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Nursing education on palliative care across Europe: Results and recommendations from the EAPC Taskforce on preparation for practice in palliative care nursing across the EU based on an online-survey and country reports

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Abstract

Background: Nurses are the largest regulated group of healthcare professionals involved in palliative care. In 2004, a taskforce of the European Association for Palliative Care (EAPC) launched the 'Guide for development of palliative nurse education in Europe' (hereinafter, the EAPC 2004 Guide). No systematic evaluation of its impact in the development of palliative care education was undertaken.

Aims: To describe current undergraduate and postgraduate nursing education across Europe; to identify the roles that nurses with different palliative care educational levels have in palliative care; and to assess the uptake of the EAPC 2004 Guide in the development of palliative care nursing in Europe.

Design: Descriptive research involving an online survey among nursing experts, and the consultation of national representatives.

Setting/participants: A total of 135 nurses (52% response rate) from 25 countries completed the online survey; representatives from 16 countries were consulted.

Results: In 14 (56%) countries, palliative care was not identified as a mandatory subject within undergraduate nursing education. The EAPC 2004 Guide is widely known and was/is being used in many countries to promote palliative care nursing education. Large variations were found across and within country responses.

Conclusions: Palliative care nursing education varies largely in Europe. The wide awareness and use of the EAPC 2004 Guide show how policy measures can influence the development of palliative care education. Recommendations are built and focus on both fostering the use of this guide and implementing policy measures to ensure that palliative care nursing is recognised and certified as a specialty in all European countries.

What is already known about the topic?

- Nurses are the largest regulated group of healthcare professionals involved in palliative care provision, in most developed countries, across a wide range of contexts.
- To be able to provide individually tailored palliative care to patients with life-threatening or life-limiting conditions and their families, nurses must be appropriately educated.
- In 2004, a taskforce of the European Association for Palliative Care (EAPC) launched the 'Guide for development of palliative nurse education in Europe', which proposes a general framework with three levels of knowledge acquisition: the basic educational level A; the advanced level B; the specialist level C.

What this paper adds?

- In more than half ($n = 14$; 56%) of the 25 countries represented in this study, palliative care was not identified as a mandatory subject within undergraduate nursing education (level A) and in about half of these countries ($n = 13$; 52%) there was no postgraduate education for nurses on palliative care (level B or C) offering formal recognition and certification.
- In the vast majority of countries ($n = 21$; 84%), participants were aware of the EAPC 2004 document, but only 9 (36%) countries used it in the development of palliative care nursing education.
- Large variations were found both across and within countries, especially in what refers to the different levels of palliative care education that exist in each country, the mandatory inclusion of palliative care in nursing undergraduate curricula, the features of postgraduate palliative care education and also in the recognition of palliative care as a specialty in nursing.

Implications for practice, theory, or policy

- This is the first European study addressing the state-of-the art of palliative care nursing education specifically, including both the undergraduate and postgraduate levels.
- The EAPC 2004 document on palliative care nursing education is widely known and was/is being used in many countries to foster palliative care nursing education. This shows the power of policy measures (e.g. recommendations developed by international professionals'

associations) that can influence the development of palliative care education.

- Recommendations focus mainly on fostering the use of the EAPC 2004 guide on palliative care education and implementing policy measures to ensure that palliative care nursing is recognised and certified as a specialty in all European countries.
- Further research and policy initiatives are needed to better relate required nursing competencies with teaching contents and hours in undergraduate and postgraduate programmes, as well as with nursing roles, particularly nursing involvement in research and policy among those who have a specialist role.

Introduction

Nurses are the largest regulated group of healthcare professionals involved in palliative care provision, in most developed countries, across a wide range of contexts.¹⁻³ They are the primary providers of palliative and end-of-life care, and enable an end-of-life experience characterized by dignity and compassion.^{3,4}

Palliative care is an approach that improves the quality of life of patients and families who face the problems associated with chronic as well as life-threatening/limiting illness through the early identification, prevention and relief of suffering, along with the treatment of pain and physical, psychosocial and/or spiritual problems.^{5,6} Palliative care nursing involves the assessment, diagnosis, and treatment of human responses to actual or potentially life-threatening/life-limiting diseases.^{4,7-10} It requires the establishment of a dynamic caring relationship with the patient and family to reduce suffering, and also among nurses themselves and the multi-professional healthcare team.¹¹⁻²¹

