

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.

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ORAL

An evaluation of an emesis programme for nurses

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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.

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ORAL

Chemotherapy administration – Can we achieve evidence based practice?

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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.

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ORAL

Patients' perceptions of bone marrow transplantation

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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.

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ORAL

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

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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.

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POSTER

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

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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.