

knowledge, attitudes and perceptions of change in clinical practice was carried out using questionnaires and focus groups.

Seventy-two nurses from 6 locations in Scotland were recruited to the programme. Over a 6 month period, 4 study days were held based around the NICCI manual to introduce and supplement each section of the training programme. In addition participants were encouraged to set personal learning objectives and work towards achieving these throughout the course.

Data analysis is currently ongoing and the full results will be available for presentation at ECCO 13. Preliminary findings suggest a significant overall improvement in the participants self-reporting of nursing practice and confidence towards caring for patients with colorectal cancer.

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ORAL

#### Improving standards of nutritional care through the development of a nutritional care assistant role on a cancer ward: the first year's experience

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**Background:** 40% hospital patients suffer from malnutrition and people with cancer are at even greater risk, yet nutritional problems are largely unrecognised. The side effects of cancer treatments can interfere profoundly with patients' nutritional intake. Although evidence suggests that poor nutrition can affect clinical outcomes, nurses pay insufficient attention to patients' nutritional needs and rely heavily on overstretched dietetic services. Recent reports have identified that nutritional intake in hospitals is poor, food wastage is high and basic aspects of nutritional care are neglected at ward level. This project aimed to improve standards of nutritional care on a busy cancer ward, through the development of a new nursing role; the Nutritional Care Assistant (NCA).

**Material and methods:** We collected baseline data on nutritional screening practices, patients' experiences of eating and drinking, staff knowledge and skills and referrals to the dietitian. We introduced a comprehensive nutritional screening tool to identify patients at medium or high risk of malnutrition, who were then referred to the NCA for individualised assessment, advice and support, with further back up from the dietitian as appropriate. We initiated daily smoothie and fruit rounds so as to offer healthy and nutritious snacks to all patients on the ward. Follow up data was collected from patients and staff to evaluate the first year of the project.

**Results:** Nutritional screening practices have significantly improved, and approximately 20 patients per month now receive individualised nutritional care from the NCA at ward level. Patient comments show that the daily snack rounds are particularly helpful when appetite is poor. The NCA role has attracted considerable interest throughout the hospital and we are currently looking at adopting aspects of the role on other wards. Our experience shows, however, that changing and evaluating nutritional practice at ward level is not without its challenges. This paper will discuss the practical reality as well as the impact of the NCA role on standards of nutritional care within an oncology setting.

**Conclusions:** Standards of nutritional care can be improved considerably by the introduction of a Nutritional Care Assistant. Simple measures to improve food choice are extremely well evaluated by patients with cancer, but organisational and attitudinal changes are necessary if nutritional care is to assume the importance it deserves.

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#### Quality management in patient care at the Institute of Oncology Ljubljana

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**Background:** We cannot talk of professional nursing without incorporating quality management into clinical nursing practice. Nursing managers at the Institute of Oncology Ljubljana are very aware of the importance of quality management in patient care and are constantly studying and improving processes of providing health care services to meet the needs of patients and others. This presentation will show the results of a recent survey of quality of clinical nursing practice at the Institute of Oncology Ljubljana.

**Material and methods:** The survey was carried out at six hospital wards from December 2004 to April 2005. At each ward, we surveyed 8 quality indicators: classification of patients according to their nursing care requirements, pressure ulcers prevention, insertion and care of intravenous cannula, management of oral medication, maintenance of wound management cart, the professional image of nurses, hospital waste management, and hospital infections prevention. All quality indicators

were derived from firmly established nursing standards and institutional policies and each quality indicator was composed of 3 to 6 sub indicators. For evaluation of each sub indicator, we used the following numerical grading scale: (1) meets the standards and policies, (2) partially meets the standards and policies, (3) does not meet the standards and policies.

**Results:** The results of survey are reported in table 1.

Table 1. Results of quality of clinical nursing practice

Quality indicators	Grades <sup>a</sup>						
	W1	W2	W3	W4	W5	W6	Total grades
Patient classification	1	2,3	1,6	2,3	2,6	2	1,9
Pressure ulcers prevention	2	2,6	1,8	2,2	2,4	2,6	2,2
Insertion and care of intravenous cannula	1,7	2,2	2,2	2,2	2,2	2	2
Management of oral medication	1	1	1	1,6	1,6	1,2	1,2
Maintenance of wound management cart	2	2	1	2,2	2,5	2,2	2
The professional image of nurses	1,1	2	1,3	1,3	1,6	1,5	1,4
Hospital waste management	1,2	1,5	1,5	1,6	1,3	1,5	1,4
Hospital infections prevention	1,6	1,8	1,2	1,5	1,6	1,5	1,5
Total grades	1,4	1,9	1,4	1,8	1,9	1,8	1,7

<sup>a</sup>W1–W6, Wards 1–6.

**Conclusions:** The survey showed that there was a lot of work to be done to meet the established standards and policies. As soon as the results were known we discussed them with all ward nurses and they planned a strategy for quality improvement with their nursing team members. The proposed strategy was as follows: regular ward meetings on quality improvement, introduction of new and discussion of the existing standards and policies by nursing team members, participation in revising and developing nursing standards, quarterly quality surveys, monthly assessment of nurses' work effectiveness, stimulation for good work, leadership training for all ward nurses.

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#### Exploring the work of nurses who administer chemotherapy: education, worries and attitudes questionnaire

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There is currently a dearth of research exploring the nurse's experience, education and attitudes surrounding the chemotherapy process. It is vital that current chemotherapy practice is examined or observed to understand factors, which may impinge or enhance care received by patients undergoing chemotherapy treatments. This study incorporated two elements, to explore these factors, using methodological and investigator triangulation. The overall aim was a holistic exploration of the process and context of nurses administering chemotherapy, framed within an ethnographic approach. Evaluation of this role was deemed imperative as it can inform decision-making, influence educational programme development and ultimately impact on nursing practice (Kearney, 2000). This paper will present element one of this study, which aimed to investigate those factors that may influence care of the patient receiving chemotherapy, from the nurses' perspective.

To fulfill this aim, a self completion postal survey was sent to all nurses in London who administer chemotherapy (n = 499), utilising the Education, Worries and Attitudes Questionnaire based on that of Verity (2002). Key areas of questioning included attitudes towards and concerns regarding the chemotherapy nursing role, educational preparation and perceived educational and support needs.

Data collection and analysis are still ongoing. To date a response rate of 44% (n = 217) has been achieved. Initial analysis indicates that when first administering chemotherapy the entire sample admitted to being anxious, scared or nervous. For most these feelings changed with increased knowledge and experience. However, those not administering cytotoxic drugs regularly still feel anxious. 71% worry in varying degrees about the personal risk of exposure and 80% worry about the education/knowledge deficits of nursing colleagues. Nurses perceived they had adequate educational preparation, however, nurses feel they would benefit from further on-going education. Areas highlighted included new developments in chemotherapy treatments and the psycho-social needs of patients. The findings will be discussed with regard to current literature with recommendations for future practice and education provision.