

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.

Goals for this Manual are:

- (a) to serve as a reference book for performing the task of research nursing;
- (b) to compile all major issues of concern to Research Nurses;
- (c) to provide information relevant to nursing practice about the performance of clinical trials (according to Good Clinical Practice).

Conclusion: The process of collaboration with various ECSR research nurses representing many European countries will result in the development of guidelines which will improve research nursing practice throughout Europe.

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POSTER

Mirror, mirror on the wall: Evaluating the process of nursing care, the nurses point of view

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During ECCO 8 in 1995, a tool for measuring quality nursing was presented. This measurement tool, which is presently being used in the Netherlands Cancer Institute, is subdivided into 10 modules. Each module deals with specific aspects associated with topics such as pain, medication delivery, nutrition etc. Individual modules consists of 10–12 questions which address specific nursing care. This gives a direct reflection of the quality of nursing care. The NKI quality measurement tool implementation project is complete and nurses have incorporated it in their daily routines. Using the module infection prevention as a model, the following will be outlined:

- (a) How the modules are used in daily practice;
- (b) The problems incurred when working with the modules;
- (c) The effect on nursing care.

This system works as a mirror. A mirror that shows us shortcomings in our daily care for oncology patients. I would like to invite the participants of ECCO 9 to look with me into this mirror to see what possibilities exist to improve the quality of oncology nursing care.

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POSTER

Searching for solutions to the problem of fatigue in cancer patients in the United Kingdom: The action on fatigue programme

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Fatigue is one of the most frequently reported and least understood symptoms of cancer and its treatment. The Action on Fatigue programme has been developed in response to the need to educate nurses caring for patients with cancer about fatigue and to aid the development of research-based knowledge to inform the management of this symptom. It is a European educational and research initiative for cancer nurses sponsored by the EONS in collaboration with the ISNCC and funded through an educational grant from Janssen-Cilag Ltd. A professional education course on cancer-related fatigue was developed to launch the programme and was held in Milan, Italy in September 1996. To maintain momentum in the UK a programme of different activities have been undertaken and are planned for the future. On return to their own practice areas delegates who attended the professional education course in Italy were expected to disseminate the information to nursing colleagues. Working in partnership with a local Janssen Cilag representative, delegates have organised a series of study days and workshops in major cancer centres. In order to help nurses in their effective delivery of information to colleagues the preparation of an educational resource is underway. A patient education pack consisting of a video entitled "Positive Steps in Coping with Cancer Fatigue", a series of information leaflets, a fatigue diary, and a nurse guide to assist in the utilisation of this pack have been developed and distributed. UK delegates who attended the event in Milan and a panel of nurses considered to have an in-depth knowledge of fatigue will work together to construct and test a Fatigue Assessment Tool suitable for use in clinical practice. This collaborative approach will have a critical impact on the problem of cancer-related fatigue and is expected to have benefits for both the patient with cancer and the nurse concerned with ensuring the delivery of high quality evidence-based cancer nursing.

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POSTER

Evaluation nursing care in neutropenic patients with basic measures of isolations

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Our Service receives oncological solid and hematological patients for treatment and management of their complications derived from their primary disease or their therapy.

Our service does not count with special infrastructure for the environment protection, so that the nursing operation is the fundamental support for the safe management of these patients with severe neutropenic ANC > 0 = 500.

With the object that our nursing care be efficient and safe we have settled some patterns for the immunodepressed patient treatment.

These regulations are divided in two groups:

Patterns in patients with risk of severe neutropenic: (1) Referred to the patient room: Access, cleanliness, airtight. (2) Referred to the patient him/herself: Unbroken evaluation, mucositis prevention, infection of the skin prevention, feeding.

Patterns in patients with severe neutropenic (ANC < 0 = 500): (1) Referred to the epidemiological observation. (2) Referred to the protective isolation of patients as well as of the room: Access, room, cleaning, Patient assessment, mucositis prevention, infection prevention, drugs administration, handling of connections and equipments, and venopuncturesites

Measure parameter for the pattern effectivity: (1) Cultures of surveillance, so to be able to decide about the predictor culture. (2) Positive cultures from feverish neutropenic patients. (3) Germ producing the sepsis and spot of origin of primary infection.

Using these patterns the percentage of inter-hospital infections has been of a 2% during the year 1996.

Conclusion: The patterns executed and their surveillance are adequate for the operation of neutropenic patients, since the biggest percentage of sepsis were of endogenous origin without over infection, therefore, they cannot be attributed to environmental factors.

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POSTER

Development and validation of a quality of life questionnaire for men who have been cured of testicular cancer

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Background: The incidence of testicular cancer has increased during the last 5 decades. The cure rate exceeds 90% and further research is needed in the field of rehabilitation and quality of life. Matters such as sexuality and infertility are encumbered with taboos and nurses as well as doctors are short of knowledge. These reasons prevent decent counselling.

Purpose: To develop and validate a quality of life questionnaire for these patients.

Methods: A first draft of a quality of life questionnaire has been made in the light of evidence from the literature, patients and experts. The statements from 5 qualitative research interviews are used in the questionnaire in order to try quantifying different 'feelings' that the men might have. 25 men have participated in a pilot study. They have all been interviewed by telephone, as well as having filled in a questionnaire. The validation procedure is carried through in order to ensure validity. In this case validity means how well a question measures what it is intending to measure.

Results: This pilot study is part of a large cross-section investigation. Most of the questions seem to measure what they have been intended to. Many survivors of testicular cancer appear to have a wide range of problems concerning sexuality and infertility considerations etc.

Conclusion: Although the questionnaire seems to be a useful tool in providing knowledge about the above mentioned issues, much more work has still to be done before the presentation of the final draft of a useful questionnaire.

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POSTER

Infections at a hematology ward in a university hospital – Cost and preventive nursing

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Infections, especially septicemias, are major complications in patients with hematologic diseases. With decreasing number of hospital beds and fewer