

regarding cancer treatment and care. All patients with prostate cancer at our department have individual appointments with an oncologist and a cancer nurse prior to their combined treatment with external beam radiation and HDR brachy therapy, but many patients still describe a lack of necessary information. Even if information meeting in groups are common in cancer centres today, there are little consistent research showing the usefulness of these activities for patients with prostate cancer and their partners.

Aim: The purpose of this study is to explore if information meetings in groups (as a complement to individual appointments with oncologist and cancer nurse) could improve the information and education for patients receiving combined treatment with external beam radiation and HDR brachy therapy.

Method: Prior to the initiation of the information meetings, we collected anonymous questionnaires from 20 patients with prostate cancer, regarding their information and education needs prior to cancer treatment. The collected data inspired the content of the information meetings. Several group meetings were held, with approximately four patients and their partners participating at each meeting. The meetings was organised and lead by specialist trained cancer nurses.

Results: Data collection is on going and will be discussed at this presentation. Data is collected from repeated anonymous questionnaires from patients who have participated in the group meeting and will then be compared with data collected prior to the initiation of group meetings.

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POSTER

Barriers in cancer patients – nurse communication in radiotherapy

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Patients should be told when cancer is diagnosed, but handling of these breaking bad news regarding their diagnosis and prognosis is still a problem for many doctors and nurses. On the other hand, communication between the radiotherapy nurse and the patient along the treatment is sometimes difficult because of some barriers.

We consider a group of 105 new cases of cancer patients referred to our Radiotherapy Department. All of them were diagnosed with cancer (breast, rectal, prostate, lung, cervical carcinoma) 2 weeks to 6 months before the start of irradiation.

Based on a specific questionnaire we analysed the effect of patient's sex, age, education and socioeconomic status on perception of:

- patient-nurse relationship;
- needs for information provided after cancer is diagnosed;
- family's involvement in patient – nurse communication during radiotherapy;
- telling the truth about cancer diagnosis and prognosis.

The study is still in progress.

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POSTER

A qualitative study of organizational background and developments at cancer genetic centres in Sweden

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Background/Introduction: The purpose of this study was to describe the organizational and developments at cancer genetic centre in Sweden, as well as associated ethical issues.

Methods: Six cancer genetic centres were included and in the initial phase the coordinators of the respective clinics were contacted and requested to select individuals who participated in the development of the centres' operations. These individuals were interviewed. Qualitative content analysis was used to assess the material.

Results: Study findings showed that cancer genetic setting teams in Sweden need additional expertise. This line of work also requires constant ethical reflection to keep pace with technical and medical developments.

Discussion: As information related to these issues reaches the public through communication channels as the mass media and scientific publications, expectations of health care resources are based on what is published and not always on what is technically possible and ethical justifiable.

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POSTER

Spiritual needs as a part of the holistic approach

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Introduction: The aim of the current nursing is to use a holistic approach to the patient, i.e. to include particularly spiritual needs in the nursing process in addition to biological, psychological and social needs. Spiritual needs play an important role in the process of the disease and the patient's perception of life. The spiritual care provided by nurses is particularly based on listening, empathy and their effort to offer patients appropriate help.

Method: The research study performed in the University Hospital, Brno, in 2006 was focussed on the identification of patients' spiritual needs, wishes and demands. The study was carried out by means of an anonymous questionnaire in 200 respondents. The results were processed by means of statistic multi-variance methods.

The sample studied included patients treated in internal (26%) wards, in surgical wards (25%) and in cancer wards (24%) and in long-term care hospital (25%).

Results: 51% patients expect the hospital spiritual care to provide them with spiritual support, to enable them to speak about their problems or to understand the sense of life. Besides the significant ones, the health care staff represent the most important support for the patients. 47% patients only expect support from their families, 25% from their families and health care staff and 13% patients apply merely to nursing staff for help. 15% patients also mentioned, in addition to the nursing staff, the clergy as the source of spiritual comfort. 37% patients find no changes in their attitude to spiritual needs in comparison with the period before the onset of the illness, 24% patients suppose these needs to be higher.

The chi-square independence test confirmed a significant association between the expressed satisfaction with the possibilities of spiritual support and the religion, the most satisfied patients were Roman Catholics. This test also confirmed a significant correlation between the perception of the importance of spiritual needs and the establishment of a chapel. The patients who find their spiritual needs the same or higher than before the onset of the disease support this activity more.

