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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<sup>1,2</sup>, C. Arrigo<sup>1,3</sup>, H. Gall<sup>1,4</sup>, C. Molin<sup>1,5</sup>, R. Nieweg<sup>1,6</sup>, B. Strohbieter<sup>1,7</sup>**<sup>1</sup>EORTC-Oncology Nurses Study Group**<sup>2</sup>Rivista dell'infermiere, Istituto di Ricerche Farmacologiche Mario Negri, Milano**<sup>3</sup>Société Belge des Infirmières en Oncologie, Brussels**<sup>4</sup>Department of Oncology, Free University Hospital, Amsterdam**<sup>5</sup>Radiumhemmet, Karolinska Hospital, Stockholm**<sup>6</sup>Academisch Medisch Centrum, Amsterdam**<sup>7</sup>Universitätsklinik 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.

- (9) Assessing the effectiveness of action.  
 (10) Communicating results to relevant groups.

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**SAFETY IN HANDLING CHEMOTHERAPY***A.M. Olsen, S. Glasdam**Department of oncology, Vejle Hospital**Department of oncology, Odense University Hospital, Denmark*

In 1993 the Danish Oncology Nursing Society (FS13) mailed out a questionnaire of safety in handling chemotherapy to all the 22 departments of oncology in Denmark. The aim was to get views on writing rules of safety and how they were handled all over Denmark in preparation for making homogeneous guidelines for safety in handling chemotherapy across the country.

The results and the further work will be presented at the poster.

POSTER

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**SKILL MIX IN ONCOLOGY NURSING, DOES IT SHOW IMPLICATIONS FOR QUALITY CARE?***J. Paterson*

Skill mix audit is becoming an ever important factor in the current health care climate as nursing resources come under scrutiny due to financial constraints.

Following a recommendation from Health Service Management an audit tool was developed by a small group of senior oncology nurses which was specific to the oncology setting. The instrument was piloted with 15 qualified and unqualified staff with only minor adjustments being required. The study lasted one week and involved 7 wards' areas and 70 members of staff.

This was a valuable exercise if looked at as an introduction to skill mix audit and supplied information that will be useful for future comparative studies.

However the results highlighted the need to introduce some form of quality measurement and a patient dependency scale based on oncology patients.

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**NO ABSTRACT**

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**THE DEVELOPMENT OF AN ORAL CARE PATIENT INFORMATION LEAFLET***H.J. Porter**Royal Marsden NHS Trust, Surrey and London, U.K.*

The maintenance of oral health in the patient with cancer is an integral part of nursing care (Porter 1994). The development of local and systemic problems arising from the oral cavity can have a profound effect on patient morbidity and mortality. The incidence of oral complications in the adult patient with cancer has been reported as high as 90% (Sonis *et al.* 1979). Appropriate intervention will help to minimize these effects. Oral care is a planned activity which the patient will often do himself under the guidance and support of the nurse. As well as maintaining oral hygiene this activity allows the patient to keep a degree of control in one aspect of his care.

Self care is reliant on effective patient education. This paper will follow the development of a patient information leaflet on oral care through the stages of:

- (1) identification of a need through audit of patient problems and quality assurance initiatives.
- (2) literature review
- (3) formation of the leaflet
- (4) expert review
- (5) Oral Care Standard audit
- (6) translation into different languages for use in clinical practice.

Porter H.J., Mouth care in cancer. *Nursing Times*, 90: No. 14, 1994. Sonis S. T., Sonia A. T., Oral complications of cancer chemotherapy in paediatric patients. *Journal of Pedodontics*, 3:122-128, 1979.

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**EVALUATING SERVICE QUALITY OF NURSING STAFF IN AN ACTIVE CHEMOTHERAPY ONCOLOGY WARD***N. Shofar**Department of oncology, Tel Hashomer, Israel*

The goal of this study is to use a new method, Servqual (Parasuraman, Zeithaml & Berry, 1988), to evaluate the quality of nursing tasks on a chemotherapy-oriented oncology ward using patient expectations as a basic guide. Nursing staff could improve those aspects of care that do not meet the patients' own minimal criteria. An initial pilot study of 30 patients will be used to validate a detailed questionnaire reviewing patient expectations, importance of individual nursing tasks, nurses' competence and efficiency, etc. A detailed study of 200 patients will then comprise the study itself. We will present the initial questionnaire based on patient expectations, task importance, method of nursing care, and oncology care using a Likert 7 step scale with statistical evaluation using ANOVA and Lisrel analyses. The outline of early results using Gap Theory (Babakus & Mangold, 1992 in hospital wards) will be presented.

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**FROM CONSULTATION TO INNOVATION. THE DEVELOPMENT OF NURSING CONSULTANCY IN THE UTRECHT COMPREHENSIVE CANCER CENTRE AREA, THE NETHERLANDS***G.P.C. Simonetti, P.F. Tjia**Comprehensive Cancer Centre Utrecht, The Netherlands*

To promote the quality of nursing care for cancer patients 7 out of 9 comprehensive cancer centres (CCC) have established a system of nursing consultancy. The CCC Utrecht initiated this in 1985 to be able to answer questions from nurses working with cancer patients. Lack of structure prevented an efficient use of the consultants.

In the course of the years the number of specialized oncology nurses has increased greatly. The institutions wanted quality improvement in patient care from this investment in training. The CCC Utrecht took the initiative to create a structure in which all the institutions of health care in the area are represented. At a regional level a steering committee of nursing managers works alongside a permanent working party of oncology nurses. At a local level each hospital has its own nursing network which is represented in the regional working party. Nursing consultants have been added to all these groups as advisers and they are responsible for coordination. Guidelines are developed in the regional working party, implementation takes place at the local level. This joining of forces has produced nursing handbooks, standard nursing care plans, guidelines for patient information, mouth care, mamma care, continuity of care and pain management. Recently a nationwide working party of CCC nursing consultants has been added to this organization which, together with the Dutch Oncology Nursing Society, is to develop standards of oncology nursing care. The CCC nursing consultants will see to the implementation of these standards by means of quality projects.

POSTER

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**AUDIT INTO THE EFFECTIVENESS OF SYMPTOM CONTROL IN NAUSEA AND VOMITING***R. Stein**Clatterbridge Centre for Oncology, Wirral, Merseyside, U.K.*

Nausea and vomiting is a major concern for the multi-disciplinary team within palliative care and oncology. The intention of this small scale study was to identify current approaches used by the multi-disciplinary team, in the treatment of nausea and vomiting. The results highlighted, cover four palliative care settings and a Regional Oncology Unit, which formed part of the wider study with a total of 170 respondents within 16 hospitals and community care settings. Data was gathered using a structured 20 item patient questionnaire, a 20 item staff questionnaire and a 10 item questionnaire regarding the documentation. The results were codified by computer for descriptive analysis. Significant results will be available with principal conclusions drawn.

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**PATIENT AND STAFF PERCEPTIONS OF CARING BEHAVIORS***V.W. Petersson, L. von Essen, P.-O. Sjöden**Centre for Caring Sciences, Gluntén, S-751 83 Uppsala, Sweden*

In studies comparing cancer patient and staff perceptions of the importance of caring behaviors (Caring Assessment Instrument CARE-Q), results have shown that patients mainly stress the importance of the task-oriented dimension of caring whereas staff stress emotional aspects. The

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