period were approached. The sample (n = 39) consisted of patients who had not received any cancer therapy yet and their partners who consented to participate.

Couples were assessed, on the same day in separate rooms. European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and LC13, Symptom Distress Scale (SDS), and Partner Relationship Inventory (PRI) were the instruments completed by all participants.

Results: 97.4% of the couples were married (mean duration of relationship 31years). 94.9% of patients (mean age±SD: 60.26±8.23 years) were male with advanced disease and metastasis (59%). However, only 43.6% were aware of their diagnosis and just 10.3% of the existence of metastasis. Contrary most partners (mean age±SD: 54.95±9.17 years) were aware of patients' diagnosis (76.9%) and metastasis existence (46.2%).

Most of the participants described that patients experienced low symptom distress for the 12 of the 13 scale items. Almost half of the patients (51.3%) and most of their partners (84.6%) reported that they experienced high outlook distress. Partners estimated sufficiently patients' symptom distress with SDS scale. Although differences were observed between patients and partners reports about patients symptoms distress, statistically significant difference was found only for patient outlook distress (p = 0.00).

Partners also evaluated sufficiently patients' quality of life. Twenty six subscales of the EORTC scale were examined but statistically significant differences were observed only in the fatigue subscale (p = 0.030).

PRI measurement showed that most of the couples have a great conflict in their relationship. The majority of partners estimated that their relationship was better than patients did. Patients with poor quality relationships reported worse symptom distress and poor quality of life. Contrary to patients, partners perceptions of their relationship were not correlated with their perceptions of patients' symptom distress and quality of life.

Conclusion: There was an agreement between patients' and partners' perceptions concerning patients' symptom distress and quality of life independently of couples' relationship.

1592 POSTER

A multi-method evaluation of the prostate cancer charity specialist nurse programme

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Background: Prostate cancer is a significant health burden and, whilst now being detected and treated earlier, represents a challenge to the provision of effective supportive care. The central role of nurses in developing, facilitating, co-ordinating, and delivering care has been acknowledged, both in cancer care generally, and urological cancer specifically. Recent evidence (Corner 2003) has emerged on differences specialist nurses can make to improve the experience of diagnosis and treatment for people with cancer. Although this has lead to innovative nursing care, the role needs to be rigorously and critically evaluated before widespread implementation (Wilson-Barnett & Beech 1994).

Materials and Methods: This paper reports findings to date from patient interviews conducted as part of an ongoing larger study evaluating the Prostate Cancer Charity Nurse Specialist (PCNS) programme. The programme currently has 4 PCNSs across the UK. Its evaluation compares sites that do/do not have a PCNS. A combination of methods are being used to detail PCNS's role and describe their impact on patient experience and quality of care they receive. Case studies, incorporating a series of interviews with 40 patients who have had contact with a PCNS, are in progress.

Results: Analysis of the first wave of interviews (n = 40) presented in this paper revealed a number of themes on service provision and the role of the PCNS within it. Patients reported PCNS provided several types of support: psychological, social, physical and informational. They also described psychological support PCNSs provided their relatives. Patients saw PCNSs as operating in multiple roles, ranging from administrator to 'guardian angel'. They were seen as an information giver, arranger of appointments and tests, and advisor on symptom control. PCNSs also performed a crucial role in communicating information and advice to patients in an understandable way. Respondents perceived PCNSs had time to discuss diagnosis and decision-making and build rapport with patients.

Conclusions: The interviews illustrated different ways of working adopted by PCNSs in response to patients need; these were often highly individualised and exemplified a two-way process between patient and nurse. These operated along a spectrum from administrator to facilitator of complex emotional support, both to patients and families. Further work needs to be undertaken to understand how such relationships evolve.

1593 POSTER

Evaluation nursing care in elderly breast cancer patients treated with tamoxifen

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Introduction: The fundamental purpose of nursing research is to improve the quality of patient care through the provision of knowledge for practice and the incorporation of substantiated and relevant research into practice. Nursing staff was trained in proper of giving verbal instructions and a written leaflet to the patient and his family which can improve coping and reduce anxiety. Tamoxifen is the standard hormonal treatment in breast cancer patients. Although it is generally well tolerated in old population, but it could cause several adverse events.

Aim: The aim of this presentation is to analyze subjective adverse events important for nursing care and possibilities of nursing interventions and practice.

Methods: We have investigated a group of 30 outcome patients which was treated with tamoxifen for period from 2002–2003 year. The group consisted of femile patients, histologically verified breast cancer, aged from 65–75 years. During the treatment we used data from hospital files of disease and data from oral interview, copleted by patients subjectives. Futhermore, adequate communication and cooperation with the patients family helped us.

