

## Proffered Papers

### Evidence based cancer nursing I

1337

ORAL

#### The AMC nursing approach for patients who need an oesophageal resection

M. Weststrate. *Academic Medical Center (AMC), University of Amsterdam, Division of Surgical Specialisms, Nursing Department G6, PO Box 22700, 1100 DE Amsterdam, The Netherlands*

Since a few years, we increasingly nurse patients who need surgery in the oesophageal area, mainly for malignancies (1993 40 pts, 1997 85 pts). In the AMC, a university teaching hospital with 1035 beds, we work according to the model of primary nursing. This means that two nurses coordinate the care for one or two patients from admission, pre-operative and postoperative planning up to discharge from the hospital. The surgical ward has 64 wards (about 2500 pts/yr) and a team of 56 nurses.

In the surgical outpatients' department, annually more than 200 new patients are presented with a suspected anomaly of the oesophagus and/or gastro-oesophageal junction. About 50% of these patients are candidates for an oesophageal reconstruction either by hiatal oesophageal resection or extended oesophageal resection. After a written informed consent, the patients enter a randomized multicenter trial, hiatal vs extended oesophageal resection (HIVEX), and are assigned to two groups.

HIVEX trial and nursing guidelines. In agreement with the surgical guidelines and the protocol, special guidelines have been drafted for the ward focusing (a) on the technical aspects of care and (b) on the emotional aspects of care for the patients and the nurses. After the operation, the patients stay for about 24 hours in the IC before returning to the ward. For the first days on the ward, a standardized nursing programme is followed with special attention to the detection of early complications. If the patients make an uneventful recovery, the nurses start on the 7th day with training the patients how to swallow water via the reconstructed oesophagus. This also because a control video has to be made on the 8th postoperative day. Thereafter if the video shows uneventful healing, the dietitian prescribes a diet. The ENT specialist inspects the vocal cord and tests the voice. Complications can prolong the hospital stay, but in general the patients leave the hospital after two weeks and do not need help for their daily activities.

Results show that the patient satisfaction has increased due to the special nursing protocol and the close attention during the first days. Our nurses know exactly what they have to do in case of complications and this has a positive influence on the patients. So far (February 1997) we have experience with the care programme in about 50 patients. By July next, more results will be available (about ... patients). The step-by-step nursing approach and the results will be presented in the poster.

**Conclusion:** Emotionally, the patients have less problems despite the short stay in our ward. For our profession we see an increase of attention for patients who need a oesophageal resection.

1338

ORAL

#### How effective are current treatments in the management of skin reactions induced by radiotherapy to the breast?

K.E. Johnson<sup>1</sup>, K. Booth<sup>2</sup>. <sup>1</sup>Christie Hospital NHS Trust; <sup>2</sup>Department of Nursing, Liverpool University, UK

**Purpose:** Despite the advancement of megavoltage machines to deliver radiotherapy, skin reactions continue to occur. Nurses need to know how to manage skin reactions effectively to promote patient comfort and skin healing. However, previous work in this area has demonstrated that there is a lack of consensus in the United Kingdom concerning skin management (Barkham, 1993; Lavery, 1995). It was therefore deemed appropriate to undertake a systematic review of the literature on this topic in order to provide practitioners with the best evidence available.

**Methods:** A systematic review was undertaken of the professional literature between 1985 and August 1996, using data bases and manual searches of journals. As well as a review of the current literature available to patients at UK radiotherapy centres.

**Results:** 27 articles from the professional literature and 43 patient information booklets were obtained. These were analysed in relation to four clinical questions concerning the incidence of skin reactions, the problem to the patient, the treatment advocated by the literature and evidence to support the effectiveness of treatments.

**Conclusion:** Skin reactions occur in a majority of patients undergoing radiotherapy to the breast and these can affect activities of daily living. Simple general skin care guidelines are advocated.

