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.

1421 ORAL

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.

1424 ORAL

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 patient unit of 12 beds. In order to enable nurses to monitor and improve the quality of nursing care, the measurement tool should be used without much interference for daily routine. Moreover, it should give nurses immediate feedback on the quality of their work. So far, modules have been developed and implemented on the nursing wards with regard to: personal hygiene of the patient, cleanness of patient surroundings, infection prevention, nursing documentation, medication supply, nutrition, communication, and continuity of care. The first results of the modular system are promising and have an impact on both the nursing wards and the nursing management. In our presentation we will discuss the modular system and give data regarding its feasibility and reliability.

1425 ORAL

The theoretical nursing model applied to the care of breast cancer patients

S. Lauri, C. Sainio. *Department of Nursing; University of Turku, Finland*

Purpose: The theoretical model of the care of cancer patients was constructed on the basis of existing knowledge. The purpose of this study was to test the model in nursing practice.

Methods: The study was implemented by using action research method. A concrete care programme based on the theoretical model was planned for the onkological and surgical clinics and it was carried out in 1994–1995. The data were collected using questionnaires. The sample consisted of 96 surgical breast cancer patients. The same patients answered also after their oncologic treatment.

Results: The results showed that the theoretical model worked reasonable well. During the different stages of the treatment, the patients considered important to receive knowledge. The information helped the patients to better understand their situation and to alleviate their anxiety and fears. They received also a capacity to understand their own situation, to talk openly about their problem and to look after themselves. The results highlighted also those areas in which the patients did not receive sufficient information.

Conclusion: The theoretical model constructed for the clinics seems to provide an accurate description of reality and to work fairly well.

1426 ORAL

Where do patients seek additional information after a diagnosis of cancer – A multicentre survey?

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Purpose: To evaluate the number patients who seek information outside the Oncology Clinic and from what source. To assess whether sex, age and ethnic group influences the need for additional information.

Method: 300 questionnaires where given out by hand over a 3 wk period in the Oncology Outpatients of Addenbrooke's, Northampton Hospital & The POU. It asked to indicate which additional sources of information were sort after their consultation with the Oncologist. It also asked their ethnic background, age & sex.

Results: 210 questionnaires where returned (70%), 55 relatives, 155 patients. 140 (67%) felt the information they had received could have been improved. All 210 (100%) sort additional information, 13% TV, 25% newspapers or magazines, 36% support groups (eg BACUP), 20% friends, 15% the internet. There was no significant difference between the amount & sources of information sort between Males v Females, <60 v >60 yrs, but there was a difference in relatives v patients (34% v 18%) & ethnic v non-ethnic groups (41% v 19%).

Conclusions: All patients & their relatives with a recent diagnosis of cancer seek additional information after diagnosis particularly within ethnic groups & relatives. Support group written information is the most common source and availability to this literature will now be expanded. In view of the 15% who used the internet we are installing an internet access point in our unit. In view of the 13% TV we are offering treatment related information on video.

Rehabilitation

1427 ORAL

Cancer rehabilitation: The development of a programme

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Purpose: Cancer is considered more and more as a chronic disease and "survivors" need appropriate support at their rehabilitation. The CCCL recognised this need and started to develop, in coöperation with two rehabilitation centres, a health-oriented programme for cancerpatients.

Methods: In november 1996 the first pilot started with 18 cancerpatients (in remission). During 13 weeks they attended:

- an individual aimed fitnesstraining in a group,
- an exerciseprogramme in a group (psychomotor elements),
- a body-education programme in the water and
- thematic groupeducations and course-introductions.

In week 0, 6 en 13 all participants were tested on variables as fatigue, quality of life, kinesiofobia etc.

Results: In september about 60 patients will have participated in this programme and results will be available. We hope to find out whether this programme has short-/long-term influences on fatigue, quality of life, medical consumption and absence through illness.

Conclusion: The first participants were very enthusiastic about this health-oriented programme, but we can't draw any hard conclusions at this time. A documentary is being developed and will certainly help to give a realistic impression of the programme.

1428 ORAL

Therapeutic massage following mastectomy: A qualitative study of women's experience

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Purpose: It is well established that surgical treatment for breast cancer is commonly associated with altered body image (ABI) problems; however few studies have assessed the efficacy of psychosocial interventions in alleviating these problems. In this study women's experience of massage in the treatment of ABI was investigated using a qualitative methodology.

Methods: Three mastectomy patients were identified as suffering clinically significant and persistent body image problems. They received six sessions of therapeutic massage from a female nurse. The sessions included talking through issues raised by the body work and each woman was encouraged to articulate her experience, thoughts and feelings about her changed body image. The women's experience was evaluated using a semi-structured interview on completion of the therapy. General findings and specific quotes which encapsulate individuals' experience will be given.

Results: Each woman reported positive experiences of the massage. Changes which they attributed to the intervention included: greater acceptance of rejected body-parts, coping better, feeling less self-conscious, improved sleep patterns, reduced anxiety, and being able to talk about feelings. According to their accounts, the intervention appeared to meet at least some of their needs to disclose (literally as well as figuratively) the private sense of loss and difference they felt. From the nurse masseuse's perspective the use of massage introduced a clinically very useful extra dimension which allowed subjects and feelings to be 'touched on', held, and met beyond words.

Conclusion: While no generalisations can be made from so small a sample, statements the women made about their ability to adjust to a changed sense of both body and self suggest that massage should be further evaluated as one means of helping women adapt to an altered body image following breast surgery.

1429 ORAL

A comparison of different constructions of 'support' by specialist nurses and complementary therapists

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The concept of social support has been widely explored, and its important