Proffered Papers

Evidence based cancer nursing II

1420 ORAL

Supporting the dying cancer patient's family in hospital: Using research to improve practice

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Purpose: In a progressing illness such as cancer, social and family roles can be profoundly affected as relatives have to respond to often subtle changes in the patient's physical and emotional condition. Consequently by the time the terminal stage of the illness is reached those closest to the patient are likely to be vulnerable and in considerable need of support. This paper will describe aspects of the author's own recently completed Doctoral research study.

Samples and Methods: In this intervention study samples comprised 47 relatives of dying cancer patients and 18 staff nurses from the acute hospital wards where the patients were receiving care. During the course of the study a total of 80 semi-structured interviews were conducted. Interpretive analyis of the interview data generated themes, exemplars and paradigm cases. These phase one data were then used by the nurses in the eight study wards to design, implement and evaluate standards for improved family support in terminal illness. Post intervention evaluation drew on data from interviews, questionnaires and quality assurance audit processes.

Conclusion: In the course of presenting this paper insights gained from the study will be shared and the author will draw on change theory to highlight areas of positive change and areas found to be resistant to change in the current study. Issues related to researching within an action setting and with vulnerable participants will be opened for debate. It is hoped that by focussing on some common elements within the close relatives experiences during terminal illnesses that sensitivity to the diverse and changing needs of the dying patient's family will be enhanced.

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Families experience of bereavement in the oncological intensive care unit – A qualitative prospective study

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Aim: 1. To expand our knowledge about the lived experience of families who lose their loved one in the cancer ITU. 2. To use this information to influence future practice

Sample: 25 families were interviewed from all over England 6 months–5 years post-mortem. **Data Collection:** Subjects were interviewed in their own homes. This data was taped and then transcribed together with data from the author's field diary and archival records.

Results: The families feelings and remembrances, and then comments to the nurses of tomorrow are discussed.

Conclusion: This type of family lead interviewing leads to some expected but also much surprising data that has been useful in our nursing practice. Sudden Death from cancer is largely missing from the literature and yet affects many patients and their families.

1422 ORAL

Experiences of mothers who are diagnosed with recurrent breast cancer

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Purpose: It is well documented that women who are newly diagnosed with breast cancer have around a 25% chance of developing psychological morbidity. However, research on the effect that a diagnosis of recurrent breast cancer has on psychological morbidity is sparse. This can be a time of crisis for such women as their disease is no longer curable and their quality of life assumes a greater significance. The focus of this research is the effect of a new diagnosis of recurrent cancer in women who are mothers.

Method: The study was conducted using a qualitative approach. In a semi-structured interview, eight women were asked about their feelings around the time of their diagnosis of recurrent disease, and this was related to their role as a mother. The interviews were tape recorded and transcribed using Colaizzi's phenomenological method of analysis to give an accurate description of the information.

Results: Three themes describing the mothers' experience of recurrence emerged in all of the transcribed protocols. These were: Pragmatism, Illness Management and Role Transformation.

Conclusion: This study provides some evidence of how women who are mothers feel at the time of their diagnosis of recurrence. By improving our understanding of a mother's feelings at this crucial time, health care professionals may be enabled to give more appropriate care.

1423 ORAL

The nursing trial committee: An evaluation of a model to improve nursing involvement in cancer clinical trials

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Careful preparation is required in order to perform clinical trials adequately according to the Good Clinical Practice guidelines. Nurses also share the responsibility for preparation and performance of clinical trials. In 1992, nurses of the Oncology and AIDS ward of the University Hospital of Utrecht have initiated a task force to develop a procedure for preparation of clinical trials. This task force translates clinical trials on the ward and day-care unit in oncology and aids patients into nursing protocols with specific attention for nursing tasks and the burden for the patient. In 1994 the Nursing Trial Committee (NTC) was initiated, with the support of the physicians. After 2 years the NTC prepared a questionnaire for nurses and physicians to evaluate the procedure and impact on clinical practise. Nurses and physicians stated that trial preparation, education and informational activities had improved as a result of the NTC procedure. They perceived a positive impact on the attitude and cooperation with regard to clinical trials. However, some experienced clinical research as a burden for the ward. In conclusion, the NTC seems to have succeeded in improving implementation of cancer clinical trials.

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Evaluating the process of nursing care: The development and implementation of a modular system

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A modular system was developed in the Netherlands Cancer Institute to monitor and improve the quality of nursing care. Starting point was that nurses themselves are responsible for the quality of care process. Although a number of instruments are available, none satisfied the needs of the nursing department. Most of them are too complicated, or take too much time or special expertise to apply. In this modular system, which was designed in close collaboration with nurses doing the practical work, we focussed on subsectors of nursing practice instead of on the total nursing care. For each relevant subsector, a module was developed which can be administered independently. An important requirement was that nurses would be able to score each module with a minimum of instruction and that it would not take more than a few minutes to fill in the module for a