1281 POSTER

"Networkgroup for children as relatives in Haukeland University hospital in Bergen": a colloboration project between the Norwegean cancer society and the Department of oncology and medical physics at Haukeland University hospital in Bergen

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Background: Cancer in parent impact the hole family, also the children. In wards treating adult people for cancer there has been just casual focus at the hole family. Health personal need more competance of how cancer in parent impact the whole family. They also need guidance and checkinglist to make sure that the whole family will be taken care of in a good matter.

Method: Networkgroup consist of one nurse from each wards in the hospital

The group leaders are Randi Værholm, nurseconsultant in The Norwegean Cancer Society and Annelise Elholm, cancernurse from the Haukeland University hospital.

Goal: Cancer in parent families should been taken better care of in the hospital.

What are the networkgroup doing:

- Increase the competance about children as relatives in the wardpersonel
- Do the wards more childlish by buying toys and equipment to the warda
- Make a checking list for children as relatives
- Make a little pamplet for parent of what the ward can offer

What can the wards offer the family:

- Councelling the parent
- Invite the whole family for information and talking
- Phone the school, kindergarden and the healthnurse for information about the situation
- If family want, making contact with The Norwegean Cancer Society for visiting the school and for other offers

1282 POSTER

The appropriate treatment assures quality (ATAQ) project: improving the management of neutropenia

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The ATAQ programme is an initiative of the Oncology Nursing Society (ONS) Center for Leadership, Information and Research (CLIR), designed to improve the management of chemotherapy-induced neutropenia through professional and community education and research projects.

The ATAQ professional education project began in 1999. During 1999 to 2000, three 3.5-day courses in the US educated 673 nurses in the care of patients with neutropenia. Nurses who attended these original courses disseminated the information they received through individual or group projects. As of 2003, more than 17,400 people (patients, family members, nurses, physicians, etc.) were contacted through these initial projects. As many of the projects are ongoing this number continues to increase.

During 2001-2002, ATAQ offered 10 regional one-day workshops, in which 448 nurses received education about the care of patients with neutropenia. These nurses were also asked to disseminate the information to broader local audiences of nurses, physicians and patients. While the exact numbers of people who received this information have not yet been confirmed, we expect the numbers to be proportionally similar to those who benefited from the 1999-2000 initiative.

The ATAQ programme continues with a number of projects planned or underway in 2003 including:

1. Neutrófilo, a Spanish version of the NeutroPhil brochure; a helpful, patient-friendly guide to understanding neutropenia.
2. ATAQ CD, to include case studies and simple games, which use a novel approach to understanding anaemia, thrombocytopenia and neutropenia.
3. Quality Improvement (QI) Project; including a monograph entitled Performance improvement in myelosuppression management: continuing the ATAQ initiatives'.
4. A National Conference bringing together 200 nurses to learn and debate the latest information about haematologic toxicities and education projects developed through the ATAQ programme.

ATAQ is an example of an effective programme to disseminate information on a nationwide scale through the training of programme leaders. This programme has already reached over 20,000 people and is improving the quality of care related to myelosuppression in the United States by increasing patient, caregiver, and health care professional awareness. The authors believe that this programme could be suitably adapted for use within European health care systems.

1283 POSTER

Having cancer and being a parent.

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Background: Parents facing a potentially life-threatening illness are found to experience anxiety, depression and other emotional difficulties which may impair parenting and place children at risk for problems. The main purpose of this study was to gain knowledge of how parents experience parenting young children during cancer illness in order to develop strategies for a nursing approach. The research questions are:

- How does a parent's cancer affect families with young children?
- In what ways do families manage the situation when one of the parents gets cancer?
- To what extent do parents need help and assistance in the care of their children during cancer illness?

Methods: The design of the study is explorative. The method chosen involves qualitative in depth interviews with 18 parents (ill and healthy) of 23 children (0-18 y) in 10 families. The collection and analysis of data follow Kvale's guidelines for qualitative research interviews, which imply a phenomenological-hermeneutical mode of under-standing.

