Proffered papers

1366 ORAL

NURSING CARE FOR CHRONIC PAINFUL OUTPATIENTS

M. Apostoli, A. Mortureux, P. Lapouge, L. Mauriac
Institut Bergonié, 33076 Bordeaux Cedex, France

The cancer patient with chronic pain is handled by a multidisciplinary team at the Institut Bergonié: the oncologist, the psychiatrist, the nurse. The patient's history, disease and pain are elucidated and a clinical examination is conducted. A diagnosis is made and a practical plan is proposed. During the nursing consultation, the information is collected and classified according to the Virginia Henderson fundamental needs scheme. The last details are collected and a self-evaluation sheet covering pain is filled in with the patient. A precise description of resources and a potential for adaptation to altered needs is made. An analysis is performed and the nurse diagnosis is proposed (based on the NANDA profile). The objective of therapy will be the resolution of health problems. The therapy contract comprises advices given to the patient before the treatment start.

A retrospective analysis will underline all the problems related to chronic pain in outpatients. An educational film will be projected.

1367 ORAL

ALCOHOL ABUSE OF THE HEAD AND NECK CANCER PATIENT: A NURSING PROBLEM!

J.C. Visser
Department of Otolaryngology, Head & Neck surgery, The Netherlands Cancer Institute/Antoni van Leeuwenhoek Hospital, Plesmanlaan 121, 1066 CX Amsterdam, The Netherlands

It is commonly known that head and neck cancer is strongly related to high alcohol intake. At the otolaryngology department of our institute the majority of patients present with alcohol abuse. Alcohol abuse is associated with many physical and psycho-social problems that can contribute to recuperative complications in this patient group. These complications include delirium, increased risk of post-operative problems such as infection, as well as aggressive, passive or conflict inducing behaviors. It is very important for the nursing staff to anticipate alcohol related problems. For that reason we have developed a protocol in order to deal with these problems. The primary goal is to facilitate open discussions with patients about their drinking problem. In addition, information is made available to the nurse on strategies for dealing with patterns of altered behavior. The purpose of this presentation will be to share this protocol with fellow colleagues and assist them and their patients in coping with this serious problem.

1368 ORAL

NURSING BREAST CANCER PATIENTS—HOW TO OPTIMIZE COMMUNICATION IN THE FIRST PHASE OF TREATMENT

I. Willaing, B. Ottsen
Surgical Department K, Bispebjerg Hospital, University of Copenhagen, Denmark

Objective: To establish a surgical unit for breast cancer patients with focus on communication with patients and relatives in crisis. *Background:* The initial diagnosis and treatment of breast cancer patients take place in a surgical framework. Here the first signs of crisis appear. The patient is confronted with a life threatening disease and has to decide upon a treatment that will change the body image. *Method:* 300 breast cancer patients are received annually. Nurses exclusively take care of breast cancer patients. Traditional boundaries between outpatient clinic and ward have been eliminated. The primary nurse follows the patient during diagnosis, while hospitalized and during the post operation follow up. Patients have easy telephone access to the unit. The primary nurse makes telephone calls to the patients and may also make house calls. A series of lectures for breast cancer patients and relatives has been established. *Results:* The success rate for the continuity of the primary nurse is 70%. Two thirds of the patients use open telephone contact. One third of the patients attend lectures. *Conclusion:* Patients respond positively to communicative intervention in order to counteract doubt, anxiety and isolation.

1369 ORAL

INFORMATION AND PATIENT EDUCATION FOR PATIENTS RECEIVING RADIOTHERAPY TREATMENT IN AN OUT-PATIENT UNIT

I. Seim Eggesbø
The Norwegian Radium Hospital, Montebello, 0310 Oslo, Norway

Aim: To assure quality of care for out-patients receiving radiotherapy-treatment.

Method: Doing a following up study of 391 patients over a period of 9 months, using registration forms. The registration form includes from 1–6 consultations.

Topics: Information, brochures, food, pain, nausea, diarrhea, skin problems and psychological care.

Findings: Information about the treatment and psychological support are the main topics for the first consultation. Psychological support and education about how to handle side-effects, are topics many patients need to get through all 6 consultations.

Conclusion: To assure quality of care for the outpatients receiving radiotherapy—treatment, psychological support, information and patient-education are main topics that need to be given the whole period of treatment.

1370 ORAL

FELLOW PATIENTS—THEIR SIGNIFICANCE FOR HOSPITALIZED CANCER PATIENTS

A.S. Isaksen
Bergen College, Department of Health and Function, Nursing programme, 5008 Bergen, Norway

The reason for this study was to investigate how hospitalized cancer patients perceive, and are influenced by, the physical and social environment in the hospital.

