

costs is increasing for each hospitals. A reduction in hospital beds between 25 and 30 percent of all beds in Germany is expected.

For sure the length of stay of patients in the hospital will decrease.

The following consequences for the nursing are a result of these developments:

Due to a reduction of the duration of a hospitalisation more patients will have to be cared for within the same timeframe.

The relative proportion of severely ill patients in the hospital will rise.

Patients without complications will be sent to outpatient settings more frequently.

Patients will stay a shorter period time on cost-intensive intensive care units.

Cost pressure will rise for the nursing staff.

Due to these changes the management team of BMT units face new challenges. Patients after BMT will be transferred much earlier from the "high-intensity-care" BMT unit to a lower intensity care unit for rehabilitation. This means that the number of patients on BMT units needing highly professional care is increasing but loss of quality can not be permitted. Nurses who care for the BMT patient in the rehabilitation phase these shifts of the patient population in a different way. They are confronted with problems which they have no experience in yet. The constructual requirements as

well as professional level of care for highly immunocompromised patients need to be investigated. At the University Hospital Marburg (Germany) we looked more in detail into these changes and reconstructed a unit for these purposes. The nursing Team received special training to be able to meet these challenges in the near future.

The nursing staff in Germany can not avoid to face their role in the health care system and an active planning of the future of the nursing is mandatory. An open discussion and establishment of a newly defined role and core tasks of nursing is important. Because of an increase in outpatient care and treatment of the patients the demand of advice through nursing staff will rise. Evidence Based Nursing, Primary Nursing and Case Management will become increasingly important. Because of an earlier transfer of patients from cost intensive ICU's to other care units it is necessary to transfer them to an IMC very often.

Just as much as we have to think about for which jobs highly qualified nurses are needed. We need to think about which jobs can be performed by less qualified staff.

The nursing management on all levels is challenged to find practicable and professional solutions. Germany is able to manage its crisis of the health care system only if everybody co-operates constructively.

Workshops

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Generating questions for nursing research

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Conduct of research is a process yielding knowledge that will contribute to practice and cancer care. Opportunities for investigating problems that impact on nurses practising in, and on people who use, cancer nursing services, are diverse and numerous. Identifying a problem is the initial and one of the most significant steps in conducting research. The research purpose evolves from the problem and provides direction for the subsequent steps of the research process. This workshop will provide participants with an opportunity to reflect on the different approaches, both formal and informal that might be used to identify areas that merit research. Sources of research problems including nursing practice, researcher and clinician interaction, systematic review, theory and research priority setting exercises will be reviewed. Research priorities need to reflect the needs of different groups and stakeholders and the role of users of research in this process – patients and clinicians – will be highlighted. Research objectives, questions, or hypotheses are formulated to bridge the gap between the more abstractly stated research problem and purpose and the detailed design and plan for data collection and analysis. Using worked examples it will explore the process of turning an area of interest into a question amenable to research and highlight factors that might influence this. Research should provide answers to significant clinical questions with a sequence of activities generating a continuous flow of questions and answers relevant to practice.

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Chemotherapy and safety aspects for oncology nurses

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In the treatment of cancer patients is cytostatica een important medicijn.

Cytostatica are medicines that has his impact on the cell growth and other biochemical processes in the tumour cells. There is an eliminating effect on the tumour cells but also on the good cells in the body. Cytostatica have also a carcinogenic, mutagenic and teratogenic effect on the healthy person

who works with this medicine by cancer patients. The health risks of nurses en other employers in hospitals depends on the risk of contamination or on the moment of exposure. Important also is the nature of the cytostaticum. Research shows that de health risks are not easy to interpreted. It is also not easy to say something about the risk that an individual has when they work with cytostaticum every day/week. De relation between a high dose and low dose are not clearly understood. By cleaning tests we see that an higher dosis gives more exposure on the floors, toilets etc. This is proven in a monitoring project in two hospitals.

In the treatment of chemotherapy are de safety aspects extremely important, otherwise you get contaminated by cytostatica. The exposure-risk is expected:

- When you give patients chemotherapy, oraal, intravenous, intramuscularly, intravisciaal, intrapleuraal, intrathecaal
- When you work with excreta of patients who received chemotherapie, there is a special riskperiod for each cytostaticum
- In the environment of the patients, the bed, toilets or shower is contaminated with cytostatica
- When there is a incident with cytostaticum or with contaminated excreta.

Researchers expects that cytostatica comes into our body by skincontact. When you touch the patient with chemotherapy and you will not clean your hands, you will be contaminated with cytostatica. And when you do not work with the right safety tools en the right werkmethode. The skin exposure is the most expected, nurses still not make the right decisions. Putting on a hand glove is not difficult but we do we take them off, and when do we wash our hands. Clean working is the best advice but also work critical with protection tools. Using a protocol so that everyone knows what he has to do at special moments of contamination. Safety aspects are not an individual matter, it is a problem for every nurse, doctor or cleaner that works on a ward with patients treated with chemotherapy. Nurses most learn to work with safety protocols. The aspects of why nurses are not working with safety aspects in the first place is because the needs of a patient are more important, not enough knowledge, or not know how.

In this workshop the goals are:

1. Understanding about the best strategy on a ward when you work with patients who will be treated with chemotherapy.
2. You can explain too other colleagues about the safety aspects and when to use personal protection tools.
3. Understanding about an implementation strategy for a safe workmethod how you can change a behaviour by nurses and other disciplines