Proffered papers

1302 ORAL

IMPACT OF NURSING INTERVENTION ON THE ABILITY OF CANCER PATIENTS TO COPE

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Cancer patients' ability to cope with both the disease and the treatment is limited by many factors, including lack of knowledge and avoidance to assume responsibility for their own care. The present study examines the hypothesis that nursing intervention which is based on the self-care model may improve the well being, daily life functioning and sense of control of such patients in spite of biomedical deterioration.

94 cancer patients treated by either chemotherapy and/or radiation in an oncologic day-care department are presented. Half of them were visited 10 times at their homes during a 3-month period by nurses who were trained to assess the well being of the patients as well as to advise, guide, support and educate them. The preliminary and final assessments of both the study and the control patients included, among other parameters reported elsewhere, the Sense of Coherence (SOC), which is a measure of coping ability.

The results show a great and significant difference in the SOC measure between the study and the control groups. This suggests that the self-care approach is also effective in improving patients' coping ability by mobilizing both internal and external resources.

1303 ORAL

CHEMOTHERAPY AND SELF-CARE

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Background: The treatment of cancer with cytotoxic chemotherapy has well known acute side effects. Through self-care behaviour patients can cope with these side effects. Self-care behaviour is described in the conceptual model of Orem.

Purpose: To investigate how many side effects cancer patients experience from chemotherapy, to itemize what the performed self-care activities are, to reduce or prevent these side effects and what the influence is of the Basic Conditioning Factors on performed self-care behaviour.

Methods: Questionnaires concerning demographical data, symptom distress (Adapted Symptom Distress Scale) and self-care (Self-Care Diary) are completed before the second cycle of chemotherapy and 6 weeks after the second cycle. The sample consisted of 20 adult cancer patients receiving platinum-based chemotherapy.

Results: Patients suffering severe symptom distress do perform significantly ($P = 0.001$) more self-care activities. Not many self-care activities were performed (525 of 3320 activities), but they seemed to be effective. Patients younger than 50 years experience significantly $P = 0.017$) more symptom distress but don't perform significant more self-care activities. The influence of gender, social support and education on self-care-activities cannot be confirmed.

1304 ORAL

A STUDY TESTING NURSING INTERVENTIONS TO COMBAT FATIGUE IN BREAST CANCER PATIENTS

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Fatigue is a serious and not uncommon problem in patients with cancer. It is reported by 65%–100% of patients. Recent studies suggest that fatigue may be a particular problem in patients undergoing radiation to the breast. The literature suggests that nursing interventions may alleviate some of the problems associated with fatigue. Breast cancer patients (n = 25) were randomized to the study. An experimental group (n = 12) and a control group (n = 13). Fatigue was measured using the Piper Fatigue Scale, and a fatigue diary was developed. Results indicate that the fatigue experienced by this group of patients was acute in nature. Positive correlations were found between pain, dyspnoea and Tamoxifen related side effects, indicating that symptom control is a major factor in alleviating fatigue. Future studies testing the effectiveness of interventions might prove more useful on a patient population with a high incidence of chronic fatigue, such as that experienced by survivors of Hodgkin's Disease.

1305 ORAL

QUALITY OF LIFE OF BONE MARROW TRANSPLANT SURVIVORS: 1–3 YEARS POST BONE MARROW TRANSPLANT

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Research on clinical outcomes following bone marrow transplantation (BMT) has primarily focused upon mortality and disease morbidity. As a result, while prospects for relatively long-term survival following BMT have increased, little is known about the nature or quality of that survival. Using a cross-sectional, descriptive, in-depth interview design, the aim of this study was to document systematically how a convenience sample of 10 adult BMT recipients, surviving 1–3 years, perceived the quality of their lives, what factors influenced their quality of life (QQL), and what common concerns and anxieties survivors experienced. The design and qualitative components, reported here, used a semi-structured, seven item, open-ended interview schedule to gather information on BMT survival. Content analysis of the verbatim responses indicated that most survivors, despite lingering side-effects viewed the quality of their lives the same as or 'better' than before BMT. Challenging the long-standing impression that BMT survivors experience a less than optimal QQL. Implications for nursing practice are drawn and suggestions made for future research.

1306 ORAL

ROLE OF AMBULATORY CARE IN GERMANY. EXAMPLE OF A PRIVATE ONCOLOGICAL PRACTICE

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Despite all presently existing ambulatory facilities for oncological patients, there are still gaps to close to reach a sufficient coordination and communication in cancer care. These are: missing information about colleagues working in another resort, care not seen as a whole, lack of information after hospital dismission, insufficient preparation of relatives for home care. With the example of a private practice we describe the state of the art in ambulatory oncological care in Germany. These considerations have prompted us to found a split study group of the KOK to improve these needs. New possibilities in patient care are also discussed in view of the recent health care reforms and care insurance for patients from the beginning of 1995.

1307 ORAL

EVALUATION OF PAIN: A SIMPLE BEDSIDE INSTRUMENT

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Control of pain in cancer patients is essential. After a baseline evaluation, the effort of treatment on pain should be assessed regularly. This requires the use of adequate instruments.

For this purpose a simple bedside instrument has been developed by nurses. It measures two important dimensions: intensity of pain and patient satisfaction with pain treatment. It stimulates the patient not only to asses pain, but also to make an overall balance of pain and pain treatment including its side effects. If there is a lack of correlation between pain intensity and patient satisfaction, further evaluation is appropriate. Pain is assessed twice daily; assessment takes about one minute. Results can be quantitated and used for statistical purposes.

Presently a pilot study is being performed in 40 cancer patients to evaluate the feasibility and effectiveness of the instrument, with special emphasis on actions being taken as result of its use. Results will be presented.

This instrument has been proven to be easy to use. It may acquire an important role in the multidisciplinary approach of pain.