Although nursing and palliative care share common roots, goals, and values, to advance palliative care nursing practice, it is essential to discern the unique contribution of nursing to the field of palliative care. The goal of palliative care is to prevent and relieve suffering, and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies. The alleviation of suffering is an essential function of nursing.^{8,9,11,22}

Nurses often act as a link between different professions, patient and family, and spend more time with patients at the end-of-life (i.e. the extended period of one to two years during which the patient/family and health professionals become aware of the life-limiting nature of their illness²³) than other healthcare disciplines.^{8,24-27} To be able to fulfil this role and provide individually tailored palliative care to patients with life-threatening/limiting illnesses and their families, nurses must be appropriately educated.^{3,11,28,29} They should have the required competencies to be able to provide palliative care across settings and levels of specialization.¹¹ This has focused attention onto developing undergraduate and postgraduate programmes in palliative care nursing, although there seems to be global variations in the content of these programmes.^{26,27,30-36}

[Table 1]

In 2004, a taskforce of the European Association for Palliative Care (EAPC) launched the 'Guide for development of palliative nurse education in Europe'.^{37,38} The guide was the result of a three-year project in which a draft of the guide was sent for feedback to 100 nurses involved in palliative care across Europe. In addition, 39 nurses working in practice, education, research and/or policy participated in a consensus workshop on palliative care nursing education at the EAPC Congress in 2003.

These steps resulted in the development of a consensus-based guide for the development of nursing education programmes across Europe.^{37,38} The guide does not offer a curriculum, but proposes a general framework with three levels of knowledge acquisition: the basic educational level

A (A1 and A2); the advanced level B; the specialist level C (Table 1). These levels are aligned with different dimensions of the palliative care learning process and with professional expectations of the practicing nurse. Decisions about structure and hours associated with the educational preparation for each level remain a prerogative of each country.^{37,38}

Because of its broad consensus, we postulated that the guide would have been used in the development of palliative care nursing education in Europe. Since its publication, there have been other relevant national and international developments, which might have influenced palliative care education. For instance, the EAPC commissioned taskforces for other professions (e.g. physicians, psychologists, physiotherapists, social workers and chaplains) using comparable three-level frameworks for palliative care education derived from the nursing guideline.³⁹⁻⁴⁷ It was recognized that there are clear elements of palliative care education and core competencies for practice that all healthcare professionals should have.^{48,49} Furthermore, the consolidation of national improvement programmes for palliative care in various countries, as well as reforms that occurred in educational programmes due to the 'Bologna Process', might have affected palliative care nursing education.⁵⁰

Despite the relevance of the 2004 EAPC guideline, no systematic evaluation of its impact throughout Europe was undertaken. Moreover, a contemporary overview on nursing education in palliative care across Europe, since the 2004 document, was lacking. This justified the development of a new EAPC taskforce on nursing education, the EAPC Taskforce on Preparation for practice in Palliative Care Nursing across the EU. Hereinafter, the EAPC Nursing Taskforce. This taskforce was launched in September 2014 and aimed to assess the impact and uptake of the 2004 EAPC document for the development of palliative care nursing practice; and to revise and present an updated version of the document relative to international competency frameworks (for more information on the work of the taskforce, please see: <https://www.eapcnet.eu/eapc-groups/archives/task-forces-archives/nursing-education-2019>).

The objective of this study is threefold:

1. to describe the current structure of undergraduate and postgraduate nursing education across Europe;
2. to identify the roles that graduated and postgraduate nurses with different palliative care educational levels (A, B and C) have in palliative care across Europe; and
3. to assess the uptake of the 'Guide for development of palliative nurse education in Europe' in the development of palliative care nursing in Europe.

Methods

Design and methods

This study is based on descriptive research involving two data collection 'rounds': (1) an online survey among nursing experts; and (2) consultation (via e-mail) of national representatives to validate and update the reports made on the basis of the data gathered in the online survey. In addition, meetings were held with members of the Steering and Advisory Committees of the EAPC Nursing Taskforce at annual congresses of the EAPC (2016, 2017, 2019). These meetings were used to discuss the main findings of the two data collection rounds and build recommendations.

