

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

1446

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

1447

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.

POSTER

1448

NO ABSTRACT

1449

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.

POSTER

1450

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.

POSTER

1451

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

1452

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.

POSTER

1453

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

POSTER

aim of this study was (1) to explore whether cancer patients and staff differed in their associations with regard to 9/50 CARE-Q behaviors and, (2) whether differences in association contents between groups could explain group differences observed in earlier CARE-Q studies. Patients ($n = 32$) and staff ($n = 30$) were asked open ended questions regarding their

associations to the nine CARE-Q behaviors. Some differences in association contents, were observed but overall, behaviors elicited similar associations among groups indicating that differences in association content does not explain observed group differences in CARE-Q studies.