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# QUALITY ASSURANCE IN EXPERIMENTAL AND ROUTINE CHEMOTHERAPY : THE ROLE OF THE CLINICAL RESEARCH NURSE

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In cancer treatment, optimal results are obtained by a multi-disciplinary approach within a well organised infra-structure. The provision of a high quality chemotherapy service involves considerable organisation and expertise, requiring high qualifications of the medical and nursing staff.

It is mainly in the field of the new drug development that attention is being paid to the expertise of institutions and personnel involved (good clinical practice). In this context, very precise protocols for treatment administration and evaluation are developed.

It is the critical role of the CRN to analyse and translate these medical protocols towards patients and nursing staff. The CRN prepares the instructions for the correct preparation and administration of the drugs, teaches the new methodologies involved and assists the nurses on the different wards in the pilot phase of the application. The CRN plays an important role in the informed consent procedure and remains the contact person for the patients during protocol-treatment, providing them with information about the treatment administration, its side effects and the follow-up procedure. The CRN is responsible for feedback of relevant study results, thus stimulating the motivation of the nursing staff.

But each patient, even treated outside study-protocol, is entitled to receive the best care possible. Being actively involved in clinical trials, the CRN is in the best position to translate the know-how and skills to benefit the whole group of patients. In this regard, an important part of the job is the preparation of standardisation and automation of the routine treatment procedures, aiming to increase the efficiency, the safety and the quality of care of all patients treated with chemotherapy.

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# HOW OFTEN IS MEDICATION TAKEN AS PRESCRIBED? *Wijt, R. de, Dam, F.S.A.M. van, Buuren, A. van, Heijden C. van der.* The Netherlands Cancer Institute, Plesmanlaan 121, 1066 CX, Amsterdam, The Netherlands.

**Object of study.** It has been demonstrated that patients do not always take their therapies as prescribed. This is unfortunate as it means that therapies are not used to their fullest. Compliance, "the extent to which a person's behaviour (in terms of taking medication) coincides with medical or health advice", seems to be an important problem in patient care, but has received little attention from a nursing perspective. The purpose of this study was: 1) to examine compliance in a outpatient cancer population who received analgesics; and 2) to examine the validity and reliability of a translated four-item self-reported compliance instrument.

**Methods.** In a study among 43 chronic pain patients who visited a cancer hospital, data regarding pain, pain treatment, medication-taking behaviour, and the compliance measure were measured, by means of an interview.

**Results.** Of all patients 65.1% scored medium or low on the self-reported compliance instrument. Both patients and physicians were asked to describe the prescribed medication. 70% of all patients were in disagreement with the physician regarding the prescribed pain medication. Patients were also asked to describe the administered pain medication the day before. 44.2% administered not exactly as much medicine as prescribed. This study suggests that patient's subjective beliefs and values plus the quality of patient-physician/patient-nurse interaction are likely to influence compliance.

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# DEVELOPING THE ROLE OF THE BREAST CARE NURSE

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Previous research evaluating the effectiveness of breast care nursing on patient outcome indicated that adequate psychological assessment of patients and a crisis intervention model of care were significant factors. A study was undertaken to describe nurses' interaction with patients and their activities relating to factors previously shown to influence patient outcome. The relationships between these activities, personality and job satisfaction were analysed using quantitative and qualitative methods. 108 breast care nurses were interviewed and completed audio taped interviews, 16PF personality profiles and job satisfaction questionnaires.

Results indicated that nurses' main focus is on a generic psychologically supportive model of care that extends beyond a patient's initial crisis. Less attention was given to specific physically supportive cancer nursing. Age and emotional stability emerged as the only significant predictors of job satisfaction.

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# THE ROLE AS A NURSING ADVISOR AT THE NORWEGIAN CANCER SOCIETY.

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The overall objective for our work is to improve the quality of the care and support provided for cancer patients, and to ensure the same level of services in all parts of the country.

The role as a nursing advisor is a working method to obtain our purpose. Our working model is divided in two areas, indirect and direct patient care. The indirect way of working is mainly teaching, advising and guiding public health care personnel, while direct care primarily is keeping contact with patients and relatives, both individually or by groups. We are also meant to be a link between the primary health services and the institutional care for cancer patients.

The purpose of this working model is to strengthen the health care professionals ability to give the best possible help to cancer patients and their relatives.

Evaluation of this model is ongoing.

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# CANCER ACROSS THE LIFESPAN

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It has been estimated that one in four persons living in Europe today will develop cancer during their lifetimes. As age is the single most significant risk factor for developing cancer, the majority of these people will be over 65 years of age.

Many have argued that age specific factors have an impact on a person's cancer experience. Therefore it would appear to be important that oncology nurses examine the effect that these factors may have on cancer care at a primary, secondary and tertiary level.

Paediatric oncology nurses have been at the forefront of broadening our knowledge in this area. However, little attention has been paid to the impact that age specific factors may have on elderly individuals with cancer. This paper will examine the age specific factors which are thought to influence cancer care and will outline some of the implications these factors may have for cancer nursing practice in the future.

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# AN INFORMATION VIDEO ON RADIOTHERAPY FOR CHILDREN.

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Patient information (PI) material for adults receiving radiotherapy (RT) has been well developed and extensively used in clinical practice in recent years.

Children under the age of 7 receiving RT can be informed with the help of drawing- and painting books. The age group between 7 and 12 years however lacks specific PI material.

In our hospital, children of this age group and their parents expressed feelings of anxiety, fear, aggression and communicated misconceptions and misunderstandings in relation to RT.

Thus it was decided to develop specific PI material e.c. an instructive video.

The project was sponsored by "Kom op tegen Kanker", a cancer charity.

Such a video can support the verbal information given by health professionals but can also facilitate communication between the child and family members.

Project phases were - literature review on age specific information needs and information processing - developing a video script, production and testing the video.

Both process and product will be presented and discussed in the paper.