Sampling and recruitment

A total of 260 expert nurses, defined as nurses with relevant expertise in palliative care nursing and/or nursing education, were approached for the online survey. The inclusion criterion was being a nurse recognised by his/her peers as having relevant experience in nursing education and/or having a professional role in palliative care nursing. Expert nurses were purposively recruited via the EAPC

national associations and members of the Steering and Advisory Committees of the current EAPC Nursing Taskforce, who were asked to indicate the name and contact of 8 to 10 expert nurses fulfilling our inclusion criteria.

For each of the 25 countries participating in the online survey, we approached a national expert to validate and update the country-specific reports. The inclusion criteria to select these national representatives were being a representative of a national association for palliative care and being able to provide an overview of the state-of-the-art of palliative care nursing education in their country. Members from the Steering Committee not involved in the data collection were also asked to validate and update the country report from their country. Recruitment was done using the e-mail addresses of both the national palliative care associations and members of the Steering Group.

Instrument and data collection

The online survey was built de novo by four authors (SMP, PHM, AF, PL) and checked for content validity and comprehensibility among the members of the Steering and Advisory Committees. The technical functionality of the online questionnaire was also tested by the members of the Steering Group before fielding the questionnaire.

The survey entailed six parts (Box 1).

[Box 1]

The first data collection round (online survey) was performed in 2016. Initial invitation e-mails were sent in January and a total of three reminders were sent to increase participation among non-respondents. For countries with a response rate below 33%, country specific interventions were discussed and agreed during the closed meeting of the taskforce in Dublin (June 2016). A final reminder was sent to the experts from these countries and other experts were identified and invited to participate. The online survey remained open until the end of July 2016.

Aggregated data analyses were performed in 2017 and presented at the EAPC Congress in Madrid. Based on the suggestions given by the members of the steering and advisory committees, in order to reach a better description and a more comprehensive overview of palliative care nursing education across Europe, we decided to perform country-level analyses and build country-specific interim reports.

While building these country-reports in 2017/2018, we identified variations in the responses within countries. In addition, due to the fact that some time had passed between the online survey and the country-specific interim reports, we decided to undergo the 'validation and update round', which was performed in 2018/2019. In this round, we sent the interim reports resulting from the country-specific analyses to national representatives. Each expert was asked to validate and update (where needed) the information in the reports. They were also asked, in the case of varying answers given by expert nurses within their country on specific questions, to choose what the right answer was in their opinion.

Ethics procedures

As the study only involved professionals and it referred to an educational improvement initiative with expert nurses as participants, it did not raise any of the ethical issues flagged by the European Commission in the Horizon 2020 Programme Guidance 'How to complete your ethics self-assessment'.⁵¹ Therefore, ethics approval by an ethics review board/committee was deemed not to be necessary. Approval to perform the study was obtained from the EAPC board of directors (2015–2019). This study fully complies with ethical principles and relevant EU and international legislation; for example, the Charter of Fundamental Rights of the European Union⁵² and the European

Convention on Human Rights.⁵³ Participation in the two rounds was voluntary and informed consent was built-in. Participants were fully informed about the study and provided informed consent implicitly by completing the online survey.⁵⁴

Data was stored in a database in a password-protected computer as an encrypted file. Due to the European General Data Protection Regulation (GDPR),⁵⁵ this database is not openly available. Only the member of the steering group directly involved in the data collection process (SMP) had access to personal information (name and e-mail addresses) of the participants. Data was aggregated for data analysis and pseudonymized/codified both for analysis and reporting. Only country names are provided.

Data analyses

Descriptive analyses were performed for both the data of the online survey and the 'validation and update round', using SPSS version²³ and a self-developed data-extraction template. The latter resulted from a selected set of items from the online survey and included the following dimensions: Education levels for nurses in palliative care; Palliative care as a mandatory subject in undergraduate nursing education; National efforts to have palliative care nursing recognized as a specialization for nurses; Postgraduate programmes for palliative care nursing; Specialization in palliative care nursing; and Roles of nurses per education level.

The data of the 'validation and update round' gave the input for the final analyses. In the countries where we did not receive a response during the 'validation and uptake round', we decided to use the data of the online survey (first round) for the final analyses.