Results: Four main themes emerged from the data; 1. Major changes in the family. 2. Children in focus. 3. To need and be needed. 4. Openness and support. Illness affects the emotional climate in the family and brings insecurity and worries into the daily life. Roles change and all family members have to adjust to illness. The parents are concerned for their children and how they react to cancer illness. The well-being of the children is fundamental to the parents and they strive to keep life as normal as possible for the children. The parents view it as important to keep the children well informed about illness, but they often need guidance in order to meet the children's needs in a proper way. The parents, ill or healthy, all have worries and anxieties concerning illness and at the same time they have to take care of their children and each other. They are drawn between having needs of their own and being needed by others. To manage the situation; support between parents, openness about illness, a supportive social network and support/guidance from the health care system seem to be important.

Conclusion: Parents with young children need help and support in order to meet the needs of their families during a parent's cancer illness. However, they seldom seem to receive such help from health workers. Thus, this is a big challenge to all nurses and doctors that meet cancer patients with young children.

1284 POSTER

Symptom registration - a tool to collaborate with the patient in palliative care

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Background: We work in a little palliative unit, which started in1998. We had a vision of working from a holistic viewpoint from the beginning and to live up to WHO*S objectives in connection with the nursing care of palliative patients. We wanted a tool to ensure that we don't overlook important problems/symptoms both subj/obj.

We consulted the most relevant literature we could find from hospice/pall units.

We devised a tool to help us create a broad view of the patient's experiences.

Method: We developed a registration questionnaire with 25 known problems/symptoms with the possibility of supplementing with other problems/symptoms not directly mentioned on the questionnaire. This tool was then used as the basis for a semi structured interview to evaluate the interventions necessary to alleviate the symptoms causing greatest distress for the patient. This interview was preferable carried out with the patient and family. Could also be an interview with the patient alone, the family alone or staff evaluated. This resulted in a broader view of the patient's condition and a knowledge of what was most important for the patient. The information was then used to make individual nursing care plans.

When do we use this tool?

Visitation

Subsequent admissions
Discharge
Subsequent telephone contact
Evaluation of interventions

How? Creating a friendly relaxed atmosphere giving an impression of time and space.

Experience:

- The patient becomes an equal and active partner in his or her own care.
- The patient experiences being seen and heard also the small details.
- We get a broader view of the patient's problems.
- It is possible to target appropriate interventions and evaluate them, allowing us to create individual nursing care plan.
- We get an insight into the patients own coping strategies.
- The pt becomes more conscious of at better coping strategy.
- It's a useful tool for use on ward rounds MDT conferences.
- We get an insight into the impact of a particular symptom in the patients every day life.
- We create a feeling of control for the patient, the family and relatives and the staff.

Conclusions: The combination of professional knowledge and patients expertise gives a good basis to find the most appropriate interventions.

It enables us to monitor and act early on new symptoms.

It is a good tool when new staffs are responsible for care.

The staff becomes more aware of the different dimensions in a single symptom and their ability to influence each other.

Theories become evident when one works with this tool e.g. that anxiety can increase the amount of pain the patient experiences.

It makes clear to us the difference between the staff evaluation of the impact of a particular symptom contra the patient's own evaluation of the same symptom.

We show that we can and will listen. Even when we can't change the situation we can share a little of the patient's helplessness.

When we have time to hear our patients needs we release energy now and for the future.

1285 POSTER

Spiritual care, Katie Eriksson and Joyce Travelbee in a new light

A.E. Overgaard. *Copenhagen County School of Nursing and Radiograph, Nursing, Herlev*

By spiritual care, care that implies a meaningful conversation with patients who suffer from a life without meaning, with hopelessness, powerlessness, anger or guilt is understood.

It is the intention to discuss how you can make the importance of spiritual care clear to nurses. Nurses brought up in a secular society, are here given the chance to understand the philosophical background belonging to the Danish philosophy Sören Kierkegaard that offers knowledge about ways of meeting patients belief and religion when patients meet illness and suffering. In a secular world it is difficult for nurses to understand the importance of religious and existential questions at suffering patients. They simply often reject these questions as not existing. Since 1975 the Danish school system does no longer include a view of the Christian faith as important for every body. That is, you don't know the stories of the bible or the religious hymns. Therefore you will not have a religious language to offer the patients. It is the intention to try to remove blockings related to the religious issue without the nurses having to become active believers.

