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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 ± 0.87 vs. 2.5 ± 0.83 , $P = 0.026$). The most frequent stress factors were: lack of staff (3.31 ± 0.98 , $\alpha = 0.81$), lack of time (3.24 ± 0.76 , $\alpha = 0.92$), time period surrounding a patients' death (2.79 ± 0.59 , $\alpha = 0.82$) and the relation with patients and their relatives (2.76 ± 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