Reporting guidelines

A combination of both the CHERRY⁵⁶ and the STROBE⁵⁷ was used as reporting guideline.

Results

Participants

Out of the 260 expert nurses from the 33 European countries, associated members of the EAPC, that were approached, 135 (52% response rate) from a total of 25 countries completed the online survey in 2016 (first round). We did not receive any responses from 8 countries (Figure 1).

Subsequently, in the second round, 'validation and update', we received feedback from national representatives of 16 out of the 25 mentioned countries (response rate 64%).

Countries from which data from the two rounds was achieved were: Albania, Austria, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Netherlands, Norway, Portugal, Romania, Spain, Switzerland and United Kingdom.

Countries where data from the online survey only was achieved and thus not validated or updated in the second round were: Belgium, Croatia, Czech Republic, Hungary, Israel, Italy, Poland, Serbia and Sweden.

Countries from which we did not receive any response (neither at the first nor at the second round) are: Iceland, Luxembourg, Slovakia, Latvia, Lithuania, Ukraine, Turkey and Russia.

Structure of nursing education on palliative care across Europe

In more than half ($n = 14$; 56%) of the 25 countries from which we have data, palliative care was not identified as a mandatory subject within undergraduate nursing education (level A, combining levels A1, basic undergraduate, and A2, basic postgraduate, as described in Table 1).

In about half of the countries that participated in the survey ($n = 13$; 52%), there was no postgraduate education for nurses about palliative care (levels B or C) that offered formal recognition and certification.

It is worth mentioning that, in the countries where we did not have data from round 2, we used the following decision rule in analysing the data displayed in Figure 2:

- Yes, such level of nurse education on palliative care is clearly available: in countries that the majority answered yes;
- No, such level of nurse education on palliative care is not available: in countries where the majority answered no;
- No, such level of nurse education on palliative care is possibly not available: in countries where 50% of the respondents answered yes and the other 50% answered no.

Figure 2 illustrates that, in the majority of countries, all levels of palliative care nursing education exist. However, in some countries (Belgium, Croatia, Hungary, Israel, Poland), the basic undergraduate level (and sometimes also the basic postgraduate level) of palliative care nursing education is still not available. From the answers given to the open questions during the validation and update round, ongoing activities to further develop palliative care nursing education seem to be underway in several countries. In some countries (e.g. Finland, Greece), there are ongoing activities to make palliative care mandatory in nursing undergraduate curricula. In other countries (e.g. Austria, Finland), there are initiatives to further develop under and postgraduate curricula in palliative care. Furthermore, in some countries (e.g. Denmark, Finland, Greece, Norway, Portugal, Romania and Spain) there are actions to recognize palliative care as a specific nursing specialty.

[Figure 1]

Roles of nurses with the basic educational level in palliative care

In most countries, nurses with level A education in palliative care mostly perform clinical work, followed by consultation; sometimes, they also conduct research, team support and education. In 18 out of 25 (72%) countries, these nurses are never involved in policy. Nurses with level B education in palliative care very frequently or frequently embrace a role in clinical work and perform consultations, team support and education, and they are sometimes involved in research and policy. Finally, nurses with level C of palliative care education are frequently or very frequently involved in team support, education, consultation, and clinical work; also, they are very frequently or frequently involved in research and policy (Table 2).

In terms of decision rules to analyse and present this data, data from round 2 (validated and updated) was used for the 16 countries in which this was available; for the other 9 countries, we used data from the country reports built after round 1. In addition, the answers 'frequently' and 'very frequently' were aggregated and are presented as '(very) frequently'. In those cases, in which half of the respondents answered 'never' and the other half answered 'sometimes', we considered 'sometimes' as the appropriate answer as some of the responses identified that role as being performed sometimes.

Uptake of the EAPC guide launched in 2004

In the vast majority of countries ($n = 21$; 84%), participants were aware of the EAPC 2004 guide. Concerning the actual use of the guide, 9 (36%) of the countries used it in the development of palliative care nursing education. Almost half of the respondents ($n = 12$; 48%) did not know whether the guide was used or not (Table 3). In two countries, the guide was not used either because there

were no central guidelines for the development of palliative care nursing education or because palliative care nursing education was already implemented before the launching of the guide. This was the case in Greece and the United Kingdom, respectively.

