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Title: **COPING AMONG CANCER PATIENTS IN CHEMOTHERAPY: THE INFLUENCES OF SUPPORTIVE EDUCATIONAL GROUPS.**

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Participation in supportive educational groups were offered to patients with lung cancer and ovarian cancer, treated with chemotherapy, and their significant others in 4 oncology units in Denmark. 21 patients and 17 familymembers participated and fulfilled both pre- and postintervention questionnaires and interviews. 19 patients and their relatives choosed not to participate, but entered the study by filling out questionnaires. This presentation will focus on the subjective outcome of participation 6 weeks after intervention. Factors important for the process and the outcome in the groups will be outlined. The coping strategies before and after intervention will be presented by focus on concrete coping strategies toward influences from the sidease and its treatment.

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AN ANALYSIS OF THE SWEDISH ONCOLOGY NURSING EDUCATION.

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The Swedish educational model (1985), for nurses specialising in cancer, which gives qualifications for working both in the cancer wards and with radiation treatment is unique. Criticism has been directed to this course from many directions and Sweden is about to initiate a new course which is more suited to the EC demands. During 1991/1992 a questionnaire study was done to determine the present course's quality. The questionnaire consisted of 12 questions each with an alternative of 4 answers. The goal of this study was to determine the subjects opinion of the course's weak and strong points which would give the information needed to be able to plan the future course's goals; contents, extent, and it's degree of suitability to work being done in the area.

Of the 121 qualified cancer nurses which were asked to participate in the study 94 agreed to participate. The analysis of the answers received showed several weak areas in the present course and a wish for more theoretic and practical knowledge in the following areas: Ethics, care of cancer patients, prevention of cancer and behavioral science. The result concerning the dual competence were less conclusive, some subjects felt that the course should have two branches, one specializing in care in cancer wards and one in radiation treatment, other felt that the course should be preserved in it's present dual form.

Many of the subjects felt that the course's present goal's did not concure with the work being done presently in the area.

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SYMPTOM CONTROL IN CANCER PATIENTS

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Myths related to cancer influence nursing and medical strategies in symptom control in cancer patients. In this paper, following topics will be dealt with:

Aspects influencing rational behaviour

The most frequent symptoms in cancer patients

The cause of symptoms in cancer patients

The difference between the battle against cancer and against the symptoms

Interdependence of the concepts of support, palliation and care

Differences in the role of nurses and physicians in symptom control

Topics will be discussed in the light of experience and current literature. Data of a patient-problem survey in our Oncology Department and an analysis of the nursing activities in the same setting will be presented.

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STRESS IN CANCER NURSING - MYTH OR REALITY ?

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Several studies have suggested that work place stress can disrupt behaviour and is a health risk to staff. Nursing cancer patients has been identified as a particularly stressful occupation. However most studies have been descriptive identifying only situations which cause stress, few have measured the levels of stress nurses experience over a period of time. A study was set up to determine

a) Cancer nurses level of stress during an 8 week period.

b) Cancer nurses general proness to stress.

c) Characteristics of nurses who experience most stress.

66 registered nurses working on 6 wards in two cancer hospitals completed the Spielberger (1983) State-Trait-Inventory.(STAI) The state 'anxiety sub- scale was completed 6 times, the trait anxiety sub-scale once. Data was analysed using SPSSX. Statistical tests included analysis of variance and the Kendall tau correlation co-efficient. The results suggest that nurses general anxiety proness was no different to normal values for working females. (Spielberger 1983) Newly qualified nurses had a tendency to be more anxious than sisters and enrolled nurses. The nurses overall state anxiety levels were only statistically significantly higher than the normal values for working females under examination conditions (Spielberger 1983). There was a statistically significant difference between the levels of anxiety between the wards. The implications of these results will be discussed in terms of nursing practice and education.

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NEW APPROACHES TO CANCER PREVENTION

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Cancer prevention becomes not only theoretically feasible, but also realistic possibility. The basic methodical and organization principles of individual and population-oriented cancer prevention are outlined and their applications discussed in this report. Experience and results of Moscow cancer prevention center work are presented. The center provides with assessment of personal cancer risk and special educational and medical activities to prevent cancer. The following methods are used in the center to serve visitors: evaluation of the lifestyle, health status and the presence of risk factors; smoking cessation therapy; diet changes; chemoprevention; cancer screening.

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EMESIS RELATED TO CHEMOTHERAPY: A SURVEY

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Since the introduction of the serotonin antagonists, much attention is being paid to the nursing problems 'nausea and vomiting related to chemotherapy'. Because of this we decided to survey nurses' knowledge, nursing perspective and care related to emesis in patients treated with antineoplastic agents. A questionnaire will be send to the members of the Dutch Oncology Nursing Society (N = ± 1000) and the Flemish Society of Nurses in Radiotherapy and Oncology (N = ± 400). The questionnaire will focus on:

- By whom and how are patients informed about the side effects of chemotherapy;
- Which antineoplastic agents usually produce severe emesis;
- To what extent is anti-emetic treatment effective and which methods are currently being used;
- Who decides when and which anti-emetic drugs are being used;
- How does the nurse assess nausea and how is the effectiveness of anti-emetic treatment evaluated;
- To what extent are patients and nurses burdened by emesis;
- What percentage of patients treated with chemotherapy (including or excluding cisplatin) are likely to experience acute and/or delayed nausea and vomiting;
- What is the most frequently used medical treatment of nausea and vomiting;
- Does the nurse have the impression that emesis is treated optimally and if not, what are the main problems?

The results of the survey will be presented.