

- (d) The control of parameters during treatment (BP, heart rate, breath rate, the early diagnostic of acute side effects).
- (2) Research work.
- (a) Patient education (information about study drug, about the conditions of protocol, taking of informed patient consent, teaching of correct filling in the QL questionnaire).
- (b) The work with CRF (this point is the main work of RN).
- (c) Control of study drug inventory records.
- (d) Keeping in touch with all GCP rules and upgrades.

Conclusion: The cooperative work of nurse and doctor is extremely effective in management of patients in boards of clinical trial. Moreover it is critically necessary to educate the nurses in the system of GCP.

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POSTER

Individual nursing approach for patients with an I.A. hepatic access port

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Hepatic i.a. access port is placed surgically into a hepatic artery of the patient with inoperable hepatic tumours.

Adequate individual nursing approach enables multiple chemotherapy applications with lesser side effects and complications.

Ten patients were followed up from August 1996 until January 1997.

Before starting the treatment each patient was given an oral and written information about the procedure, possible side effects and ways to help themselves.

During chemotherapy administration patients were placed in a suitable position, making sure the environment was adequate and monitored all the time.

A significant side effect that occurred in this short time was a headache (grade I – WHO scale).

Although the number of monitored patients with i.a. hepatic access port was low, it has shown that the role of RN is important, not only in medical technical procedures, but also in implementation of nursing approach adjusted to individual patient.

Changing health care systems – Challenges and dilemmas

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ORAL

Cancer nursing in Europe: A nursing perspective

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Purpose: Effective evaluation of educational programmes can provide information on the extent to which nurses are being adequately and appropriately prepared to care for patients with cancer. To this end the European Commissions Europe Against Cancer Programme commissioned a project to assess the post-basic educational activities, which were supported by their programme, in the area of training for nurses, and to assess the benefits resulting from these activities.

Method: Semi-structured interviews were conducted with course organisers and participants from different European countries as part of this project. This paper aims to focus on some of the themes which arose through broader discussion outwith the interview schedule.

Results: Despite cultural, political and historical differences between the countries there were a number of issues which emerged repeatedly in discussion, and were considered significant by all the nurses spoken to. The additional discussion provided valuable insight into the wider concerns of nurses pertaining to wider aspects of cancer care, specialisation within nursing and the profile of nursing generally.

Conclusion: While all individuals recognised that their own situation was unique in terms of culture, background, political situation and system of health care, there was a widespread recognition of the fact that the needs of patients with cancer are universal and the principles of cancer nursing extend beyond cultural and political boundaries.

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ORAL

The oncology nursing in Poland: How to survive and grow in the mean of change

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Purpose: To discuss the real meaning of nursing in cancer care, by confronting the reality of daily performed activities with the challenge of the health care system and the socio-political change of Poland. An increasing number of Polish oncology nurses are becoming aware of the need of implementing the new methods for quality of care improvement, as well as the need for research based practice. For now, the care given to cancer patients is not fulfilling the needs of patients and the family as well of the caregiver. Many of steps towards the positive approach were taken already. But there are many nurses who do not realise that they should take an active part in process of professionalisation of their career. The main barriers are: -lack of understanding the new situation with its dynamic needs, -lack of professional knowledge, -problems with self-esteem, -fear of unknown, -ignorance. All the past and present problems in the process of professionalisation will be addressed and discussed from the perspective of researcher, teacher and leader. The meaning of the international nursing co-operation and its multiple ways of professional support will be described. The real understanding of the new geopolitical situation and the active collaboration will be presented on example of "International Institute for Education and Research in Cancer Care". It is hoped that a "Polish way of change" would serve as a positive example or perhaps some guideline for the cancer nurses from Central and Eastern Europe and the Newly Independent States of the Former Soviet Union.

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ORAL

Multicultural cancer nursing care

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Purpose: Evolving immigration patterns and demographic trends have changed the face of health and cancer care. Ethnic sensitivity is important as cultural beliefs and norms effect communication style, information disclosure, self-care practices, treatment acceptance and rituals surrounding dying and death. This presentation will describe interventions implemented at our Cancer Center to enhance cultural competence in our staff.

Procedures: A multidisciplinary task force reviewed numerous data sets including the Cancer Registry, which determined the ethnic breakdown of our cancer patient population. An intervention outline was created and a number of innovative teaching options were developed. For example, spiritual and cultural gaming strategies, a 'culture checks' poster bank, and a clinical guide to key cancer phrases, are now utilized in medical and radiation oncology units.

Summary: Due to the significant heterogeneous nature of the metropolitan Washington D.C. population our Cancer Center serves, the necessity to provide individualized patient care resulted in the creation of novel interventions to enhance cultural competence in our staff.

Conclusion: As mobility increases globally, cultural diversity will prevail with increasing importance in the future. Staff cultural sensitivity can influence patient positive outcomes with compliance with treatment decisions, patient/family education, symptom management, psychosocial and terminal care. The interventions posed in this presentation, can serve as a model for other centers interested in planning similar endeavors.

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ORAL

The influence of healthcare culture on the implementation of nursing research findings

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Many aspects of nursing and the implementation of nursing research findings have been influenced by the development of present health care culture. Four interconnected aspects of societal culture have been identified as influential. 'Gender' and 'Power and Professionalism' are irrevocably connected, the effects of the latter evolving from gender role development. The female role continues to be perceived as domestic, nurturing and sensitive. That of the male as intelligent, decisive and dominant. Historically medicine was dominated by autonomous female 'healers' however last century nurses became oppressed by the male dominated medical profession and continue to exhibit oppressed group behaviour.

'Management Policies' and philosophies at all levels have been demon-