

with fostering an initiative in patient outcomes that are amenable to nursing intervention (nurse sensitive patient outcomes, NSPOs) and the role of the Oncology Nursing Society in ensuring patients' ability to receive care that enables them to achieve the best outcomes. A focus on improving NSPOs allows us to "drive quality oncology care through clinical practice, research, education, and policy" (Oncology Nursing Society, 2004).

1700

INVITED

EONS: developing critical appraisal skills of clinical practice guidelines

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Introduction: Clinicians scholars and students need to become critical consumers of nursing's writing on evidence based practice. We need to differentiate between information that contributes to better health outcomes or to better practice and information that is more relevant to our professionalization agenda. If we focus on the part of evidence based nursing practice and research utilization that has to do with improving patient outcomes we find good preliminary evidence that practice based on sound research affects outcomes positively.

Developing critical appraisal skills of clinical practice guidelines: Research utilization in nursing is still a problem, we have a gap between what is known and what is done – how do we get valid, useful and largely scientific information into the hands off and used by the clinicians?

Clinical practice guidelines hold out the promise of more than an up to date evidence summary of specific and practical recommendations based on the best available evidence that has been critically appraised, synthesised and summarised by specialists, to provide direct support for clinical decisions. On the other hand there are guidelines and guidelines! How can their claims be judged? Is the new guideline published in your specialist journal or sent to you in the masses of everyday mails going to benefit anyone? In order to make sense of clinical guidelines nurses need to develop critical appraisal skills and a framework for critically appraising clinical guidelines will be introduced.

Proffered papers

Coping and rehabilitation

1701

ORAL

World assumptions and cancer: comparing between colorectal and breast cancer patients

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Background: The term 'World Assumptions' (WA) refers to existential beliefs that define one's identity, and which help an individual in coping with various events in his/her life: (a) The world is a benevolent place to live in. (b) People are generally benevolent. (c) Events in one's life do not occur randomly. (d) Events in one's life are generally controllable. (e) One has control over his/her fate. (f) The world is a just place. (g) One is a lucky person. (h) One holds a positive self-worth assessment.

WA are assumed to be altered following traumatic events, and need to be specifically addressed as part of a psychological recovery, in addition to the physiological recovery.

Study objectives: (1) Comparison between WA among two distinct kinds of cancer (breast versus colorectal). (2) Drawing conclusions about the desired psycho-therapeutic objectives.

Method: Sixty-nine female breast cancer female patients, 40 female colorectal cancer patients and 34 male colorectal cancer patients, aged 35–85 years, treated in 3 urban medical centers in Israel. Measurements were made using the WA-Scale (WAS) – a 32-item inventory with 8 subscales. Reliability was found relatively high (Chronbach $\alpha = 0.83$). Data analysis was conducted using MANCOVA (Multiple Analysis of Variance with Covariates) procedures, boxplot illustrations and Pearson correlations.

Results: In comparison to colorectal cancer patients, breast cancer patients had a stronger belief in the randomness of life events and they assumed that the world is less just. In addition, breast cancer patients viewed themselves as exerting more self-control compared to colorectal cancer patients. No difference was found between groups in the following assumptions: world benevolence, people's benevolence, feeling in control and being a lucky person.

Conclusions and recommendations: Disease affects psychological basic WA, and patients needs to be addressed differentially, in accordance with the specific diagnosis and the patient's individual and unique needs. Intervention should involve multidisciplinary teamwork.

1702

ORAL

Self-valued health of Danish women, treated operatively for early stages of cervical cancer

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Introduction: Activities of rehabilitation should be an integrated part of all kinds of cancer treatment and care. In order to be able to meet the special needs of the gynaecological patient who has been treated solely surgically, a study of the spontaneous rehabilitation of women treated operatively for early stages of cervical cancer has been made during the period 2001 to 2004.

Material and methods: The study included 398 women exclusively treated for early stages of cervical cancer by Radikal Hysterectomy. Meig from 1983–2001 in a Danish gynaecological hospital unit. All patients answered a questionnaire mainly focused on their sense of past and present illness. Then a number of 100 filled out the questionnaires SF-36 and SOC, to evaluate their self estimated health.

Results: 72% of the women in the study had not at any time during their treatment perceived themselves as ill, whereas a number of 20% still felt that they were cancer patients. There was no association between the persistent feeling as cancer patient and the time since treatment. These patients had remarkably lower scores on selfestimated health and energy compared to those, who no longer thought of themselves as cancer patients.

Discussion: The results of this study demonstrate the potential capability of the questionnaires SF-36 and SOC in identifying patients with a need for rehabilitation exceeding their own capacity, who are at risk of developing a permanent identity of being a cancer patient. Analysis demonstrate a general reduction in these women's physical, psychological and social functioning. Therefore these women are obvious objects for multidisciplinary rehabilitation interventions. The questionnaires SF-36 and SOC have furthermore shown potential as tools for evaluating the effect of rehabilitation projects in cancer care in general.

1703

ORAL

A use of complementary and alternative medicine in cancer patients: the Greek perspective

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Background: the purpose of this study was to explore the use of complementary and alternative medicine (CAM) in a group of Greek patients suffering from cancer. The present study is a subgroup of analysis of a larger study (n=956) assessing CAM use in fourteen National Oncology Nursing Societies, all members of the European Oncology Nursing Society.

Material and methods: a cross-sectional descriptive survey design was used collecting data through a self-administered questionnaire about CAM therapies. Data was collected in the outpatient clinics of three selected oncology units over several random days. A total of 81 patients with cancer participated in the study. The questionnaire used was based on the one developed by Swisher et al (2002). The questionnaire was modified for the purposes of the present study.

Results: they were 43 (53,1%) male and 38 (46,9%) female patients who completed the questionnaire. 12 (14,8%) of the 81 patients reported to have used or to use some kind of CAM. The only frequently used therapies/remedies were spiritual therapies, psychic therapy, herbs, homeopathy and acupuncture. The majority of the patients (66,75%) replied that had been informed about CAM therapies by a friend or relative whereas there was a considerable percentage of being informed by the media and the internet (16,7%) and also by their physician (16,7%) or nurse (8,3%).

Conclusions: the results of this study revealed some questions of the non-use of the complementary and alternative medicine in cancer care in Greece. The most important clue of this study seems to be the possibility of combination of both the conventional treatment and that of CAM in a holistic approach of patients with cancer. The academic curricula in medicine and nursing should be given further attention and reorganization on CAM contribution in cancer care. Educational strategies for preparing future health professionals to care holistically should be further explored and addressed.