

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.

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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.

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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.

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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/m² 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/m² (5100 USD/m² at ALL-MR and 8400 USD/m² at ALL-HR), supportive therapy: 9200 USD/m² (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.

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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

manage the emotional aspects of the nurses' work: Emotional Shielding through professional shielding or cold shielding; Emotional Processing through chatting, confirmation seeking, self-reflecting, or ruminating; and Emotional Postponing through storing or stashing. Emotional Competence is a property of Emotional Survival that explains how well emotions are handled since there are more or less adequate ways of dealing with the risk of being emotionally overloaded.

Conclusions: The grounded theory Striving for Emotional Survival can be useful in the nurses' daily work and provides a comprehensive framework for understanding how emotional difficulties are dealt with. We suggest that health care organizations encourage self-care, prioritize time to talk and offer counseling to nursing staff with emotionally difficult working conditions.

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POSTER

Severe sepsis – a major complication in the treatment of cancer

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Background and Rationale for Audit: One in three people will develop cancer with an increasing number receiving multi-modality treatment and going on to require intensive care therapy. Severe sepsis remains a major cause of mortality and morbidity in the intensive Care environment, and therefore an important challenge for nursing (Dolan 2003). The main cause of death for patients admitted to non-coronary Intensive Care Units (ITU) has been shown to be severe sepsis (Edbrooke et al 1999). Specialist cancer ITU have the rare opportunity to monitor and treat sepsis in those with a cancer diagnosis. The Royal Marsden Hospital in London has the United Kingdom's only dedicated Cancer ITU.

Aims: This presentation will start with an overview of the current sepsis literature. It will then describe a prospective audit that was undertaken in 2003–2004 on the Cancer ITU in relation to sepsis. The purpose of the audit was to augment our understanding of the pattern of severe sepsis in cancer patients admitted to an ITU.

Material:

- Cancer diagnosis
- Stage of disease
- Relevant pathogenic data where available
- Outcome data for each patient
- Current microbiological causes
- Implications for practice

Method of Audit: Retrospective case note review of epidemiology of sepsis in a cancer ITU over a period of one year

Results:

- Coagulase Negative Staphylococcus was evident as the major causative microbiological factor in severe sepsis. The respiratory tract was evident as the major source for sepsis in conjunction with central access lines.
- The Candida family also played a major role in infections within this patient group. Improved infection control practice in the clinical environment put into practice in order to reduce the risk of severe sepsis. Further education and support for nursing staff implemented. Unmet challenges for current cancer nursing practice will be further highlighted.

1600

POSTER

Prolonging the infusion time for an implantable hepatic artery infusion pump

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Background: The Codman® Model 3000 Constant Flow Implantable Pump with Bolus Safety Valve, hereafter called "pump" is an implantable drug delivery device with an attached silicone rubber catheter intended for long-term delivery of medication to various body parts. In our institution, the current use is to provide a means for hepatic artery infusion. Because the pump has a constant flow rate, a continuous infusion of floxuridine (FUDR) to the liver can be achieved. The standard procedure is to alternate 2-week infusions of floxuridine with 2 week infusions of heparinized saline.

Even if the patient is not receiving chemotherapy, the pump must be refilled every 2 weeks. This can create problems for patients, many of whom must travel long distances for a pump refill. Resources in the community are unfamiliar with the pump and are reluctant to assume responsibility for pump refill. For these reasons, we sought a means of prolonging infusion times.

The predecessor to this model pump was sometimes filled with glycerin to prolong infusion times. There is anecdotal evidence that infusion times in the current pump can be prolonged by filling the pump with 30 ml glycerin. We performed a pilot study to investigate this use.

Research Question: Is filling the Constant Flow 3000 Implantable Pump with 30 ml glycerin a safe and effective method of prolonging infusion time?

Sub-Questions:

1. Will using glycerin result in hepatic artery thrombosis?
2. Will using glycerin result in infected pumps?
3. Can the pump be maintained every six weeks with a glycerin refill?

Procedure: Ten patients were treated as follows:

- 2 patients received glycerin over 2 weeks
- 2 patients received glycerin over 4 weeks
- 6 patients received glycerin over 6 weeks

End Points: Patients were assessed at each visit for:

1. Pump rate: 30 ml minus return volume divided by number of days = ml/day.
2. Thrombosis: May be detected by no or sluggish flow of pump.
3. Dry pump: no infusate returned.
4. Infection.

Conclusions: The average infusion rate was 0.437 mL/day. No patient developed a thrombosis. All pumps returned infusate when refilled. No patient developed an infection. We concluded that filling the pump with 30 mL glycerin every six weeks is a safe and effective procedure.

1601

POSTER

The most frequent nutritional problems of the patients of chemo- and radiotherapy

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Introduction: Chemo- and radiotherapy can have similar side-effects, one of which can be loss of weight. This may worsen the prognosis of cancer and tolerance of side-effects. The aim of study was to find out the most frequent side effects of chemo- and radiotherapy and their connection with nutrition in general as well as the preferences of nutrition.

Material and Methods: The study was carried out hospital in Hematology Oncology Clinic of the Tartu University during 01.03.–14.04.2002. 75 patients from the first and second department of surgery, radiotherapy and hematology department were included. Data were obtained by using single self-reported questionnaires. Following questions were presented:

1. What kind of nursing problems the patients on chemo- and radiotherapy observe?
2. What is the correlation between elongation of the period of radiation and frequency and severity of side-effects?
3. What are the nutritional preferences of the patients on chemotherapy and on radiotherapy?

Results: From our study following results can be presented. The most frequent side-effects connected with nutrition were nausea, stomatitis and anorexia. From the patients to whom chemotherapy caused strong nausea 35% had nausea and anorexia, 31% stomatitis in every day of treatment. From those patients 38% preferred to eat fruits, 35% vegetables and low fat soups. From the patients of radiotherapy 30% had anorexia in every day of treatment. Members of this group chose many-sided food – fish, meat, fruits, vegetables and low-fat soups. From the patients to whom chemotherapy caused moderate or mild nausea 15% had nausea, 19% stomatitis and 23% anorexia. Clear food preferences of this group were not obvious. There was a strong positive correlation between the number of days of radiation and frequency of nausea.

Conclusions:

1. The most frequent nutritional problems for the patients of chemo- and radiotherapy were nausea, stomatitis and anorexia.
2. The patients of chemotherapy preferred to eat fruit, vegetables and low-fat soups. The patients of radiotherapy preferred to eat fish, meat, fruits, vegetables and low-fat soups.
3. There was a strong positive correlation between the number of days of radiation and frequency of nausea. Medium positive correlation was found between the days of radiation and severity of diarrhoea.

1602

POSTER

Nurses' perception of parental participation on oncopediatric department

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Background: The admission of a child on oncopediatric department is a very extreme and stressful situation for entire family. It will cause adverse effects on a child's well being and stress to the parents.

Objectives: To determine: 1. How parents experience the admission of their child on oncopediatric department. 2. Which conditions are needed for parental participation 3. What is the nurses' perception regarding parental participation.

Material and methods: Subjects were 16 nurses (N=16), aged between 22 and 54 years, at Oncopediatric Department. We used the method of interview, a questionnaire with 10 opened and closed questions.

Results: We identified the following issues: Parents are essential in the well being of their child; Parents' participation is necessary for