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POSTER

### Occupational stress and preferred coping strategies at the division of oncology-hematology and palliative care

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**Background:** Occupational stress is becoming an increasing cause for concern as research uncovers its adverse implication for health and well-being. Taking care of oncology patients is associated with highly stressful and emotional situations. The aim of this study was to investigate (1) factors that cause stress in work, (2) whether nurses experience more work stress than other professions, (3) the association between experienced stress and physical and behavioral characteristics, and (4) preferred support.

**Material and Methods:** Subjects were employees ( $N = 131$ ) at the division of oncology-hematology and palliative care at Landspítalinn - University hospital, Reykjavik. All variables regarding stress and coping strategies were assessed using self administered questionnaires. From 83 questions regarding stress at work, 10 stress factors were extracted using factor analysis. Stress factors were reported on a scale from 0 (never) to 5 (daily). The subjects were grouped in nurses, nurses' aids and other staff (medical doctors, unit clerks, physiotherapists and radiologists). Values are expressed as mean  $\pm$  standard deviation (SD). The groups were compared using Mann-Whitney U tests. The association between stress and other variables was tested using Spearman's rho.

**Results:** Fifty three (40.3%) employees participated in this study, 60% of them were nurses, and 40% were other staff. Stress in work was experienced frequently, whereas nurses felt stress more often than other staff ( $3.1 \pm 0.87$  vs.  $2.5 \pm 0.83$ ,  $P = 0.026$ ). The most frequent stress factors were: lack of staff ( $3.31 \pm 0.98$ ,  $\alpha = 0.81$ ), lack of time ( $3.24 \pm 0.76$ ,  $\alpha = 0.92$ ), time period surrounding a patients' death ( $2.79 \pm 0.59$ ,  $\alpha = 0.82$ ) and the relation with patients and their relatives ( $2.76 \pm 0.49$ ,  $\alpha = 0.78$ ). Stress correlated positively with sleep disturbances ( $\rho = 0.310$ ,  $P = 0.025$ ) and various physical symptoms ( $\rho = 0.433$ ,  $P = 0.001$ ). The most preferred support to cope with the experienced stress was reported to be assistance from colleagues (100%), clinical supervision (91%), massage (88%), relaxation (85%) and help from experts (79%).

**Conclusions:** The employees at the division of oncology-haematology and palliative care experience frequently stress. Work overload and lack of staff and the time period surrounding patients' death are the most important stress factors. Experienced stress is associated with physical complaints. To minimize work stress, assistance from colleagues and experts (psychologists, sociologists, doctors) and a smaller work load is preferred by the staff.

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### Participating in multi-centre cancer nursing research: experiences of two clinical sites in Scotland

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**Aim:** This paper presents an outline of the organisation and operational factors affecting the implementation of a European cancer nursing research project called WISECARE + within two clinical sites in the West of Scotland.

The implementation of WISECARE + is underpinned by an action research based approach to nursing practice. The objectives of this method are to: • facilitate systematic data collection • improve chemotherapy symptom assessment • implement evidenced based care. The organisational and operational factors to be considered prior to establishing such a project into busy clinical sites include: • designation of appropriate clinical leaders in the clinical area • structuring the patient recruitment process • consideration of clinical time requirements • involving the multi-disciplinary team • ensuring training needs are met. Action plans to overcome these factors evolve over time and require consistent leadership and partnership working with nursing research institutions. Solutions specific to the West of Scotland sites to achieve successful implementation and a change in practice are outlined.

**Conclusion:** Implementing action research into busy clinical sites is a significant challenge to nurses. However close relationships between clinical and research institutions can facilitate the process and ensure effective delivery of such an approach.

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### Cancer and nutrition - an educational program for patient and health professionals

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The signification of nutrition during illness has traditionally been one of the main areas in nursing. Covering the need for food and vitamins, and at the same time emphasize the psychological meaning of meals and eating is a major nursing task. In illness, and specially cancer will the importance of these areas change, and new knowledge be needed both for patient, relatives and health professionals. The cancer diagnosis, the treatment with its side effects, and the psychological stress will be a threat against earlier nutritional habits and preferences. As nurse consultants in the Norwegian Cancer Society we often receives questions and problems concerning cancer and nutrition from both patient/relatives and other health professionals. We experience a growing focus on nutrition and cancer in mass media, leaving many questions for health professionals to answer. Patient relatives often find their role difficult. Nutrition is one of the areas where they feel themselves useful and important for the patient. Nurses in cancer care needs to know more about nutrition and the biological impact on the cancer patient. Developing cachexia, and experiencing other symptoms from the cancer disease itself or the treatment demands knowledge and action from the nurse. Their role and responsibility to guide and help patient and relatives must also be emphasized. To meet this need we have worked out an educational program about cancer and nutrition to be used to educate both nurses and patient/relatives. The educational program is functional without use of advanced educational tools, in order to make the program available in variable settings. Using over-head/slide projectors and following the head -word list the nurse can educate her colleagues or patients easily using her own words. In our poster presentation we will present the program and encourage nurses to refresh their own knowledge and teach on to other health-professionals in this important field.

