by using their professional experience or by white-coat distancing when they are acting a role while nursing. Confirmation-seeking is done professionally through colleagues or patients, or personally through talking to family or friends. Chatting means ventilating emotions with colleagues or letting emotions go. Self-reflecting is sometimes done when sporting or relaxing. Some nurses ruminate about difficult situations, which could negatively affect work and private life. Postponing means that nurses are either storing emotions, to deal with them later or stashing them unconsciously, eventually into a mountain of unprocessed emotions. The postponed emotions will always pop up again.

Conclusions: The organization should encourage self-care, prioritize time and offer professional help to ensure that nurses continue working with cancer patients and at the same time survive emotionally.

1230 POSTER

The clinical trial nurse in Italy: strategies for role preparation, implementation and evaluation.

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Background: The specialized role of the nurse in clinical trials has evolved as the demand for new and more effective cancer therapies has resulted in extensive biomedical research. Complex and diverse responsibilities of the clinical trial nurse (CTN) have been described in the literature, however this role is new in Italy where minimal educational and competency requirements have not been established.

Materials and methods: A group of clinical trial nurses from the National Cancer Institutes of Napoli, Genova and Aviano began collaborating November 2002 to define the reponsibilities of the CTN as practiced in Italy, and to develop strategies for the preparation, implemenatation and evalutation of CTNs within the network of Italian cancer institutes. Contact resources were made with international oncology nursing associations and cooperative clinical trial nurse groups. After networking, discussion and a review of the literature 4 initial objectives were identified: defining the responsibilities of the CTN, developing a basic educational program for new CTNs, writing a CTN job description, establsihing a network of Italian oncology CTNs.

Results: CTN responsibilites were categorized as: patient education and advocacy, patient care and coordination of care, consultation and staff education, management of patient records and data, evaluation of clinical trial performance. Competency based job descriptions are being written based on these categories with specific responsibilites detailed across the continuum of clinical trial activity. A post graduate CTN course has been developed based on the EORTC core curriculum, requesting continuing education credits from the Italian Ministry of Health and the European Oncology Nursing Society. A CTN group has been formed within the Italian Oncology nursing association and is charged with developing a strategy for professional development and institutional recognition of the CTN role.

Conclusion: Establishing minimal education and competency requirements is critical in providing a basis for undertaking the role of CTN. Networking with CTNs nationally and internationally is essential for peer support and professional development.

1231 POSTER

Differences between quality of life questionnaires filled out in the hospital ward and in the "garden of peace" of the hospital

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Nursing of head and neck cancer patients receiving surgical, chemo- or radiotherapy is one of the most difficult challenges.

Patients treated in our department are often in advanced stage of their disease. In this form of cancer the affected nutrition and respiration function, the pain and the visible signs of the disease and its treatment worsen the ability to speak or to eat with other people that causes sever social and psychological problems for the patients besides the somatic disease.

In 2001 the nursing staff of our department initiated a new form for exploring and taking care of the above mentioned difficulty. After training for this duty the nurses began to conduct meetings for patients in a special, enclosed, peaceful part of the garden of the hospital. The patients look after the garden, plant flowers and evergreens. In that place the patients receiving chemo- or radiotherapy or healing after an operation have enough time to talk about their problems, their anxiety and to get answer for their questions.

As nurses experienced, that the patients report much more details of their condition in the garden than they do in the ward, we conducted a trial to evaluate this difference.

The aim of the project was: I. to provide a peaceful natural surrounding for the patients, where they disclose their problems and anxieties more deeply II. to bild up the best possible confidence between the patient and the nurses III. the peace of the garden has a positive influence on the patient's psychological status IV. the information given by the patients are useful in the plan of their further rehabilitation.

Method: 200 stage II and III head and neck cancer patients were asked to fill out the standard quality of life questionnaire what is part of the nursing documentation in the department first in the ward, and 2 days later in the garden, after a meeting with a nurse and with other patients.

Results: After evaluation of the data, we found, that there were no significant difference between the scores given for swallowing and breathing function, but the number of reported data about pain, sleeping disorders, problems with communication, anxiety for progression of the disease, pain and losing of friends and family members, and the time spent for filling out the form were significantly higher in the garden than it was in the ward.

Conclusion: According to the result of the trial we make every effort to involve every patient into these meetings, and the data collected there to announce to the treating physician.

1232 POSTER

Influence of educational programme on disease experience by the patients diagnosed with breast cancer and their families

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Introduction: How patients experience their disease and its consequences, as well as members of their families, are important parameters for psychosocial adaptation and finding strategy for more realistic acceptance of the disease.

Education is a powerful means for as realistic as possible disease acceptance, both by patients and their families.

Aim of the research: To investigate how patients with the breast cancer experience their disease and its consequences and also their families, before and after educational programme.

Material and methods: Experimental group consists from breast patients N= 50 after surgical, radiotherapy and chemotherapy treatment in the period of 1-5 months in N= 50 family members.

Control group includes N=50 pts. in N=50 family members.

Instruments of the research: SD questionnaire test of knowledge at the beginning and at the end of the research, educational programme and special design of the questionnaire for experience of the disease and its consequences.

Research results: Our research shows that the best effect on self-change in the new concept was achieved in domain of cultural, partners' and broader social relations, both for the diseased and their families. At the beginning, the biggest number of family members is of opinion that disease is incurable ie. 68% in the experimental group, 60% in the control group, while only 16% in the experimental group, and 20% in the control group think the disease is curable.

At the end of research, experimental and control groups show statistically significant difference of data ($P<0,5$), while control group at the beginning and at the end of research show results which are at border line of statistical significance $P=0,056$. Significant difference between obtained results was achieved, before and after conducted educational programme, on all issues related to the breast as symbol of maternity, sexuality and attractiveness, which are very important in our country.

Conclusion: After application of the educational programme, higher degree of self-esteem and self-respect of the diseased was noticed, as well as higher level of sincerity and responsibility of the family members in communication with the diseased.