1339

ORAL

#### Improving nurses' pain assessments: A nursing pain intervention study

M.E.J. de Rond<sup>1</sup>, R. de Wit<sup>2</sup>, F.S.A.M. van Dam. *Cancer Institute, the Netherlands*

In the field of pain management, nurses are faced with several problems: nurses don't always know that a patient is in pain; nurses often misjudge the patients' pain intensity, pain management is not always adequate and there is a lack of knowledge in nurses with regard to pain and pain management. Based on previous results a simple method for nurses to monitor patients' pain accompanied with teaching nurses, was introduced in three hospitals in the Netherlands. Two hundred sixteen nurses received a short course on pain and pain management, and were instructed to register patients' pain twice a day by using a numerical rating scale from 0 to 10, with 0 representing no pain and 10 representing pain as bad as you can imagine. Nurses' knowledge of pain and pain management was tested before and after the course and showed significant improvement. A quasi-experimental design was employed to assess the impact of the nursing pain intervention on the nurses and on the patients' pain experience. Patients were assigned to either a control group (N = 358) or an intervention group (N = 345). Daily pain registration proved to be feasible. Pain was registered at least once a day in 85% of the cases. In the intervention group, nurses were significantly better informed of the patients' pain experience: levels of agreement between patients' and nurses' ratings of the patients' pain intensity were significantly higher in the intervention group than in the control group. After implementation of the nursing pain intervention, nurses documented more about pain in patients with moderate to severe pain and nurses administered significantly more analgesics to patients in this group. Patients in the intervention group reported significantly less pain than patients in the control group. It can be concluded from this study that a daily pain measurement is feasible in daily nursing practise and that the nursing pain intervention has a positive effect on the quality of nursing care. Based on the results of this study the nursing pain intervention is implemented in 6 hospitals in the region of the Comprehensive Cancer Center Amsterdam.

<sup>1</sup>Now working at the Comprehensive Cancer Center Amsterdam.

<sup>2</sup>Now working at the department Medical Psychology and Psychotherapy, Erasmus University Rotterdam/Multidisciplinary Pain Centre, Academic Hospital Rotterdam.

1340

ORAL

#### Symptom occurrence and symptom distress in chemotherapy patients evaluated by patients and nurses

A. Tanghe, G. Evers, R. Paridaens. *University Hospitals Leuven, Centre for Health Services and Nursing Research, Catholic University Leuven, Belgium*

**Purpose:** The purpose of this study was to examine the agreement between patients and nurses concerning symptom occurrence and symptom distress in chemotherapy patients.

**Methods:** A cross-sectional, descriptive, correlational design was used for this study. The sample consisted of 189 cancer patients, who started with a new chemotherapy treatment, and 51 nurses in the oncology department of the University Hospitals of Leuven, Belgium. Symptom occurrence and symptom distress was measured with the Dutch version of the Adapted Symptom Distress Scale (N-ASDS). A patient version and a nurse version was developed.

**Results:** A moderate agreement was found for the well known symptoms: alopecia, nausea, vomiting and retching (Cohen's kappa between 0.311 and 0.511). Significant underestimation of symptom occurrence and symptom distress was found between patients and nurses for most of the symptoms.

**Conclusions:** More attention is needed for important distress which are reported by patients concerning fatigue, pain, mood changes, oral problems, bowel changes and temperature changes. Self-report by chemotherapy patients can help nurses to evaluate their nursing interventions systematically.

1341

ORAL

### An evaluation of an emesis programme for nurses

*S. Wilkinson, Anita Roberts, Adele Bird, Colin Thain. Marie Curie Centre, Liverpool, UK*

**Purpose:** Cancer care priorities for nurses is a series of educational programmes developed by EONS to highlight the important role of the cancer nurse in helping patients manage debilitating effects of cancer and its treatments. The Liverpool Marie Curie Centre has facilitated 4 of the programmes; Emesis, Altered Body Image, Pain and Psychological Disorders. This paper will present an evaluation of the emesis programme. The aim of the programme was to assist registered nurses to care for patients suffering from emesis.

**Method:** Fifty registered nurses, from a variety of settings, participated in a 2 day workshop. Each nurse completed a 10 question test of their knowledge of emesis both pre and post course and a written evaluation.

The majority of the programme consisted of experiential workshops. Two didactic lectures were included.

**Results:** Pre-test 50 (100%) of participants were unable to name the main neurotransmitter involved in chemotherapy and radiotherapy induced emesis. Post-test 35 (70%) gave the correct answer, pre-test 8 (16%) respondents were able to identify the most emetic cytotoxic drug, post-test this increased to 44 (88%). The pre-test knowledge overall was very poor for registered nurses. The improvement in knowledge post-test on all 10 questions was significant. The written evaluations were very positive. Some participants found the experiential workshops difficult but accepted it was an effective method of teaching.

**Conclusion:** The results indicate that this mixture of didactic and experiential teaching methods is acceptable to nurses and improves knowledge.

