to other countries and work environments.

The data also indicates significant regional disparities in secondary traumatic stress and moral distress. Secondary traumatic stress is 18% higher in Eastern Europe than in Western Europe, and 16% higher in Southern Europe



*Many radiotherapy professionals, including Radiation Therapy Technicians working in the Croatian public radiotherapy sector, moved to private radiotherapy or to other European countries drawn by higher salaries and better working conditions.*

**Radiation therapist, Croatia**

than in Western Europe. When focusing on specific countries, **secondary traumatic stress levels in Greece and Bulgaria are 24% higher than in Belgium, highlighting the substantial emotional toll faced by workers in these regions.**

Similarly, moral distress shows large regional differences, being 16% higher in Eastern Europe than in Western Europe and 22% higher in Eastern Europe compared to Northern Europe. In Romania and Bulgaria, moral distress is particularly high, being 18% and 23% higher, respectively, than in Belgium.

Lastly, regarding perceived support, Northern and Western Europe display significantly



stronger results. **Support in Northern Europe is 21% higher than in Eastern Europe and 14% higher than in Southern Europe.** Additionally, Belgium shows perceived support levels 19% higher than Romania's and 21% higher than Bulgaria's, indicating a significant gap in the perceived workplace environment between these European regions.

In summary, these findings reveal noticeable regional differences, with Western and Northern Europe experiencing **higher satisfaction, stronger support systems, and lower stress levels.** In contrast, Eastern and Southern Europe encounter **more significant challenges, such as elevated burnout, stress, and moral distress,** which may reflect differing circumstances and pressures across these regions.

### *Policy recommendations*



The World Health Organization should:

- Promote international good practice in the creation and maintenance of healthy workplace environments in the health and cancer sector, drawing on advice and work of international professionally representative organisations.



The European Commission should:

- Develop, promote and monitor with EU Member States guidance to health systems on promotion of healthy workplace environments, building on international initiatives in the field.





## Dissatisfaction with Employment Terms

### Unpacking contractual challenges

Some of the key drivers of workplace satisfaction and workforce motivation are job security, remuneration and incentives. These factors are essential for the retention of health workers and can affect the satisfaction rates described in the above sections (39). Based on our study, **23% of oncology professionals across Europe are not satisfied with their job security**, including contract length and working hours. Apart from job security, **over a third of oncology professionals (34%) were not satisfied with the remuneration** they receive. Remuneration is a cross-cutting problem across specialties in cancer care, as stories from professionals across disciplines illustrate.



*We need to ensure that nurses get paid appropriately, that they have paid breaks and access to professional/career development.*

**Registered oncology nurse, UK**

*The variety in the work is attractive, but the pay is modest, work is done in shifts and there is always more work to be done than people to do it. Over the last decade, we have always had vacancies that we cannot fill. That's because on the one hand, Amsterdam is an expensive place to live, driving away many in the healthcare sector.*

**Clinical pharmacist, The Netherlands**

*RTTs in Slovenia can only work as RTTs in two public hospitals, with salaries regulated by the state. However, the pay is not enough to attract professionals from related fields, so RTTs are left overworked and refusing to take on additional shifts.*

**Radiation therapist, Slovenia**

**While oncology holds significant potential for stimulating work, the surrounding workplace conditions may end up rendering it a less appealing field.**

Additionally, specific regulations around contract matters are often country-specific, which strongly suggests the need of systemic

policy change on a national level.

Overall, the lack of sufficient remuneration is an essential factor in both attracting new professionals and retaining workers.

With over 70% of women respondents to this survey, gender disparities in the workforce



must be taken into consideration. Women in the European health and care sector earn approximately 20% less than men (51), mirroring the 12.7% gender wage gap within the European Union. Alarming, the more women are working in a specific sector, the

lower the average pay in that field is (52). Additionally, motherhood may impact career and salary progression (53), arising from an incapacity to pursue early or late-night shifts, conflicting scheduling and daily chores (54).

### Policy recommendations



The European Commission should:

- Conduct a **study into the pay and remuneration of oncology professionals** across Europe as part of the exercise of better understanding and responding to Europe's cancer workforce shortage.



Governments should:

- **Conduct pay benchmarking exercises** to ensure that oncology professionals are not underpaid and underappreciated by their employers.



