

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

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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 Søren 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 overbur-

den 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 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.