[Figure 2]

Discussion

Palliative care nursing education varies widely across Europe. Notable variations were found across countries in what refers to basic nursing education, the different levels of palliative care education that exist in each country, the mandatory inclusion of palliative care in nursing undergraduate curricula, the features of postgraduate palliative care education and in the recognition of palliative care as a nursing specialty. There is also diversity in the roles that nurses with basic undergraduate and postgraduate levels of education undertake in practice. In addition, we found that the EAPC 2004 guide is widely known and was/is being used to foster palliative care nursing education in about one-third of the countries.

Cross-country and within country variations

Large variations were found across countries with respect to palliative care nursing education and nursing roles. This is very much aligned to previous studies focusing on palliative care education in other professional groups.^{41,42,45,58-62} An explanation might be related to different levels of palliative care development and healthcare professionals' regulation frameworks.

Surprisingly, our study also demonstrates that responses within certain countries varied too. While this was also found in other studies on palliative care education,^{45,62-65} it constitutes a major concern. In fact, a different development and organisation of palliative care education within the same country may have major implications for the delivery of effective palliative care education and practice in those countries. For instance, evidence shows that palliative care education, in general, and palliative care nursing education, specifically, are paramount to ensure access to adequate palliative care, particularly in countries with populations living in rural and remote areas.^{50,66-72} A possible explanation for within-country variations could be that some respondents, although identified as experts by their peers, were not well aware of the situation in their countries. Moreover, within-country variations mostly occurred in countries with larger number of respondents or having an administrative structure that permits the establishment of regional frameworks and regulation. This is, for instance, the case of Belgium, Spain and the United Kingdom.

[Table 2]

Uptake of the EAPC 2004 Guide on palliative care nursing education

The EAPC 2004 guide is widely known and was/is being used in many countries to foster palliative care nursing education. This shows both the power of policy measures and the impact of the work developed by the EAPC taskforces that can influence the development of palliative care across levels and settings. It is indeed vital to ensure that policies, programmes and guidelines are used in the development of education programmes and clinical practices. This, in turn, may successfully facilitate quality palliative care reaching the most vulnerable.⁵⁰

[Table 3]

Strengths and limitations

To the best of our knowledge, this is the first pan-European study addressing the state-of-the art of palliative care nursing education in Europe, including both the undergraduate and postgraduate levels. We had relatively high response rates in the two rounds of the study and were thus able to integrate different views, perspectives and experiences into a coherent and comprehensive piece of work. Compared to other studies about the development of palliative care education,⁴⁷ our participants were recognised as experts by their national associations and peers. Nevertheless, this work is not without limitations. First, data collection occurred during a long timeframe (from 2016 to 2019). Second, our sampling frame is composed of participants with different levels of expertise. Finally, despite our major efforts to validate and update our findings and country reports, and also the fact that we have relatively new data from 16 countries, caution is needed in the interpretation of some findings, especially considering the dynamic and evolving nature of palliative care education nowadays.

Recommendations

Considering the large variations found both across and within countries, it is a challenge to build evidence-based recommendations in order to update the EAPC 2004 guide.³⁸ The members from the EAPC Nursing Taskforce advised that a large-scale revision of the 2004 guide should not be prioritized. They recommended to give priority to (1) fostering the actual use of the framework of the already existing guide in order to build further palliative care nursing curricula (for instance, by creating policy briefs in different languages) and (2) working together with other initiatives, taskforces and reference groups focused on palliative care education for other professionals.

In addition, the EAPC Nursing Taskforce recommended a regular update of the data presented in this study (e.g. every 5 years). The regular mapping of palliative care nursing education and practice in Europe would give insight into its level of development. It would also allow the definition of tailored implementation approaches needed to ensure that nurses acquire the required competencies to provide palliative care.

The EAPC Nursing Taskforce also recommended that palliative care should be recognised and certified as a nursing specialty in all countries. At the undergraduate level, palliative care should be mandatory and basic competencies should be developed. The recommendation to certify and recognise specialist nursing education in palliative care and recognise the role of advanced care practitioner in this field is in line with the trend presented in this study. This requires working with nursing regulatory bodies, both nationally (e.g. colleges of nurses) and internationally (e.g. International Council of Nurses).