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### Pupil to practising nurse; Supporting transition to the world of paediatric oncology nursing.

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At a time when recruitment and retention of nurses world wide is at an all time low, it has never been more important to support those taking their first tentative steps from the protective status of student, to the reality of registered nurse. If we do not nurture these nurses in particular, the future of the profession is in jeopardy.

It is difficult enough to begin work in a general medical or surgical ward, let alone a specialty such as paediatric oncology. Compounding the dilemma in Australia is the fact very few undergraduates have clinical placements in paediatrics or oncology, with limited theoretical content provided for either specialty. How then do these nurses make the transition from a novice to a competent, valued member of the team?

For the past ten years at the Royal Children's Hospital in Melbourne, Australia we have had up to four graduates at a time rotate through our paediatric oncology unit. Up until a couple of years ago the graduates rotated every three to four months. While this provided greater opportunity for diversity of experience, it was very difficult to teach and extend skills for paediatric oncology nursing leading to confident, competent staff.

In 2001 for the first time we had all our graduates for 12 months. We had an opportunity to teach more than basic survival skills. How did we do? What have been the positives and pitfalls of our graduate nurse program? Where have we succeeded and where have we let ourselves down? What changes have we made to our program for 2003 and where are we headed? In answer to some of these questions we went to our 2002 graduate nurses to get their feedback. We surveyed unit staff for their opinions of the program. We then took the feedback, looked at what we offered in 2002, and developed our program for 2003.

The poster for presentation will incorporate all aspects of the graduate nurse program for the Paediatric Oncology Unit at the Royal Children's Hospital, it's history, evolution and future direction.

In 2003 the hospital provides a four week orientation program with a further ten study days throughout the year. While other units will be sending nurses straight to work with support, we will be keeping our graduates in the "classroom" a little longer, providing five days intensive education about the key issues they will confront in their first days on the unit. They will then get a minimum of two weeks doubling with a preceptor, and four

additional unit specific study days throughout the year. A number of learning packages have been developed to facilitate education. Ongoing support will be provided through teams comprised of a mix of senior and junior staff. This in itself recognises the valuable contribution all members of staff make towards support and professional development.

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### **An evaluation of formal staff support sessions within a specialist breast unit**

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**Background:** Oncology Nursing is recognised as a demanding and stressful area of nursing practice. Hedley Atkins is a designated breast unit, which cares for women with both newly diagnosed and metastatic disease. This environment presents unique learning opportunities to follow the patient through the cancer journey. This presents challenges for the staff supporting patients and their families through various treatments often with uncertain outcomes. To meet the demand for Clinical Supervision and to accommodate the developmental, educational and professional needs of staff, formal support sessions facilitated by a cancer counsellor have been implemented.

**Materials and Methods:** The sessions are held monthly for a period of one and a half hours. The sessions are not structured but develop through nurses identifying issues or events they have experienced in the clinical setting. As the group was formed just over a year ago it is considered an appropriate time to evaluate its effectiveness. An audit is being undertaken by questionnaire to ascertain the benefit to individual ward team members and to discover if the format of the session requires revision.

**Results and Conclusion:** The questionnaire format, distribution, response rate and results will be discussed on the poster. Further recommendations and conclusions will be explored.

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### **Breast cancer patients' satisfaction with care following changes in length of stay and care delivery.**

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Early discharge after surgery for breast cancer has been called for in Iceland like in other countries. The length of stay after surgery for breast cancer was recently shortened in a university hospital in Iceland, from 5-7 days to 2-3 days. Subsequent changes were made in the delivery of care, with the inclusion of a hospital-based home care service.

When making considerable changes in care delivery it is important to evaluate these and compare to previous care. Patient satisfaction is considered to be an important indicator of healthcare quality. The overall aim of this quantitative retrospective survey was to assess breast cancer patients' satisfaction with care received following the diagnosis of breast cancer and during treatment, and to compare patient satisfaction before and after changes in delivery of care after surgery.