Conclusions: The theoretical model of the care of cancer patients was constructed on the basis of existing knowledge. The rationale for patients information/education was that the patients and family have a right to be adequate informed as part of an integrated cancer care delivery.

The obtained data suggested following conclusions:

- Tamoxifen was generally well tolerated in elderly breast cancer patients.
- Personal feeling about their symptoms.
- The appropriate information and continuous discussion about adverse events could change the patients personal perception of their own quality of life.

The needs for information are one of the most frequently cited self perceived needs identified by cancer patients and their families. Our research showed that there was a positive correlation between the patients level of being informed and nursing staff.

1594 POSTER

Research in the field of oncology nursing in Brazil: indicators for professional practice

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This is a study for classification of the production of knowledge related to oncology nursing, within the scope of the integrated research project "*Production of Knowledge in Oncology Nursing: Bases for Management and Care-related Models*", being undertaken in the context of the Research Group Management of the Care Process in Oncology Nursing and of the Group Research Line and Epistemological Studies for Nursing, both registered at the Universidade Federal do Rio de Janeiro and enrolled in the Directory of Research Groups in Brazil – National Council for Scientific and Technological Development (CNPq – in Portuguese). The main idea guiding the study focuses the interest of the nursing activity as concerns the specificity of the knowledge produced in the dimensions of the art of caring and of the formal requirements for the nurse's performance. In addition to that, coherent answers have been sought for nursing knowledge committed to the internality of the profession and as directed to pedagogical and care practice. On designing the study, the following goals were set forth: identifying oncology nursing journals in the period from 1994 to 2004; pointing out the nature of the focused themes, the theoretical-methodological framework, and epistemological aspects of interest in those journals; and analyzing the contribution made by the studies to evidence that outlines management and care-related models in oncology nursing. The theoretical-methodological reference parameters of this study is linked to a *methodology of epistemological categorization for research in nursing*. Three journals were used as data sources: the Brazilian Journal of Nursing, the Latin-American Journal of Nursing, and the Brazilian Oncology Journal. The sample consisted of 88 articles. The results have shown the regular periodicity of publication in the time frame under study, with increased production from 2002 on. Regarding the nature of the articles, the emphasis points to research, followed by articles on experience/case review, reflection, and reporting. The main thematic contents centered round those related to bases for extending care to clients and relatives, as well as management in nursing and models for management and/or care. Regarding the highlighted epistemological aspects, on the one hand, most papers evince the objective intentionality pertinent to the clients, and data and information gathered, whereas other essays focus the subject's intention/consciousness regarding knowledge. On the other hand, some papers are presented as descriptive of problem situations, exploratory, evaluative, and analytical studies. From this study and its findings, the authors conclude that the knowledge produced in the field of oncology nursing is consistent with the complexity of the art of caring for clients and with the attempts to explain it, as well as with efforts to widen care criteria and standards.

1595 POSTER

Nurses and doctors evade the responsibility for the care of malignant fungating wounds in women with advanced breast cancer

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Background: Previously presented at the ECCO 12 conference "Women with breast cancer suffering from cancer wounds", I showed that malignant wounds were frightening and painful, and that they lead to physiological problems like offensive odour, exudation, pain and infection – and psychological and social-problems, such as shame, altered body image and isolation. The intervention reduced wound size, resulted in well-being, and improved quality of life due to continuity, evidence based wound knowledge, modern wound care products, and psychosocial support. I have subsequently theoretically analysed and categorized the results from the interviews. This gave important new knowledge, which I would like to present here.

Materials and Methods: The project was carried out in 2001 – 2002, and included 12 women with advanced breast cancer, and malignant wounds. *Methods: Quantitative*: A wound morphology chart and photographing. *Qualitative:* Interviews. In this presentation only results from the interviews are presented.

Results: The malignant wounds are mentioned in relation to the women themselves or to others, and it is in these relations that the wounds cause suffering. I found 4 relation-categories caused by the wounds: The women's relations: 1. to themselves. 2. to people near them. 3. to people at a distant, and 4. to nurses and doctors. In this presentation, I specially focus on the relations to nurses and doctors, because these are surprisingly characterized with powerlessness, anger and frustration. The women describe how the responsibilities for the wounds were placed on them, and how neither nurses nor doctors showed interest in managing the wounds. A possible explanation could be that they didn't know how to manage the wounds, or that they felt powerlessness and disgust. The anthropologist Mary Douglas speaks about dirt as a "matter out of place". A cultural and symbolic analysis with Douglas theory in mind shows that these wounds can be characterized as anarchistic, disorderly and can create chaos, which may give an explanation to the dissociation women with these wounds are experiencing from nurses and doctors.