Health system managers should:

- Ensure that employees within oncology services are regularly supported with their **career progression**, including provision of relevant promotion opportunities.
- Publish transparent career paths and salary structures with clear salary ranges.
- Seek to support employees with family care responsibilities by offering flexibilities where possible and ensuring provision of parental leave.



## Disregard by Leadership

*Calling on decision-makers to prioritise well-being*

Policymakers and managers are key stakeholders who can address the issues of the cancer workforce and prioritise health to ensure that healthcare workers want to continue in their roles and can provide high-quality care (55). Nonetheless, despite respondents raising pressing issues regarding their well-being and expressing a need to improve their employment terms, some decision-makers and managers seem to lack compassion. **Over half (51%) of the surveyed oncology professionals felt like the people who make decisions that affect their job do not care about their well-being.** The dissatisfaction underlines the need to raise the issue of working conditions for healthcare professionals higher on national political agendas in order that greater account is taken of these issues in regulatory and political decision-making.



Insufficient structural investment and a lack of political prioritisation of health affect oncology professionals' work and that leads to some leaving due to poor conditions.

With regard to perceptions about their superiors, **47% felt that their manager does not care about their personal wellbeing.**

*We see no structural investment in the system, no advances in technology, yet we see untold sums of money wasted every day. Portugal has abandoned its 'professional training of excellence' programme and the government is trying to abolish the quality requirements for professional practice.*

**Medical oncologist, Portugal**

*There was a critical lack of understanding from superiors and especially from top management.*

**Critical care nurse, Croatia**



## Policy recommendations



The European Commission and national governments should:

- Develop **better mechanisms for understanding the impacts of health-related regulations upon those work in daily practice.** This should include mandatory consultation mechanisms with representatives of healthcare professional bodies and cancer institutes/centres.



Health system managers should:

- **Monitor and report upon levels of oncology professional job satisfaction and professional wellbeing,** responding to identifiable trends and seeking best practices from elsewhere to implement.
- **Empower oncology professionals into management and leadership.** All professionals in cancer care with management roles should receive specific training support in good management practices.



## Expert commentary

Oncology professionals consulted on these recommendations made reference to the benefits seen in some countries from having the custom and practice of oncology professionals in the top management positions of a cancer centre. It was considered that leadership decisions then tend to be better informed and reflective of the real-life realities of daily clinical practice. Other models may open up risk of administration and clinicians being too distant from each other.

The value of pan-European training programmes, such as INTERACT-EUROPE 100, that allow any professional in cancer care to gain leadership and management skills was also raised as an example of a high return EU investment in the issue.



## Spotlight:

### Differences for Young Cancer Professionals

Across the findings of the survey, younger respondents stood out as they reported worse results on most measures. **Compared to older age groups, young cancer professionals (18-44 years old), have 10% lower workplace satisfaction, are less fulfilled by their work (5% lower compassion satisfaction), and report higher rates of moral distress (5% higher).** These findings are highly alarming as young professionals should be the future of the workforce. Other studies have reported similar results and have underlined that young people are a risk group for moral distress in the workplace (56).



In contrast, only 19% of older professionals expressed dissatisfaction with continuous education, and 23% with specialist education. Shortages in the cancer workforce impact

*This summer I finished my medical school and immediately started working in a family medicine clinic. Without a mentor, I worked double shifts right at the beginning. At first, I was scared of how to treat some conditions because in medical school we don't know what drug to prescribe as the first line agent, in what dose, and how many times a day. So it was challenging at the beginning.*

**Family medicine doctor, Croatia**

*Yesterday a younger colleague asked for help, and I felt such hopelessness and despair for her. When I am not there, they have no one who can teach them or that they can look to as a role model. The most critically ill cancer patients in our ward are now cared for by some of the most inexperienced nurses.*

**Specialist oncology nurse, Sweden**

The issue raised relates to the finding that more young cancer professionals felt dissatisfied with supportive supervision compared to older professionals. Slight differences were also observed in satisfaction with access to continuous and specialist education. Among younger care professionals, 31% reported dissatisfaction with access to continuous education, and 34% with specialist education.

the time available for teaching new colleagues and push professionals with limited experiences to take on additional responsibilities.

For Young cancer professionals, burnout was lower during the first three years of profession. **9% of people who are in the first**



**three years of profession experienced high levels of burnout compared to 19% overall.** This finding can be put in the context that worse outcomes on other components of professional quality of life can translate to

future issues for young professionals. At the same time, a study by ESMO has reported a high prevalence of burnout among young medical oncologists (30).