Using a grounded theory framework and a qualitative methodological approach, 21 patients were interviewed as open-mindedly as possible.

The interviews were taped, transcribed and a continuous comparative analysis of the data was made.

One of the issues raised most frequently by the patients was their relationship with their fellow patients. This issue was subsequently chosen as the main focus for the study.

Three different topics regarding the fellow patients were emphasized by the patients;

(1) their effect on the patient's own attitude to their illness
(2) their interpersonal significance
(3) their importance as an environmental factor

Fellow patients appeared to be important with regard to providing information about the illness, treatment and anticipated reactions. Moreover how the cancer developed in fellow patients had an impact on the patient's hopes regarding their own illness. Fellow patients, more than anyone else, appeared to be able to really understand the patient's situation. They also provided support and friendship. The cost, however, may be bereavement when fellow patients die.

Acknowledgement of fellow patients' significance for, and their impact on, hospitalized cancer patients should lead to changes in the planning and organization of the care provided in cancer wards.

1371 POSTER

COPING WITH DEATH: A STUDY OF ONCOLOGICAL-HEMATOLOGICAL NURSING, MEDICAL AND SOCIAL WORK STAFF

N. Angel-Itzhaki
Hematology Day Care, Sharrett Institute, Hadassah Medical Organization, Jerusalem, Israel

Those caring for the terminally ill patient must cope with the threat of the patient and his family facing death. Each staff member finds his or her own path for caring for such patients and their families while preserving his or her own integrity and well being.

This study examines the effectiveness of the means of coping, employed by various staff members caring for oncological and hematological patients. A questionnaire was constructed and responded to by 70 nurses, 40 physicians and 30 social workers.

It was found that the young nurses cope with death better than the more experienced ones, that nurses cope better than physicians and social workers, and that the greater ones' fear of ones' own death. the less one is able to cope with the death of the patient.

Methods of improving coping with death by staff are suggested.

1372 POSTER

MULTI DISCIPLINARY COUNSELLING-EFFECTS IN COMMUNICATION WITH CANCER PATIENTS

K. Bang, A.K. Randem
Department of Oncology, Det Norske Radian Hospital, 0310 Oslo, Norway

Presentation of effects multi disciplinary counselling may have for the whole staff cooperation work—nurses and doctors, their ability to deal with patients suffering and how they manage to communicate/giving information to patients and their families.

Doctors, nurses and nurse assistants have got counselling together in one group for one hour, every 14 days. They have been doing this for a three year period. The counsellor is the psychiatrist working at the hospital.

This group of doctors and nurses are working together at the same ward—giving medical treatment and care for patients with lung cancer and long coming malign melanoma—mostly palliation treatment and care to patients with short expected life times.

1373 POSTER

TELEPHONE HELP-LINE: UPPSALA CANCER COUNSELLING AND CANCER INFORMATION

M. Carlsson, P. Strang, L. Lindblad
Department of Gynecologic Oncology, University Hospital, Uppsala Sweden

A telephone help-line for cancer counselling and information was started in 1990 at the University Hospital of Uppsala, Sweden. During the first 3 years 735 calls were registered. Most of the calls were made by next-of-kin and patients (30% + 28%), mostly by women (77%). The issues addressed were mainly medical or psycho-social ones. The medical questions were in most cases related to the patient's illness or treatment. The psycho-social questions were addressing the call-makers' (patient or next-of-kin) own anxiety and these calls ended up as supportive talks.

Patients, compared to next-of-kin made more medical inquiries, whereas family members were more concerned with psycho-social questions ($P < 0.01$). Breast cancer accounted for a great part of the calls from patients, but significantly less from the relatives ($P < 0.0001$), whereas the opposite was true for colorectal carcinomas ($P < 0.001$). These findings and cultural differences, compared with other countries are discussed.

