

### Spanish workshop (Tue, 25 Sep, 11.30–13.30)

#### Nursing management on side effects in the new targeted therapies

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INVITED

#### Nursing management on side effects in the new targeted therapies

J. San Francisco<sup>1</sup>, M. Martínez Muñoz<sup>2</sup>. <sup>1</sup>Hospital Donostia, Hospital de Día, San Sebastián, Spain; <sup>2</sup>Institut Català d'Oncologia, Clinical Trials, Barcelona, Spain

**Introduction:** We are living an exciting time in oncology nursing practice because of the evolving molecular biology science and the vast number of new targeted therapeutic options for cancer patients. It does involve a learning challenge for nurses in order to ensure that oncology patients receive the best and most professional cancer treatment and clinical education possible.

**Learning outcomes:** The purpose and aims of the workshop will be to enable nurses to:

1. Know the main families of targeted therapies, their mechanisms of action and side effects
2. Establish nursing interventions for patients on treatment with targeted therapies:
  - administration procedures
  - prophylaxis and management of adverse events
  - patient education
3. Understand the learning challenge that emerging new targeted therapies means in current clinical practice

#### Workshop methodology:

1. Presentation of theoretical concepts
2. Case study: attendants will be divided into small groups and results of nursing intervention of every group will be discussed together
3. Knowledge test: previous and post workshop
4. Conclusions and future perspectives

### Proffered papers (Tue, 25 Sep, 13.45–15.45)

#### Quality of cancer care and prevention

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ORAL

#### The impact of age on health related quality of life and symptom experience among postmenopausal women with breast cancer receiving adjuvant chemotherapy treatment

M. Browall<sup>1</sup>, K. Ahlberg<sup>2</sup>, L. Persson<sup>2</sup>, P. Karlsson<sup>1</sup>, E. Danielson<sup>3</sup>. <sup>1</sup>Sahlgrenska Universitetssjukhuset, dep of Oncology, Göteborg, Sweden; <sup>2</sup>Institute of Health and Care Sciences Göteborg Sweden, The Sahlgrenska Academy at Göteborg University, Göteborg, Sweden; <sup>3</sup>Institute of Health and Care Sciences, The Sahlgrenska Academy at Göteborg University, Göteborg, Sweden

**Background:** Elderly women with breast cancer are often given less aggressive adjuvant chemotherapy (CT) treatment than younger women. One reason for this is beliefs that older women have more problems to tolerate the side-effects compared with their younger counterparts. We here present the results of a study in which the impact of age on self-rated Health Related Quality of Life (HRQoL) and experienced symptoms were analyzed for seventy five postmenopausal women with breast cancer undergoing adjuvant CT.

**Material and Methods:** The study was conducted in two university hospitals, and one county hospital in Sweden. The participants responded to the two cancer-specific HRQoL questionnaires, The European Organisation for Research and Treatment of cancer (EORTC) EORTC-QLQ-C30, and EORTC-QLQ-BR23, and Hospital Anxiety and Depression Scale (HADS) before, during, and four months after completion of treatment. The design was descriptive, correlational and longitudinal. The correlations between age and sociodemographic plus clinical characteristic variables over time were analysed.

**Results:** Few significant relations between age and the different aspects of HRQoL and experience of symptom measured were found. The only exceptions were dyspnoea and sexual functioning. Women in younger age showed a significantly higher increase in dyspnoea from baseline to follow-up, while sexual functioning was significantly lower among women in older age at time of baseline. These results were obtained despite that the women in older age had significantly more cardiovascular disorders, and used significantly more medication, particularly cardiovascular medication.

**Conclusions:** Further research is needed to support the argument that age should not be used in isolation in decision-making about adjuvant CT for breast cancer in elderly women.