### *Policy recommendations*



Health system managers should:

- Ensure **strong systems of mentorship within the workplace**, that can support young cancer professionals in being more fulfilled in their jobs and prevent cases of young professionals being given inappropriate workloads.



## Career Perspectives

### *Barriers to professional development and further education*

An essential aspect of cancer care provision is ensuring that the oncology workforce has possibilities for career development and continued education (57). Especially in certain fields, like oncology nursing and radiation oncology, continuous learning is essential to keep abreast of the latest developments and innovations (58). The uptake of innovations in fields such as radioligand therapy and personalised medicine, for example, can be otherwise frustrated and held back. In general, **36% of survey respondents were not satisfied with the possibilities of professional and career development.** Many professionals are often faced with barriers of varying complexity in developing their career.



**to continuing education and 30% with their access to specialist education.**

Without sufficient access to new learning opportunities, healthcare workers are not able to keep up with the latest developments in the field.

Another element of professional development is mentorship, which can ensure the transfer of knowledge from senior to junior colleagues and can benefit both mentors and mentees (59). Good mentorship relations can improve various elements of oncologists' work, including productivity, satisfaction and can lower risks of compassion fatigue (60). Even though mentorship is a positive and protective factor, **46% of respondents said that they are not satisfied with supportive supervision** (including the possibility of mentorship). The lack of satisfaction with supervision indicates a need to create new mentorship possibilities and improve existing ones.

*I am a highly specialized nurse. We have no legal or regulated mandate to work as advanced practitioners, and now due to the workforce crisis, it is unlikely we will be able to advance our careers.*

**Specialist oncology nurse, Sweden**

In this case, the lack of opportunities for growth is related to structural and system-level issues, such as regulated mandates.

A fundamental driver of career development is the opportunity for further education. Nevertheless, from the survey respondents, **27% were not satisfied with their access**



## Policy recommendations



The European Commission should:

- Propose that **continuing professional development be a mandatory requirement for ALL oncology professionals** in all EU member states at the next revision of the EU Professional Qualifications Directive.



National Governments should:

- Have in place **nationwide strategies and action plans** to ensure that every employee in cancer care is given the opportunities required for professional and career growth.



Health system managers should:

- Formally protect each employee's ability to conduct continuing professional education within regular working hours.

## Expert commentary

Oncology professionals consulted on the recommendations highlighted the importance of workplace flexibilities to enable effective pursuit of professional development. This is especially the case in relation to the growth in distance learning opportunities which may be more helpfully conducted at home. The need for a more flexible environment on hours and places of work was also emphasised in the case of an ageing workforce and to support those with care responsibilities.





## Work Fulfilment

### *The value of working in cancer*

A central theme of the survey was that oncology professionals were satisfied with their work and believe that they are making a difference. From the respondents, **80% often felt proud of what they can do to help and 62% often believe that they can make a difference through their work in healthcare.** Additionally, **57% often feel that their work in healthcare makes the world a better place.**

The strong beliefs in the work that oncology professionals are doing were recurrent narratives in the personal accounts that ECO received. Healthcare workers expressed that, despite all the challenges



*It is still a privilege to work in cancer care and to look after patients.*

**Registered oncology nurse, UK**

Even though oncology is a field characterised by high levels of stress, grief and emotional burden through contact with cancer patients and their families, **47% of professionals reported high levels of compassion satisfaction** (61,62). According to many testimonies received, working closely with patients is a key factor of why professionals have chosen this field. Oncology nurses and

radiation therapists are in especially frequent contact with patients and play a crucial role in providing support and alleviating their suffering (62).

*Each connection, every hand I held, became a reminder of why I chose this path.*

**Specialist oncology nurse, Croatia**

Overall, working in cancer care is very meaningful and has high value for oncology professionals.

### *Policy recommendations*



Health system managers should:

- Ensure that **employees in cancer care are given opportunities to pursue meaningful work, including opportunities to participate in research** and to attend scientific congresses relevant to their work.



## Leaving Cancer Care

### *A diminishing workforce*

In the face of multiple challenges, most cancer professionals (61%) want to continue working in the same role in cancer care in the future. Nonetheless, **8% of professionals want to leave oncology care sometime within the next 5 years, while 3% want to leave in the next 1-2 years.** Other studies have reported higher leaving intention rates, such as a US study on haematology/oncology nurse practitioners with over 20% of professionals expressing the intention to leave and a study from New Zealand among radiation therapists who had over 30% expressing their intention to leave the profession (63).