**Method:** An extensive study-specific questionnaire was used to gather the necessary information concerning i.e. received information, manner of professionals, perceived professional competence, psychosocial support, care of significant others etc. as well as background questions.

**Procedure:** Two groups of women were contacted by telephone and offered participation. Group 1: women who underwent surgery during a period of 7 months prior to changes in length of stay, and group 2: women who underwent surgery during a period of 7 months three months after the implementation of change in length of stay and delivery of care. 112 agreed to participate (33 in group 1; 79 in group 2) and received questionnaires by mail. Returned questionnaires were 95, with a response rate of 93% for group 1, and 82% for group 2.

**Findings:** Changes in delivery of care did not influence satisfaction with care; therefore the two groups were combined for further analysis of the findings. The majority of participants were between 51-60 years old and diagnosed with breast cancer more than 6 months ago. About half (54%) underwent mastectomy and 49 (52%) were taking tamoxifen. In general the sample was very or rather satisfied with most aspects of care. The women were less satisfied with psychosocial components of received care.

**Conclusions:** Length of stay can be shortened without adverse effects on patient satisfaction if other components in nursing care delivery are

changed as well. Women recently diagnosed with breast cancer are generally satisfied with received care. More attention needs to be paid to psychosocial components of care.

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### **Principles and nursing implications of patients receiving chemotherapy: A Hellenic course accredited by EONS.**

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**Background:** It is acknowledged that a safe level of care for patients receiving chemotherapy requires specialized preparation of registered nurses. Continuous education remains a main way to keep updated their appropriate knowledge, ensuring safe patient care. The Principles and nursing implications of patients receiving chemotherapy organized by the Hellenic Oncology Nursing Society, sponsored by Jansen Cilag, has received EONS accreditation for three years (2002-2005). The aims of the course were to enhance nurses' knowledge and skills in scientific basis of chemotherapy, safe chemotherapy preparation, administration and disposal of antineoplastic agents and quality patient nursing care.

**Methods and Materials:** The three days course took place from 14-16 June 2002 in Patras and 5-7 July in Halkidiki.

A total of seventy registered nurses responsible for the delivery of chemotherapy in hospital or ambulatory settings all over the country, who accepted the invitation of the society, attended the 15 hours courses.

At the beginning of the courses the participants were given a Reader containing speaker's presentations, slides' presentations and bibliography.

In the first two days the presenters lectures covered the courses aims. In the last day the participants had the opportunity to network and exchange experiences in workshops based on case studies. At the end of the course nurses evaluated the programme through an anonymous questionnaire.

**Results:** From the 70 handed out questionnaires 13 had to be rejected due to missing data. The vast majority of the nurses evaluated the course as very good or excellent on a likert scale 0-5 (0=poor and 5=excellent). Moreover the ten presenters were evaluated as very good to excellent. Although 93% of the respondents reported that their knowledge was improved significantly, only 65% felt that the application of new knowledge in practice would be an easy task. However a remarkable number of nurses (44%) emphasized the need for more time to consolidate the new knowledge. The workshops were appraised as the most beneficial experience of the course.

**Conclusion:** The accreditation and application of this course proved to be a valuable experience for both organizers and participants. A common proposal of all the participants was the replication of the course, which keeps up with the society's future plan.

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### **Implementation of new nursing documentation within oncology outpatient unit based on two sites within Guy's and St Thomas' Oncology and Haematology Directorate**

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**Background:** Iyer and Camp (1995) describe documentation as the most significant function of the registered nurse, since effective recording of patient care will demonstrate the patient's responses to nursing intervention. The nursing documentation within oncology outpatient settings was inconsistent and ineffective. Therefore the purpose of introducing a new documentation was to standardise between sites and create a more precise record keeping system.

**Materials and Methods:** Documentation was collected from several trusts. It was compared, contrasted and disseminated amongst the nursing staff for views and opinions. A new documentation was developed and sent out to all departments within the Oncology Directorate. The poster being presented is an example process mapping, which looks at the practices that the working party were involved in. The unit had no formal documentation and the poster identifies the steps that were involved in formulating a structured and effective way of record keeping within the outpatient units.

**Results:** The new nursing documentation consists of; chemotherapy initial assessment sheet, patient treatment diary booklet, patient appointment card, record of information and teaching, multi-disciplinary support record, nursing assessment and evaluation. Examples of these will be included in the poster. All documentation is now in full use and overall opinion from nurses appears to be good and communication between the multi-disciplinary team has improved. An audit tool is being developed to evaluate the documentation this will also be presented.