Lastly, further research on palliative care competencies aligned with different levels and contexts of palliative care provision and policy initiatives were recommended. This would provide evidence for a better understanding of required nursing competencies aligning their development with teaching contents and hours in undergraduate and postgraduate programmes. Furthermore, this could also clarify nursing roles and foster nursing involvement in research and policy, particularly among those who have a specialist role.

Conclusion

Palliative care nursing education varies largely in Europe. Variations were found both across and within countries. It is also shown that there is diversity in the roles that nurses perform in different countries. The EAPC 2004 guide on palliative care nursing education is widely known and was/is being used in many countries to foster palliative care nursing education. Current recommendations

focus mainly on fostering the use of this guide and implementing policy measures to ensure that palliative care nursing is recognised and certified as a specialty in all European countries. Further research and policy initiatives are needed to better relate required nursing competencies with teaching contents and hours in undergraduate and postgraduate programmes, as well as with nursing roles, particularly nursing involvement in research and policy among those who have a specialist role.

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Tables and figures

*Table 1 Levels of palliative care nursing education.*³⁸

Level A	Level A1 Basic (undergraduate) Level A2 Basic (postgraduate)	Future health care professionals during their initial training Qualified health care professionals working in a general health care setting, who may be confronted with situations requiring a palliative care approach
Level B	Advanced (postgraduate)	Qualified health care professionals who either work in specialist palliative care, or in a general setting where they fulfil the role of resource person. Qualified health care professionals who are frequently confronted by palliative care situation (e.g. oncology, community care, pediatrics and elderly care)
Level C	Specialist (postgraduate)	Qualified health care professionals who are responsible for palliative care units, or who offer a consultancy service and/or who actively contribute to palliative education and research

Box 1 Sections of the EAPC Nursing Taskforce online survey.

- | | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (i) | General information on nursing education in each expert's country, distinguished by the three levels presented in the 2004 guide (see Table 1); |
| (ii) | General information on palliative care nursing education in each expert's country; |
| (iii) | Role of nurses in palliative care in each expert's country; |
| (iv) | The expert's perspectives on the development of nursing competencies in palliative care, focusing on the awareness and uptake of the guide on nursing education (EAPC, 2004); |
| (v) | Open questions on the main issues for palliative care nursing education and advanced palliative care nursing in each expert's country; and |
| (vi) | Personal information (socio-demographic and professional data). |

Figure 1 Participating European countries affiliated to the EAPC as associated members in round 1 (online survey in 2016) and round 2 (validation and update in 2018–2019).



*Figure 2 Availability of levels of education on palliative care.**

*Not in all European countries were respondents unanimous in their judgement of whether a certain level of education was available. The decision rule on how we dealt with unanimous information is provided above in the text. Levels A1 and A2 are part of Level A presented in Table 1.