The **intention to leave cancer care was more common for professionals who were less satisfied with their work.** This is aligned with the literature which records that feeling rewarded and valued are protective factors against leaving (63). **People who want to stay in their role have the highest levels of satisfaction, including compassion satisfaction and had lower burnout scores.** On the other hand, cancer professionals who wanted to leave in the next 1-2 years had lower levels of perceived support and compassion satisfaction, with workplace satisfaction the lowest for professionals wanting to leave within the next five years.

The factors that are mentioned, such as long shifts and moral distress from not being able to provide the necessary care, push many healthcare workers out of cancer care. Within the survey, **some respondents indicated reasons for leaving cancer care with the three most prevalent reasons being an insufficient number of staff colleagues to do the work effectively, low, or insufficient salary/compensation, and excessive workload.**

Additionally, differences between public and private healthcare systems can exacerbate retention challenges. For example, in Greece,



*(...) more and more nurses are trying to leave the in-patient area so that they don't have to deal with the daily concerns of working on a ward where they'll be doing a 12-to-13-hour shift with less staff. It means going home feeling frustrated because you've not delivered the care that you are trained to deliver. I frequently see the impact this has on many of my colleagues; they don't stay working in the area for long. They're often seeking ways to leave their positions, whether to work in universities or to work as nurse specialists, or sometimes leave the profession entirely. We're also seeing UK nurses leave to work overseas in countries where pay and conditions are more favourable.*

**Registered oncology nurse, UK**



many National Health Service (NHS) hospital employees leave for better-paying positions in private hospitals, where compensation and working conditions are often perceived to be more attractive. This trend highlights

the importance of addressing disparities between public and private sectors in policy discussions. Job retention can only be improved if all these issues are prioritised and addressed at the policy level.

### *Policy recommendations*



Health systems should:

- Ensure all cancer centres and hospitals have in place robust staff retention policies.



## Best Practices with Expert Commentary

ECO encourages the adoption of best practices and innovative solutions to ensure a resilient, sustainable cancer workforce. By addressing workforce challenges through strategic planning, training, collaboration, and the integration of digital technologies, Europe can improve both the well-being of healthcare professionals, and the quality of care provided to cancer patients.

The experts we consulted provided valuable insights into the best practices and innovations highlighted in our repository. Their feedback underscores the critical importance of strategic workforce planning, retention, and efficiency in improving cancer care globally. A recurring theme across their responses is the role of mentorship and professional development, particularly in oncology nursing, as a powerful tool for both workforce retention and clinician well-being. They emphasised the impact of smart solutions and teamwork in transforming cancer care, with a particular focus on reducing administrative burdens and enhancing time efficiency. Additionally, technology's role in patient safety and early cancer detection was widely recognised, with automated systems and innovative tools, such as robotic medication mixing and GP empowerment initiatives, cited as promising advancements. Experts also pointed to the necessity of addressing burnout through comprehensive well-being strategies, which are crucial for sustaining a motivated, effective healthcare workforce. Overall, these expert perspectives highlight the value of integrating these best practices into cancer care systems to optimise outcomes for both patients and professionals.

Moreover, the expert feedback highlights a clear division between best practices that are relatively simple to implement and those that are more complex but crucial for long-term impact. Practices such as improving workforce planning, enhancing

time efficiency through smart solutions, and prioritising clinician well-being are considered straightforward to introduce. These strategies are often low-cost and can be implemented without significant disruption to existing workflow. However, experts noted that evaluating the cost-effectiveness of some of these practices, especially in terms of long-term sustainability, remains an area for further development. On the other hand, more complex issues like reducing bureaucracy, improving workforce retention, and addressing systemic factors influencing clinician job satisfaction require multi-faceted approaches. These challenges are deeply ingrained in healthcare systems and will demand time, resources, and co-ordinated efforts at multiple levels to create meaningful change. While the simpler practices offer quick wins, experts emphasised that tackling the more complex issues is essential for creating a truly transformative impact on cancer care and the oncology workforce.