Conclusion: Women with breast cancer expect that nurses and doctors will help them, show interest and take responsibility for the malignant wounds, but instead they evade. Nurses and doctors need to have a theoretical knowledge and understanding about the cultural meaning of these wounds for better management of care for women with these wounds in the future.

1596 POSTER

The development of skills in oncology nursing using portfolio – a successful experience

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Background: The portfolio is an evaluation tool that allows the teacher to observe the student capacity of solving problems and develop specific skills through the projects he proposes and participates. The purpose of the study was to realise in what way the methodology by portfolio contributes to the skills and attitudes development of students. The use of instrument/methodology by portfolio in a continuous manner leads to the comprehension of students learning in oncologist nursing, with the purpose of allowing them to make adequate decisions and develop critical capacity and reflection in and for the action.

Material and Methods: This poster is the result of the first experience application of this methodology in the teaching/learning process of 23 post graduation oncology nursing degree students. For the management of the students' narratives it was used the content analysis (Huberman, 1991; Quivy, 1992).

Results: This evaluation process has contributed:

- To establish the students processes of reflection for, in and about the action, as a person and as a nurse that takes care of the oncology patient.
- To develop the construction of specific knowledge in oncology nursing, for, in and about the action, recognizing its dynamic, flexible, strategic and contextual nature.

Conclusions: For Phaneuf (2003) nursing care is evolving in a very positive way; that is why nursing education should follow the same dynamic, for if education is the motor of the profession, it should integrate society's movement. In the qualitative analysis of the students' narratives, these referred "The fulfilment of this evaluation creates a great value to the nurse, but essentially to the person. We become more human through the development of our critical analysis of observation and by acquiring new responsibilities in oncology nursing that should be executed in a conscious way". The more important aspect of this methodology is to establish by evidence the student's self education, and it makes, at the same time, learning and evaluation easier.

1597 POSTER

Costs estimates in the treatment of childhood acute lymphoblastic leukemia

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Background: The treatment of childhood ALL is very expensive. Especially the developing countries facing frequently with limited financial resources and also with discontinuity in supply, lack of materials, specific devices, lack of personnel.

Objectives: 1. To estimate the financial support of drug therapy in childhood ALL; 2. To establish the entire budget of department.

Material and methods: We studied the documents of 7 children with ALL-MR and ALL-HR admitted in our hospital in period 2001–2003. Treatment followed the BFM-ALL protocols. We calculated the cytostatic drugs costs, in USD/m^2 body surface of patient. Costs concern the entire period of treatment at prices and parity of USD in those years.

Results: Costs for cytostatic agents: 6750 USD/m^2 (5100 USD/m^2 at ALL-MR and 8400 USD/m^2 at ALL-HR), supportive therapy: 9200 USD/m^2 (equality between groups). Structure of costs for supportive therapy: growth factors (G-CSF) 55.20%; antibacterial, antiviral, antifungal drugs 22.20%; transfusion therapy 21.70%; symptomatics 0.45%; infusions 0.20%.

Conclusions: The financial effort for treating childhood ALL is very huge; keeping in consideration the limited resources in developing countries, is necessary the revision of orders regarding antibiotics and blood transfusion; a better reason using growth factors. Costs estimate regarding total budget includes medical devices, salaries and housekeeping.

1598 POSTER

Striving for emotional survival: a grounded theory of how nurses handle the emotional overload while caring for palliative cancer patients in hospitals

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Background: While it is recommended that cancer patients should be cared for in specialist cancer units and centers, many cancer patients are still cared for in regular medical and surgical wards. Acute hospital care is primary aimed at curing and the high pace influences for example the possibilities to get to know the cancer patients and their relatives. Although nursing for patients with cancer is rewarding, it is also emotionally demanding with patients suffering life-threatening disease and where therapy only has limited impact.

The aim of the present study was to develop a theoretical understanding of nurses caring for palliative cancer patients in hospital care.

Material and Methods: In this grounded theory study 46 formal interviews, field notes from informal interviews and observations were coded and compared, yielding concepts and categories. Theoretical memos of the relationship between codes and categories were written and later sorted according to Glaser.

Results: The analysis revealed that nurses caring for palliative cancer patients in hospitals were motivated by a deep concern for the patients and their relatives. Since they handled emotionally charged situations everyday they were constantly at risk of being emotionally overloaded. The risk of emotional overload was identified in the analysis as a main concern for the nurses. Striving for Emotional Survival emerged in the analysis as the pattern of behaviour through which the nurses dealt with the risk of emotional overload to be able to maintain their emotional health. Striving for Emotional Survival involves three main strategies to