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PRIMARY NURSING IN A RADIOTHERAPY UNIT*J. Kristensen, M. Gantriis**The department of oncology Vejle Hospital, Denmark*

To secure quality assurance in our cancer care, as nurses in a Radiotherapy unit, we have introduced primary nursing. This involves the primary nurse (P.N.) accompanying the patient, helping him with his problems and conducting the first treatment. We have interviewed the nurses in the unit. And they all think that the quality of their nursing has been considerably improved. We have also interviewed some of the pt, and they feel it reassuring that they know which nurse to approach with their problem.

At the moment we are conducting interviews with 25 pts., and the result will be available in time for the conference.

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PERCEPTIONS OF THE IMPORTANCE OF CARING BEHAVIOURS AND PATIENT ANXIETY AND DEPRESSION LEVELS IN CANCER PATIENT-STAFF DYADS*C. Lampic, L. von Essen, G. Larsson, V.W. Pettersson, P.O. Sjöden**Centre for Caring Sciences, Uppsala University, Glanten, S-751 83 Uppsala, Sweden*

Perceptions of the importance of caring behaviours (CARE-Q) and levels of patient anxiety and depression (HAD scale) were studied in 53 cancer patient-staff dyads. Patients and staff disagreed on the importance of caring behaviours on 4/6 caring dimensions and did not agree on their importance for individual patients. Patients regarded the caring dimension "Anticipates" as most important, while staff perceived "Comforts" as having the highest importance. Although the staff perceived patient anxiety to be higher than did the patients themselves ($P < .01$), patients and staff showed some concordance on the level of anxiety and depression for individual patients ($P < .05$). For patients, level of depression and the importance of "Anticipates" were related ($P < .01$). No relation between staff perceptions of caring behaviour and their ratings of patient anxiety and depression were found.

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CARE MANAGEMENT IN TREATMENT WITH CSF*A. Laupert, R. Bodenmüller-Kroll**Universitäts-kinderklinik, Department of Paediatric Haematology/Oncology, 60590 Frankfurt/Main, Germany*

Haematopoietic growth factors are increasingly used for patients of all ages in haematology and oncology prophylactically and as treatment support of infections after cytostatic caused cytopenia and disorder of haematopoietic. The therapy with CSF is often carried out in outpatient wards and also by the patient/relatives. The feeling of the patient to participate himself in the treatment is positive and must be supported. Specialty nurses must have a high knowledge of the practical handling of the injections, so that they can give training. The trend towards higher specialization of the nurses, i.e. profound understanding for biological/medical issues, is increased.

Comprehensive patient care is guaranteed.

Due to application of CSF the duration of hospital admission and costs can be reduced. The nurses can therefore carry out other duties.

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QUALITY OF LIFE OF WOMEN DIAGNOSED WITH BREAST CANCER AFTER SURGICAL TREATMENT*Lj. Milović, M. Jašović, S. Nikolić**Institut za onkologiju i radiologiju Srbije, 11000 Belgrade, Yugoslavia*

Breast cancer is the most frequently researched cancer in the sense of influence of psychosocial factors on course and development of cancer, i.e. influence of all factors on quality of life of diseased. There are many reasons for this interest: it is the most common cancer appearing in women, it spreads over an organ which is intimately associated with psychological factors which are of great importance for every woman, and their self-respect, feeling of femininity, sexuality and motherhood. That is why studies in this field serve as a paradigm for researches in psycho-oncology, since all the three modes of treatment are represented: surgical, radiotherapeutical and chemotherapeutical (Slevin, 1992; Fallowfield, 1993; Stcfanek, 1993; Noguchi *et al.*, 1993; Jašović-Gašić *et al.*, 1994). In our country such research was carried out only sporadically, unsystematically, so there is need for a good methodological procedure of analysis of these problems and we should try maximally to improve the quality of life of operated women.

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The aim of research is as follows:

(1) To determine the quality of life of women, who due to breast cancer had surgical intervention: mastectomy or quadrantectomy. Under quality of life, so called psychosocial adaptation will be researched which includes:

- emotional distress (anxiety and depressiveness)
- disorders in the level of everyday living activities in family, social and professional spheres.

(2) To analyze if there are differences between psychosocial adaptation of women who had various surgical interventions: mastectomy and quadrantectomy.

(3) To determine possibility of social and psychotherapeutical intervention.

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EXPANDING THE ROLE OF THE NURSE IN CANCER CLINICAL TRIALS: THE NURSING SUMMARY*P. Di Giulio^{1,2}, C. Arrigo^{1,3}, H. Gall^{1,4}, C. Molin^{1,5}, R. Nieweg^{1,6}, B. Strohbieter^{1,7}**¹EORTC-Oncology Nurses Study Group**²Rivista dell'infermiere, Istituto di Ricerche Farmacologiche Mario Negri, Milano**³Société Belge des Infirmières en Oncologie, Brussels**⁴Department of Oncology, Free University Hospital, Amsterdam**⁵Radiumhemmet, Karolinska Hospital, Stockholm**⁶Academisch Medisch Centrum, Amsterdam**⁷Universitätsklinik Köln, Köln*

The minimum requirement in order to allow nurses to implement a clinical trial and to recognize its practical implications for the patients, the staff and the organization of the ward is having access to the research protocol itself. Unfortunately, given the high workload in an oncology unit, there is often little time for the staff to read the entire document. In addition, clinical protocols do not often include practical instructions necessary for instance for observing patients, delivering treatments, dealing with their complications and managing with toxicities. A Nursing Summary is a document providing a short and easy to read selection of protocol relevant information. It enables nurses to safely and more easily implement the research protocol and improve the care of patients involved in clinical trials. A list of standard items to be included in a Nursing Summary will be proposed. Practical examples will be presented and discussed. The Nursing Summary could be prepared centrally by the group responsible for the research protocol. If necessary, ward nurses involved in the research can adapt/customize it according to local needs. Potential benefits of Nursing Summaries are related to the;

- increase of reliability of nursing care regarding patient safety,
- standardization of patient monitoring and care,
- harmonization of preventative measures adopted, and
- similar handling of complications related to experimental treatments.

Moreover, Nursing Summaries encourage planning of actions, evaluation of workload and therefore allow further expanding of the role of the nurse in clinical trials.

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CONTINUOUS QUALITY IMPROVEMENT APPROACHES IN ONCOLOGY NURSING, IN TURKEY*H. Okumuş, G. Kocaman, D. Özmen**School of nursing and Department of Nursing University of Dokuz Eylül Turkey*

This article describes continuous quality improvement (CQI) approaches as practiced by nurses in the oncology service at Dokuz Eylül University Hospital in Turkey. In this paper, following steps in our CQI program are outlined below;

- (1) Setting strategic priorities for quality assessment and improvement in nursing care of cancer patients.
- (2) Identifying the nursing care activities performed in the oncology wards.
- (3) Selecting important aspects of care for ongoing monitoring.
- (4) Selecting the performance measures for important aspects of care to cancer patients.
- (5) Establishing a mechanism for evaluation of cancer patient care.
- (6) Designing and establishing a data collection methodology.
- (7) Evaluating the aspect of Nursing Care
- (8) Determining and implementing the actions to improve nursing care of cancer patients.

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