

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 linen.
- 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 specific 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. Trevatt¹, T. Jackson². ¹Barts and The London, North East London Cancer Network, Medical School, London, United Kingdom; ²South 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

K. Redmond. Redmond Consulting, Milan, Italy

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