Furthermore, experts pointed out that practices with clearly defined measurable outcomes are the most suitable candidates for future health economic studies. These include innovations such as remote monitoring and treatment, smart solutions, and the use of technology in cancer care, as well as the impact of mentorship programmes on workforce retention. The evaluation of certain smart solutions, such as those using artificial intelligence for disease detection, has already been conducted and shows promise in terms of both effectiveness and potential cost-saving benefits. The ability to measure outcomes in such practices makes them prime subjects for health economic research. However, practices that aim to improve job satisfaction and clinician well-being, while undeniably important, present a greater challenge to quantify. These factors are more subjective and multi-factorial, making them less suitable for straightforward



economic evaluation. Despite this, their impact on workforce sustainability and the quality of care cannot be overlooked. Therefore, while some practices lend themselves more easily to health economic studies, others - especially those affecting clinician well-being - remain vital for long-term improvements in cancer care.

Lastly, experts highlighted several important gaps in the translation of research findings into practical, scalable solutions. One key area identified is the potential impact of disease prevention on reducing healthcare workload, particularly in cancer care. By preventing cancer and promoting preventive measures and healthy lifestyles, not only can the number of cancer patients be reduced, but outcomes for those diagnosed may improve significantly.

Another important gap is the facilitation of data sharing across systems, such as linking electronic patient records to reduce

bureaucracy and streamline care delivery. Better data integration can significantly improve workflow efficiency, reduce duplication of effort, and support more informed decision-making in real time.

Additionally, experts pointed to the need for a shift in how healthcare employment contracts are structured to improve workforce retention and work-life balance. For instance, in the Netherlands, some hospitals have introduced contracts for medical professionals that allow for a 4-day working week while maintaining a 38-hour work schedule. This adjustment, compared to traditional models where doctors worked five days and exceeded their contracted hours, can lead to more satisfied and sustainable workforces, while helping to address burnout and job dissatisfaction. These changes point to a broader need for system-wide shifts that go beyond clinical practices to address structural and organisational factors in healthcare.



## Conclusion

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The various themes outlined in this report are closely interlinked. For instance, the burden of workload affects the wellbeing of professionals, which can lead to people leaving the workforce, which in turn increases shortages and heightens the workload and burdens. These connections underline the need to address all of these problems collectively, both by looking at the root causes of healthcare shortages and addressing specific issues in working conditions and wellbeing.

In conclusion, the findings reveal critical challenges facing Europe's oncology workforce, including burnout, overwhelming workloads, and dissatisfaction with compensation. Policy reforms should focus on improving compensation, reducing overtime, and simplifying administrative procedures to alleviate stress and ensure healthcare professionals have more time to focus on patient care. Particular attention should also be given to the needs of young cancer professionals, who report poorer workplace satisfaction and professional quality of life compared to their older peers.

The data highlights significant regional differences within Europe. Western and Northern Europe report more favourable results, while Eastern and Southern Europe face greater challenges, including higher levels of burnout and stress. Policies must be tailored to these specific regional contexts, drawing on best practices from countries with similar profiles to implement more effective solutions.

In light of these challenges, international collaboration within Europe is essential.

Sharing resources, strategies, and best practices across borders will be key to addressing workforce shortages and improving conditions for oncology professionals, ensuring that cancer care remains sustainable and of high quality across the continent.

The World Health Organization, European Commission, national governments and health authorities, and hospital managers across Europe are invited to read and reflect upon all the recommendations outlined in this report. We urge them to collaborate to implement comprehensive, actionable strategies to tackle this workforce crisis.

This includes adequate funding for training and retention programmes, investment in workforce well-being, and the creation of policies that safeguard both cancer patients and the professionals who care for them. If we are to truly make a difference, we need to put the right policies in place—policies that empower healthcare workers, address burnout, and ensure that every cancer patient receives the care they need, when they need it.

The time for urgent action is now and the call to action is clear: we must act with urgency, with compassion, and with an unwavering commitment to the health and safety of cancer patients across Europe. This is a defining moment, and we cannot afford to delay.

Together we can ensure that European patients will receive the care and support they deserve—today, tomorrow, and in the years to come.



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## With thanks for the contributions from



Young Cancer Professionals









As the not-for-profit federation of member organisations working in cancer at a European level, the European Cancer Organisation convenes oncology professionals and patients to agree policy, advocate for positive change and speak up for the European cancer community.



European Cancer Organisation  
Rue de la Science 41  
1040 Brussels Belgium  
+32 2 775 02 00  
[Workforce@europeancancer.org](mailto:Workforce@europeancancer.org)

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