My method is to combine caring theories written by nurses on the background of life-philosophical thoughts and existential thoughts with religious philosophy. Therefore I am in a boarder area, where I develop a new way of thinking. I analyse the parts of the text where the spiritual topics are important. From this an attempt is made to create a theory for practice including spiritual care.

1286 POSTER

Assessing the prevalence of anxiety and depression in palliative care cancer patients in Western Australia and New South Wales

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Despite the emphasis in palliative care on holistic support including psychosocial and spiritual care, anxiety and depression are under recognized and treated in patients. A review of the research reveals many reasons for this including health care professionals' focus on overt sadness and tearfulness rather than flatness of mood, physicians' reluctance to overburden patients and patients' fears that expressing such distress will lead to stigma. This distress can result in negative relationships with family and health care professionals and lead to a lack of closure. There are many effective supports and interventions to alleviate depression and anxiety but under recognition or late recognition leads to under utilization of such supports. The use of a brief psychosocial assessment tool leads to better and earlier detection of anxiety and depression and also, importantly, helps to normalize distress. Local baseline data is needed to determine the effectiveness of such a tool and any resulting interventions. Such a tool tool needs to be easy to administer and brief. Hence, this study asked the following questions What is the prevalence of anxiety and depression in palliative care cancer patients in NSW and WA? and What is the validity of 2 single item questions for use in a psychosocial assessment tool? The 2 single item questions were: Are you depressed most of the time? and Are you anxious most of the time? The questions were based on work conducted in Canada. The study used the Hospital Anxiety and Depression Scale. 266 patients were recruited from 8 sites across NSW and WA. The results indicate that using a cut off of 8 the prevalence of anxiety is 37% and depression 46%. Using a cut off of 11 the prevalence of depression is 23% and 20% for anxiety. Using logistical regression the key significant predictor variables for anxiety are never been married (or not currently married) and previous history of depression. Predictor variables for depression are never been married (or not currently married), family history of anxiety and being in home hospice rather than hospital or hospice. The sensitivity, specificity and positive predictive value scores are given in the table below.

Total Sample: Sensitivity, Specificity and Positive Predictive Value

Depression (cutoff 8) with Question 1	
Sensitivity	89.5%
Specificity	62.7%
PPV	29.6%
Depression (cutoff 11) with Question 1	
Sensitivity	71.1%
Specificity	86.6%
PPV	48.2%
Anxiety (cutoff 8) with Question 2	
Sensitivity	88.9%
Specificity	78.7%
PPV	53.3%
Anxiety (cutoff 11) with Question 2	
Sensitivity	70.4%
Specificity	94.5%
PPV	77.5%

The 2 single item questions have good sensitivity and specificity when validated against the HADS, particularly the anxiety question. Implications for clinical practice and future research are discussed.

Research in oncology nursing

1287 POSTER

Nurses' attitudes towards research and related factors

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Background: The results are part of a larger study focused on Finnish nurses' views of research utilization in nursing practice. The purpose of this component of the study was to study nurses' opinions of research and to find out how the background factors are associated with attitude.

Material and methods: The data were collected with a purpose-designed, structured questionnaire. The study was carried out in one central hospital, one central university hospital and in ten community health centres in Finland. Nurses in these hospitals worked with many kind of patients and with cancer patients, too. The questionnaires were sent to 600 nurses and a total of 400 nurses took part in the study. The response rate was 67%. The data were analysed using SPSS statistical software. The factor analysis was used in the study.

Results: The nurses' attitude to research was positive in general. However half felt their own relationship with nursing science was quite distant and majority felt that nurses are not interested in utilising research results in nursing practice. Some related factors concerning the attitude were also found.

Conclusions: The results give support to the fact brought up in the literature that there is a gap between research and nursing practice.