Results: The following guidelines and tools were developed:

- Guideline on safely handling cytotoxic agents including the preventive and corrective measures such as:
  - Regulating patient room assignment;
  - Personal precautionary measures;
  - Disposing contaminated waste products;
  - Disposing excreta and hospital linnen.
- Guideline on cleaning the patient room and the area where cytotoxic agents are prepared.
- Procedures concerning incidents with cytotoxic agents:
  - Measures to take following contamination of material/persons or extravasation with cytotoxic agents.
  - Incident-Registration concerning incidents with cytotoxic agents.
  - Crash card: with general and specific measures.
  - Incident set materials/persons/extravasation: with materials and products to use when an incident occurs.
- Patient education: Brochures concerning intravenously and intravesically administration.
- Nursing staff and cleaning personnel of the units where cytotoxic agents are administered and pharmacists preparing cytotoxic agents received an in house training.

Conclusion: There is an increased awareness of the need to handle cytotoxic agents safely. Nurses are more aware of the precautionary measures especially when discarding waste products and excreta. The patient education is more structured, patients receive the same information from the different caretakers and are better informed. Incidents (concerning prescription, preparation and administration) are reviewed, analysed and discussed in the MCO, measures are taken to prevent these incidents from reoccurring.

Nursing staff, pharmacist and physicians continue to work together to improve the quality of care and focus on the well being of the oncology patient.

Meet the Manager
How to keep your nursing staff motivated

1656 INVITED
Motivation: a tool to strengthen the professional role

T. Ferro. *Catalan Institute of Oncology, Barcelona, Spain*

Nursing profession has several specifics characteristics in Spain that should be taken into account in order to assess present status and perspectives in nursing oncology. First of all, there is no shortage of nurses in Spain, in fact we export professionals to other countries looking for better salaries and permanent staff positions. Then, it is possible to say that recruitment is not a problem, however it could cause another set of problems: increasing risk of temporal contracts for nurses because of lacking incentives for health care managers to establish staff positions with a career development along professional life of the nurse in a hospital. In general, it takes a long time to get a staff position in a hospital or primary health care centre.

Regarding the situation of the nurses in cancer care, there is no a speciality in nursing oncology among the few recently approved specialities in nursing by the Spanish Ministry of Education. Formal training in cancer care for nurses has been implemented as postgraduate university course for the last 9 years. It is not a requirement to have formal training in cancer care to work as nurse in an Department of Oncology.

Cancer care in Spain is usually organized as departments in university teaching hospitals, and medical oncology is available in a majority of general and county hospitals, with important variations according to regions. There are only three monographic cancer centres, being the Catalan Institute of Oncology one of them. One problem in nursing care in general hospitals is the internal mobility of experienced staff to other units of the hospital not related to cancer care, decided for organizational reasons, unrelated to the will of the nurse.

Motivation of the nursing staff is a task of each hospital with no policies at regional or national level. It's a challenge for nursing directors at different levels of the health care organization.

In the framework of cancer care, several initiatives are undertaken like the postgraduate education, continuing education, career development, professional and economic incentives and planned mobility of professionals according to the need of the organization and the expectations of the staff. The experience of the Catalan Institute of Oncology will be discussed as an example of an initiative that integrates all of these strategies in order to promote high quality professional practice in cancer care.

1657 INVITED
Motivating a nursing workforce – key issues and drivers

C. Miller. *Guy's and St. Thomas Hospital, Executive Nursing and Midwifery Offices, London, United Kingdom*

There has been significant research identifying stressors in relation to public service employees (Iles 1997) in which organisations have a key responsibility in helping individuals manage a balance between work and lifestyle commitments.

The Department of Health in the UK have considered these complex demands and have introduced Improving Working Life Standards (DOH, 1999) in which National Health Service organisations are asked to work towards IWL status through an audit process that demonstrates the investment in staff. Performing organisations can be accredited with Practice level and then move towards Practice Plus accreditation that indicates a range of sustained interventions that demonstrate a happy, healthy flexible workforce.

The session will explore some of these key issues and drivers for nurses, and give examples of IWL standards that have been employed to gain accreditation.

References

[1] Iles V, 1997 Really Managing Health Care, Open University Press, Buckingham. England.