1342

ORAL

### Chemotherapy administration – Can we achieve evidence based practice?

*I.D. Goodman. Royal College of Nursing Institute, Radcliffe Infirmary, Oxford, UK*

**Purpose:** This paper will explore approaches to develop evidence-based practice in the UK. A project to develop national, multidisciplinary, evidence-based guidelines for chemotherapy administration, will be used to illustrate the need for, and nature of evidence-based practice. Difficulties and limitations will be identified.

**Methods:** Three steps within the clinical effectiveness strategy (inform, change, audit) will be related to the resources available to support this initiative and the guidelines project.

**Results:** The guideline development process that was used will be presented, highlighting the how the following elements were achieved: identifying the need for evidence-based guidelines, planning appropriate methods, finding and selecting the evidence, appraising the evidence, using the evidence, involvement of patients, practitioners and experts. Factors which promote and hinder guideline development and evidence-based practice will be discussed.

**Conclusions:** The advantages and disadvantages of different approaches to evidence-based practice will be identified.

1343

ORAL

### Patients' perceptions of bone marrow transplantation

*Colin Thain. Clinical Education, Clatterbridge Centre for Oncology, Bebington, Wirral, Merseyside, UK*

**Purpose:** Bone marrow transplantation (BMT) is now an established treatment option in oncology, but little is known about how patients perceive the BMT process. A small scale study was undertaken to explore how patients viewed BMT.

**Methods:** A convenience sample of 10 BMT recipients transplanted in one UK centre was identified, of whom 6 were eligible and agreed to participate in the study. Audio taped interviews lasting 45–60 minutes were conducted, transcribed verbatim, and latent content analysis applied.

**Results:** Responses were grouped under 6 broad categories: mortality and death; luck; "prison"; relationships; coping and control; and physical effects. Subjects appeared to play down the severity of physical effects. Coping with BMT was highly individual, but nurses and family members were important sources of support. Although subjects reported being positive going into BMT, all admitted to concerns regarding the possibility of death. Protective isolation was viewed by all as stressful. Quotes from the interviews will be used in presentation to support these results.

**Conclusion:** This small study gave insight into the concerns of patients during BMT. However, there are a number of important limitations, so generalisation should be undertaken with caution and further research is necessary.

1344

ORAL

### The management of radiation morbidity: Can nursing make a difference?

*S. Faithfull. CRC Research Fellow, Prof. J Corner. Centre for Cancer and Palliative Care Studies, Institute of Cancer Research, Royal Marsden NHS Trust, UK*

**Purpose:** The therapeutic value that nursing may offer in radiotherapy practice is often not recognised. This study investigates whether nursing can make a difference to the side-effects of treatment. The hypothesis is that specialist nursing could prevent and minimise the impact of radiation morbidity.

**Methods:** This is a randomised controlled clinical trial to evaluate the effect of a nurse-led health promotion strategy vs. conventional medical care. A sample of 115 men who have undergone radical pelvic radiotherapy (64Gy) for prostate (n = 95) or bladder cancer (n = 20) were recruited. The intervention uses a health promotion approach based in a nursing clinic, and incorporates psychosocial as well as physical care. Data for each patient were collected during radiotherapy and in 5 month follow-up period from entering the study; patients completed EORTC QL30 and self-report assessments of symptoms.

**Results:** Initial analysis revealed better emotional functioning at 6 weeks (p = 0.04) in the nurse group resulting in improved global quality of life (p = 0.02). Early data suggest a reduction in bladder (p = 0.04) and bowel symptoms (p = 0.01) during radiotherapy treatment in the intervention group.

**Conclusion:** This study provides evidence based practice which can contribute to the role of the nurse working in radiotherapy. Health promotion was effective in improving patients' quality of life and reducing symptoms.

1345

POSTER

### The development of a manual on research nursing: The ECSG research nurses group

*Atie W. van Wijk. ECSG (Early Clinical Studies Group); EORTC-New Drug Development Office, PO Box 7057, 1007 MB Amsterdam, The Netherlands*

**Introduction:** Since 1984, nurses involved with ECSG clinical trials have a forum to share their patient care experiences related to new anti-cancer drug development in the ECSG Research Nurses Group. In September 1994, an ECSG research nurse co-ordinator was appointed. Her task is to advise and support research nurses in their work regarding clinical trials.

**Theme:** One of the roles of the ECSG-Research Nurse is to address the many questions about how to interpret the role of research nursing. These questions refer to the many organizational issues, the implication for nursing care surrounding clinical trials and the nursing care aspects associated with new drug development. Especially new research nurses who work alone have no practical guidelines to support them. During the last meeting of the ECSG Research Nurses Group a joint decision was made to develop a Manual on Research Nursing.