Conclusion: One of the nursing diagnoses is defined as "spiritual discomfort" or "spiritual distress" which can result in the disintegration of a personality, impaired acceptance of the disease and suffering or social isolation. The area of spirituality is an integral part of competencies of nurses who respect the holistic approach to patients.

8110

POSTER

Stereotype concepts of oncological departments nurses

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Background: The importance of co-operation between different professions in the healthcare system increases due to development of medical technology and raise of patients' complexity. Separation of the status, power and authority of different professions in this system where physicians traditionally standing on the top of this hierarchy, naturally leads to dependence of the professions that are lower on this ladder (i.e. nurses), on those standing on the top (i.e., physicians). In the healthcare system there are different kinds of perception of each role partners filling some specific position. This perception can sometimes be stereotypic. The hierarchical structure can aggravate the stereotypic attitude of some sectors toward others.

This research continues the series of researches that were conducted in different sites of the healthcare system and dealt with nurses' stereotypic perception. This research checked the stereotypic perception of nurses towards themselves and towards their role partners: physicians and auxiliary staff in oncological departments. This research checked also the influence of power relations between the groups of role partners on stereotypic perception.

Methods: The sample included 90 nurses working in 6 oncological hospitalization departments in two large hospitals in Israel. The instrument checked different dimensions of stereotypic perceptions in relation with social phenomena: the Homogeneity Effect and the Ethnocentrism Effect, as well as influence of power relations and interdependence between the groups on stereotypic perceptions. Data was processed by SPSS program.

Results: Nurses perceive their group as more positive than the groups of physicians and auxiliary staff ($p < 0.01$) and as more heterogeneous than the two groups of role partners ($p < 0.01$). In addition, it was found out that nurses perceive their group as the one possessing more power than the group of auxiliary staff ($p < 0.01$) and as the one possessing the power which can be compared to that of physicians. Additional finding: the more

power is applied on nurses by physicians, the more do they clearly perceive them as less different ones ($p < 0.01$).

Conclusion: The present research showed that for the last years there has been change in nurses' self-perception that influenced their perception of their role partners. In nurses' opinion, nursing is not an "executive arm" of the medicine, but an autonomic separate occupation. However, in spite of this change, nurses still feel that physicians behave towards them according to previous codes. In their reaction, nurses express rigid stereotypic perceptions towards physicians.

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POSTER

The role of nurse coordinators in managing malignant bone tumors in Jordan: building multidisciplinary team with potential for clinical research

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Backgrounds: The care of young patients with malignant bone tumors is complex with many involved services. Inevitable gaps in this system may result in worse outcome in terms of cure and quality of life during and after therapy. The time and efforts required for patients' education and coordination of care leave an important role to be played by dedicated specialized and trained nurse-coordinators.

Methods: Two registered nurses were assigned to Pediatric bone tumors and limb salvage service. Their duties included: Facilitating initial staging and diagnostic procedures, counseling of new patients, close follow up to prevent abandonment, educating patients about chemotherapy and other medical interventions, selecting patients for multidisciplinary clinic visits, scheduling surgery, postoperative care and ensuring good support for grieving families in case of disease progression or relapse.

Results: The positive impact for such coordinators was clear in clinical care, ancillary services accessibility, compliance, patients' education, and research. Over the last 3 years, we treated 32 patients with malignant bone tumors. No patients abandoned treatment. All patients except one agreed to all advised medical interventions including limb salvage, primary and secondary amputation. New clinical practice guidelines were established at KHCC that reflected the important role of nurse-coordinators in delivering state of the art care in our institution.

Conclusion: Oncology nursing sub-specializing plays an important role in managing young patients with malignant bone tumors and prevents many of the pitfalls that may occur due to miscommunication between team members and misunderstanding of patients and their families. Establishing good clinical services unwraps opportunities for clinical research.

Poster Session

Ethical dilemmas, decision-making and advanced nursing roles

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POSTER

Ethical dilemmas involving family stem cell donors: whose decision is it?