[2] DOH 1999, Improving Working Lives Standard, Department of Health, HMSO, London.

1658 INVITED
Developing future cancer nurse leaders

P. Trevatt[1], T. Jackson[2]. [1]*Barts and The London, North East London Cancer Network, Medical School, London, United Kingdom;* [2]*South East London Cancer Network, London, United Kingdom*

Recent research and position publications have identified that developing future cancer nurse leaders is both complex and challenging. The skills that are needed to operate at a strategic level are multi-faceted and senior cancer nurses must display competence in a number of different areas; leadership, strategic planning, effective negotiation, business planning, change management, and policy development, often having to employ these skills in a rapidly changing healthcare context.

It could be argued that the development of suitable programs to equip senior nurses with the skills required to operate at a strategic level should be a major priority for both educational commissioners and higher education institutes. This presentation will examine a cancer nursing role that encompasses many of the above skills, the position of trust lead cancer nurse.

This presentation illustrates the challenges of the role through recent unpublished findings (Jackson 2004) and explores how such findings led to the development of an educational program that aims to equip senior cancer nurses with the diversity of skills and knowledge essential for effective practice at a strategic level. The presentation concludes with a recommendation for programs of this nature to be available across Europe.

Podium session
Symptom management – educating the patient

1660 INVITED
Symptom control: challenges to optimising patient and family education

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Patients have a basic right to comprehensive information about their disease and its treatment so that they can make informed decisions and take appropriate action to prevent and manage distressing symptoms. This can result in better treatment outcomes, improved quality of life and give patients and families the feeling that they have more control over a difficult life situation. There are a number of challenges to optimising patient and family education – some 'external' to the patient and family, others directly related to the patient/family situation. The knowledge and skills of the educator are critical in delivering the right messages in the right way for the patient and family. Some health professionals lack the communication skills or specialist knowledge necessary to provide optimal patient and family education. The timing of the educational process is vital to a successful outcome but it can be extremely difficult to synchronize the moment when the learner is ready to learn with the time when the teacher is free to teach. Moreover, in some units the environment may not be conducive to effective learning. Large quantities of written information materials have been created to meet the needs of patients with cancer. However, the quality of these materials is often poor. Relevant topics are frequently omitted and treatment options are incompletely covered. Information included is sometimes out-of-date, inaccurate and/or contains a level of bias – in terms of focusing on benefits rather than both benefits and risks. In many cases, patients and their families have not been consulted or involved in the design and writing of educational materials. The patient's and family's ability to learn is influenced by a number of factors including the strength of any prior knowledge and beliefs, degree of stress and anxiety, normal coping style, motivation to learn, presence of cognitive impairment, hearing or sight deficits and the person's literacy level. It is estimated that approximately 20–25% of people in developed countries have a problem with health literacy – the capacity to read, understand and act on appropriate health information. Unfortunately, patient and family education programmes are not always developed with health literacy in mind and are frequently pitched at an incorrect level. Much can be done to optimise patient and family education across a range of different health care settings. The key to good education is to tailor educational programmes to the individual's needs and to employ the principles of clear health communication in all verbal interactions and when developing written/audio-visual materials.

1661 INVITED

Developing evidence-based patient education materials

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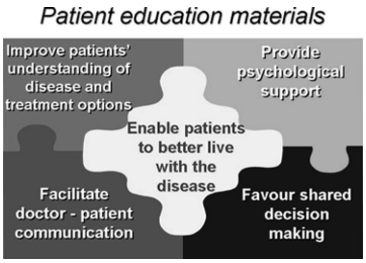
Context: It is increasingly recognised that clinicians are not the only target audience for clinical guidelines. Patients and their family members also want to know more about best practice, including evidence-based standards and treatment options. A review of information materials showed that information is often not evidence-based, inconsistency with patients' needs and present unbalanced view of benefits and side effects. Cancer patients want full information about their condition ant the treatment options. Their expressed information needs varie among individuals and depend on the different styles of coping. Information needs centered around different types of information (i.e. research evidence and controversial issues *versus* practical information) according to the different phases of cancer care and disease status (i.e. diagnosis, treatment, follow-up, rehabilitation, remission, recurrent and advanced disease).
Objective: The development of good-quality evidence-based patient educational materials is a major challenge to improve quality of care.
Methods: Developing booklets and other information packages (video and audio tapes, computer programs, and websites interactive videos . . .) have long been seen as integral to educational strategies designed to promote health, persuade people to adopt healthy lifestyles, and increase uptake of screening. They have also been developed to educate patients in self care of such chronic conditions as arthritis, hypertension, stress related psychological problems, gastrointestinal diseases, and back pain, and how to take medicines correctly. There is now growing interest in providing information to support patients' participation in choosing treatments and deciding on strategies for managing their health problems.