1374 POSTER

VIRTUAL REALITY AND COMPUTER TRAINING IN ONCOLOGICAL NURSING: EXPERIENCE AND PROSPECTS

R. Ferrario, A. Cernuschi, F. De Conno, J. Vanegas, C. Boeri, F. Cornejo
Istituto Nazionale Tumori (I.N.T.), O.M.S., Ratio Uno, Milano, Italy

In finding a balance between innovation and organization, training must be considered the main requirement in coping with the present technological advance. Oncological nursing requires continuous updating even through new technologies. Following our two previous studies for ECCO 6 and 7 on computer and multimedia training respectively, now we look at Virtual Reality, a computer tool to look at and interact with objects which do not exist or cannot be reached in the real world. Virtual Reality allows real or imaginary worlds to be explored without fixed procedures. It is now possible to train nursing staff by simulating activities which are impossible or risky in reality, e.g.: invasive therapy or emergency situations. Virtual Reality is a valid teaching instrument in nursing practice. Various experiences applied to the training of oncological nurses and carried out by I.N.T. and Ratio Uno are illustrated, particularly: (1) physiopathology of symptoms, (2) main pharmacological mechanisms in palliative care, (3) the care and treatment of the terminally ill and relative teaching skills. A course will be proposed on the general principles of computers, multimedia and Virtual Reality so that a sound basis for the application of these new techniques for oncological nursing can be established.

1375 POSTER

CONTINUED NURSING CARE FOR PATIENTS WHO NEED CHEMOTHERAPY

A. Coenraadts, R.J.J. van Boxtel, M.B. Nieweg
Division of Internal Medicine Academic Medical Center, PO Box 22700, 1100 DE, Amsterdam, The Netherlands

Chemotherapy consists of cycles of treatment. In case of inpatients, this means patients have to be admitted to the oncology ward on a regular basis. To ensure an optimal continuity of nursing care in between the admissions, a Standard Nursing Care Plan (SNCP) and a Treatment Resume were introduced in the oncology ward (32 beds) in June 1994 based on our experience and the literature. The aim of the SNCP is to inform the patient about the (potential) side effects of treatment, how to handle the problems and to improve his/her knowledge about the disease.

The SNCP covers the following areas: (1) (Potential) Knowledge deficit related to treatment and side effects of the administered cytotoxic drugs; (2) (Potential) Knowledge deficit related to specific cancer patient organizations and patient information brochures.

The treatment resume aims at continuity of nursing care, it consists of three parts: (1) Evaluate the period in between treatment cycles; (2) Recording of the side effects that occur; (3) Recording of the nursing interventions and their outcome. Our results with the continued nursing care are presented after one year of experience. In our opinion the SNCP and the treatment resume stream line the patient information and enable the nurse to anticipate potential problems.

1376 POSTER

ASSESSMENT OF PLURIDISCIPLINARY MOBILE TEAM SUPPORT IN TERMINAL CARE

C. Constantin, P. Dayer
Division of Clinical Pharmacology & Pain Clinic, Geneva University Hospital, Switzerland

The aim of the study was to determine nurses expectations regarding the interventions of a pluridisciplinary mobile team for pain management and palliative care when dealing with terminally ill patients.

A questionnaire was sent to 100 nurses working in all the departments of the university hospital. Amongst the 47 nurses who answered, 76% worked with patients in terminal care and 54% thought that pain management was a problem. They mainly expected the consulting nurse to provide suggestions for pain management and appropriate nursing interventions (57%), as well as support for patients and for themselves (33%). The nurses expected of the consulting physician that he provide antalgic treatments (72%) and information on pain management (33%). Their global appreciation was that supervision and support would help in coping with the stress of terminal care (39%) and that the consultants didn't offer enough support (39%).

Conclusion: This study underlines the need for psychological support for the nursing teams who work with terminally ill patients in a general hospital. In terminal care, team support should be a priority and be given the same attention as technical aspects of symptom management.

1377 POSTER

THE ONCOLOGY NURSE AS TEACHER, FRIEND AND ADVOCATE

U.M. Courtney

The role of the oncology nurse has expanded beyond our wildest dreams. We give information to ensure adequate informed consent is obtained. We educate patients to be safely self caring and also teach significant others to adopt the role of carer when necessary. Due to our continuous communication daily at the bedside, we act as advocates to ensure patient care, especially to those too ill to express their wishes. We must learn to develop our advocacy skills in order to remain part of a multidisciplinary team caring for all patients.

1378 POSTER

CONSISTENCY OF INFORMATION GIVEN TO WOMEN UNDERGOING INTRACAVITY CAESIUM TREATMENT

H. Doling, P. King, B. Lavery, I. Stevens, R. Belton
Radiotherapy Department, Churchill Hospital, Oxford, U.K.

Patients undergoing intracavity caesium treatment often experience problems with diarrhea, cystitis and sexual activity, especially if they have gone through external radiotherapy.

In June 1993, a multidisciplinary meeting of radiotherapist, radiographers and nurses, raised the concern that these women tended to receive conflicting or insufficient information at that time. Results showed