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Stem cell Transplant (SCT) is a major procedure for donor and recipient. The donation is an altruistic life saving act. The unrelated donor's registries have strict eligibility and regulatory criteria in order to protect the donors. The donation is a free will deed and there is no link between the donor and recipient. The situation is diverse for the family related donor. The relationship between the patients and their related donors are sometime very complex and uneasy, thus the transplant team is often facing unique ethical debates.

Methods: four ethical dilemmas related to these issues will be discussed involving the moral, cultural, legal and practical perspectives. We will also discuss the decision making through bioethics principles and risk management process that was involved in their resolutions, emphasizing the nurse coordinator role. Specifically we will discuss:

1. The risk for a 6 weeks old embryo due to a BM donation from the pregnant mother. Should we risk a woman and her embryo to save the life of her ill brother? What's the legal status of an embryo at that gestation age?
2. The use of Preimplantation Genetic Diagnosis (PGD) to create a matched donor. Some of the ethical concerns regarding creation and selection of a particular child for the benefit of another. Is it proper to assign on a child the burden of being a savior of a sibling?

3. Can an adult sibling donor with a psychiatric diagnosis donate a graft for her brother that is her legal guardian? Who will sign the informed consent?

4. Should a matched related donor that is a carrier of a transmitting disease like Hepatitis B, donate stem cells to his sibling in order to save his life? How to keep the donors medical confidentiality?

Conclusion: The decision making processes in the above cases were influenced by the different members of the multidisciplinary team that worked closely together in order to find creative and suitable solutions that are based on knowledge, moral, philosophic and legal principles. Finally, we should share these topics, the decisions and their consequences, in order to extend the professional perspective while facing similar ethical dilemmas.

Poster Session

Health promotion and cancer prevention

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POSTER

Anxiety, depression and quality of life in patients undergoing genetic testing for BRCA in a Spanish multicentre cohort (IMASS collaborative group)

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Background: To explore the level of anxiety, depressive symptoms, and quality of life of the individuals undergoing genetic testing for BRCA1/2.

Material and Methods: Individuals who fulfilled criteria for BRCA1/2 genetic testing were eligible for a prospective, longitudinal and multi-centre questionnaire-based study of individuals at risk for hereditary breast and ovarian cancer. Demographic and clinical information, anxious and depressive symptoms (HADS scale), and quality of life (SF-12 scale) were completed before genetic testing. Descriptive statistics and non-parametric tests were used for the analysis.

Results: Eighty seven out of 90 eligible individuals were enrolled. Median age of the individuals was 44 (21-88) and 74 (85%) were females. There were 26 healthy individuals (30%) and 61 cancer patients (70%). Thirteen individuals (15%) had a very low/low risk perception of breast cancer, 15 (19%) had an intermediate risk perception, and 47 (54%) had a high/very high risk perception of breast cancer. Twelve individuals (14%) had a very low/low risk perception of ovarian cancer, 23 (26%) had an intermediate risk perception, and 28 (32%) had a high/very high risk perception of ovarian cancer. Thirty-seven individuals (43%) reported having the perception of carrying a genetic mutation while 10 (12%) reported that they would not carry a genetic mutation. The mean score of the anxiety scale was 6.01 (± 3.57) and the mean score of the depression scale was 2 (± 2.33). Overall, 8 individuals (9%) had anxiety symptoms and only 2 individuals (2%) had depressive symptoms (HADS ≥ 11). The mean score of the physical (PCS) and the mental component (MCS) of SF-12 was 48.63 (± 9.61) and 49.80 (± 9.20), respectively. Mean score in quality of life differed significantly between healthy individuals and cancer patients (PCS: $z = -4.945$, $p = 0.0001$; MCS $z = -2.293$, $p = 0.022$). No correlation was observed between quality of life and the perception of having a genetic mutation ($r = 0.138$, $p = 0.211$).

Conclusions: In our study population, individuals who undergo genetic testing for BRCA1/2 report a level of anxiety comparable to other studies and a low level of depressive symptoms. Although the scores of the PCS and MCS were slightly lower than the population mean, there was no correlation with the perception of carrying a genetic mutation. Follow-up is warranted to analyze the impact of result disclosure after genetic testing.

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POSTER

Effect of preoperative short-term smoking intervention on postoperative complications and smoking cessation in women undergoing breast cancer surgery

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Objectives: The primary objective of the study is to examine the effect of a preoperative short-term smoking intervention on postoperative complications in patients undergoing breast cancer surgery. Secondary