The SOR SAVOIR PATIENT programme produces well-designed patients' versions of the national guidelines in oncology and education materials. Medical information conveyed by patient guides developed in this program is based on clinical practice guidelines produced by the FNCLCC and the 20 French regional cancer centres, with active participation of specialists (public and private), learned societies and institutions, collaborating in multidisciplinary working groups. These guidelines are used as primary information sources. The development of SOR SAVOIR PATIENT booklets involves 3 steps: (1) the relevant specialist guideline is "translated" into plain language by methodologists, a linguist, and oncology experts; (2) the *knowledge database* produced is adapted to the needs expressed by patients and families using qualitative methods (focus groups, individual interviews and questionnaires) (3) the final document is reviewed nationally by experts and patients. A professional working group consulted throughout the development of the document validates scientific and medical contents.
Results: Failure to provide sufficient information about illness and treatment is the most frequent source of patient dissatisfaction. Studies have found that patients who are well-informed about prognosis and treatment options, risks and benefits of the interventions, are more likely to adhere to treatments. Elaborating patient information with patients themselves is a main quality criteria to provide good-quality materials. Focus groups conducted in the SOR SAVOIR PATIENT programme identified information needs and explored different aspects of information provided (content, language level, form). These materials constitute an important addition to the range of information sources for patients. Importantly, patients were involved at all stages in the development of the documents, greatly increasing the likelihood that the information is relevant, comprehensible and useful. The development of patient decision aids had also to respect standards. They are very different from standard health information materials because they are not didactic or prescriptive.
Conclusions: Evidence-based patient materials must actively involve patients to produce easily understood information and satisfy specific information needs. They are to have interdisciplinary input, respect quality criteria's, be appropriate, comprehensive, easy to use and be sensitive to cultural diversity. Evidence-based patient information and educational materials represent a supplement for verbal information in clinical setting. The development of the accessibility to these materials is essential if patients are to understand the treatment options they face and if they are to participate in decisions about their care. The booklets could be used in conjunction with a shared decision-making programme.

1662 INVITED

Harnessing the power of information and communication technologies to meet patients' informational needs

N. Kearney. *Cancer Care Research Centre, Department of Nursing & Midwifery, University of Stirling, Stirling, Scotland*

Worldwide more than 11 million people are diagnosed with cancer every year and in developed countries more than 55% of these individuals are over 65 years. It is anticipated that by the year 2020, 60% of all malignancies will affect this age group. Given the rising number of older adults in society the management of cancer in older people will be an increasingly common aspect of oncology practice. It is well documented that compared to their younger counterparts older people are likely to receive inadequate treatment and care and this situation varies internationally. A number of factors contribute to this situation including the lack of adequate knowledge in relation to management of older people generally including the management of multiple co-morbid conditions. Inadequacies in the care and treatment received by older people with cancer as opposed to their younger counterparts is well documented. These include under diagnosis, ineffective symptom management and lower survival rates. This situation reflects the ageism within society generally but is particularly concerning within cancer care given the demographics of our patients. Despite the significant population of older people with cancer, there is limited research on older peoples' perspectives regarding their cancer diagnosis and treatment further compounding the lack of awareness of the needs of this patient group. This paper will consider emerging information on the needs of older people with cancer and consider the challenges for professionals in providing care for older people with cancer.

1663 Abstract not received

Poster session

Developing the nursing workforce

1664 POSTER

The work of chemotherapy nurses: an ethnography

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This study is designed to explore nurses' attitudes and beliefs concerning the chemotherapy administration process, and what they say and do in practice. There are two elements: first, a questionnaire sent to all nurses who administer chemotherapy in London, England (n = 230; 46% response rate) and second, an ethnographic study of 2 outpatient chemotherapy clinics. This paper will focus on the ethnographic element.