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ORAL

#### Things that are seen from there ... quality of oncology nursing care and its effect on psychological distress in Israeli cancer patients, from the patients' perspective

A. Skaat<sup>1</sup>, H. Golander<sup>2</sup>. <sup>1</sup>Tel Hashomer hospital – The Haim Sheba Medical Center, Hemato oncology Department, Ramat Gan, Israel; <sup>2</sup>Tel Aviv University, Nursing Department, Tel Aviv, Israel

**Background:** Battling cancer can be both a physically and mentally exhausting process for the cancer patient, at times becoming a source of psychological distress (PD). Minimizing this distress by being attentive to the patients' specific needs is achieved through quality nursing care. Discrepancies between patients' and nurses' views on what constitutes quality care may impede upon the achievement of such goals.

**Objectives:** 1. To define the components of quality oncology nursing care, from the patients' perspective, during their first year of treatment. 2. To examine the correlation between the quality of nursing care and patient PD. 3. To assess the effect of Hardiness, social support and disease factors on PD, in order to compare them to the influence of nursing on PD.

**Method:** The sample consisted of 80 oncology patients within 1 year of diagnosis and being treated in an out-patient clinic in a large Israeli hospital were selected to fill out a structured questionnaire with five sub-sections. The patients were further requested to answer four open questions regarding their positions on oncology nursing care and the factors leading to distress.

**Results:** Data were analyzed both quantitatively and qualitatively. A significant negative correlation was found between Hardiness and PD ( $r=0.44$ ,  $p<0.001$ ) and between social support and PD ( $r=0.359$ ,  $p<0.005$ ). No direct correlation was found between patients' views on the quality of nursing care and PD, although a significant predictive correlation between the disease factors and patients' opinions regarding the quality of care was revealed ( $R^2=0.54$ ,  $p<0.001$ ). When measured on a scale of 1 to 6, the quality of care was scored at 5.32 (SD=0.65) by the patients. The patients singled out the following as the most significant parts of oncology nursing care: Attentiveness to the needs of the patient (30%), workload and pressure (22.3%) and expertise and professionalism (14.5%). The main factors contributing to PD were adverse effects of the treatment, change of lifestyle and uncertainty.

**Conclusions:** This study revealed the needs and supporting factors significant to the oncology patients, and clarified the patients' views on oncology nursing treatment. These data may assist nursing staff in improving the quality of treatment and its effect on the patients' well-being.

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ORAL

#### Quality nursing care: perspectives of patients with cancer and the nursing response

A. Charalambous<sup>1</sup>, R. Papadopoulos<sup>1</sup>, A. Beadsmoore<sup>2</sup>. <sup>1</sup>Middlesex University, Research Centre for Transcultural Studies in Health, London, United Kingdom; <sup>2</sup>Westminster University, Centre for Excellence in Professional Learning from the Workplace, London, United Kingdom

**Background:** Cancer remains a major cause of morbidity and mortality within Europe of the 25. In Cyprus, a recent member of the European Community, cancer is affecting one in four of the population. Alongside the nature of cancer has changed dramatically in recent years, including shorter inpatients stays, an increasing older cancer population and significant improvements in treatments outcomes and effectiveness. Despite the recent changes to service delivery, little attention in terms of the quality of health services has yet been focused on patients with cancer and nurses. In light of these factors, the need to focus the exploration of the experience on those involved in the delivery and receipt of the care and its' potential value to nursing practice within the cancer care settings is important. This study came as a response to the current climate and it aimed to produce a National Service Framework for Cancer Nursing Care for patients with cancer underpinned by a theoretical model of what quality of nursing care is according to the Cypriot context.

**Material and Method:** In hermeneutics, the primary source of knowledge is the lived experiences of the participants (Ricoeur, 1981). Therefore, when searching for understanding the intricacies of the peoples' experiences, hermeneutic phenomenology presents itself as a useful philosophical approach, hence methodology, used for this research. Twenty-five patients and twenty nurses were purposively selected and interviewed through narrative interviews and focus groups. The key informants' perspectives of the Cyprus Cancer Associations were also explored through a focus group. The data analysis in this hermeneutic study was carried out with a modified version of Ricoeur's Interpretation Theory.

**Results and Discussion:** The results indicate that patients stress for comprehensiveness, recognition, need for participation in the decision-making process, better communication with their carers, patient-centred