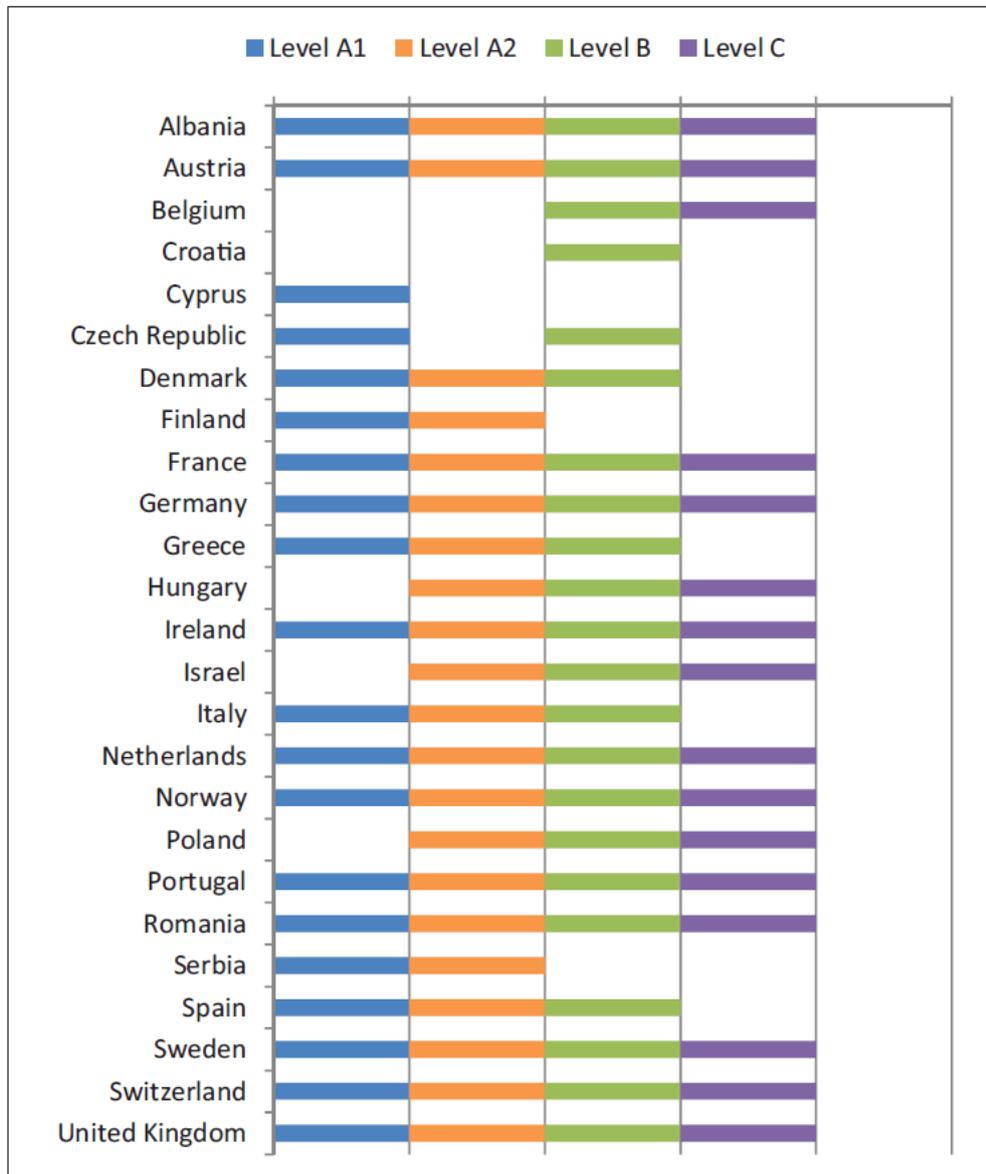


Table 2 Roles of nurses with different levels of palliative care education (levels A, B and C) in 25 European countries (n countries and %).

Roles of nurses	Level of palliative care education		
	A	B	C
Consultation			
Never	7 (28%)	2 (8%)	1 (4%)
Sometimes	14 (56%)	4 (16%)	1 (4%)
(Very) frequently	4 (16%)	19 (76%)	23 (92%)
Clinical work			
Never	0 (0%)	2 (8%)	1 (4%)
Sometimes	3 (12%)	1 (4%)	5 (20%)
(Very) frequently	22 (88%)	22 (88%)	19 (76%)
Research			
Never	11 (44%)	2 (8%)	1 (4%)
Sometimes	13 (52%)	17 (68%)	8(32%)
(Very) frequently	1 (4%)	6 (24%)	16 (64%)
Team support			
Never	4 (16%)	1 (4%)	1 (4%)
Sometimes	12 (48%)	6 (24%)	0 (0%)
(Very) frequently	9 (36%)	18 (72%)	24 (96%)
Education			
Never	6 (24%)	1 (4%)	1 (4%)
Sometimes	15 (60%)	10 (40%)	0 (0%)
(Very) frequently	4 (16%)	14 (56%)	24 (96%)
Policy			
Never	18 (72%)	4 (16%)	1 (4%)
Sometimes	7 (28%)	17 (68%)	10 (40%)
(Very) frequently	0 (0%)	4 (16%)	14 (56%)

Table 3 Awareness and use of the EAPC 2004 guide in the 25 countries (n and %).

Uptake of the 2004 guide	Answers	n countries (%)
Are you aware of the EAPC 2004 guide?	Yes	21 (84%)
	No	3 (12%)
	I don't know	1 (4%)
Was this guide used in your country for the development of palliative care nurse education?	Yes	9 (36%)
	No	4 (16%)
	I don't know	12 (48%)