Conclusion: The Lifestyles Inventory was useful in appreciating particular characteristics of each nurse and where their strengths and weaknesses lay in the workplace. This appreciation sensitised work situations in which there is a potential role for conflict, possessiveness and misunderstanding of role boundaries.

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## The development and implementation of a clinical pathway for the diagnosis and staging of lymphoma

K. Vanhaecht<sup>1,2</sup>, W. Sermeus<sup>1,2</sup>, R. Paridaens<sup>2</sup>, J. Thomas<sup>2</sup>. <sup>1</sup>Center for Health Service and Nursing Reseach, Catholic University Leuven, Leuven, <sup>2</sup>University Hospitals Leuven, Catholic University Leuven, Leuven, Belgium

**Purpose:** Lymphoma are diagnosed and staged based on clinical, radiological and histological information, usually collected during a hospital stay. A clinical pathway aims to improve the cooperation between the various health care professionals in reaching this objective in an effective and efficient way.

Methods: A quasi-experimental study design, with pre- and posttest, has been used. The effect of the pathway upon some process- and outcome variables has been analysed. The process variables under study are: time between the prescription and execution of the diagnostic procedure and the variance to the clinical pathway. The outcome variables are: length of stay, diagnostic interval, anxiety, patient satisfaction and nurses job satisfaction. Sample size is 15 patients. The study is conducted in an oncology ward of the University Hospitals Leuven. Before implementation a pretest was performed. After implementation a posttest was performed. Job satisfaction was measured by 10 nurses in the pretest and 8 nurses in the posttest. Both groups (patients and nurses) were comparable regarding demographical characteristics.

**Results:** There was no significant decrease in timespan between prescription and execution of the diagnostic procedures. The variance to the pathway was due to overcrowding of the technical units. There was a significant decrease in length of stay from 6.9 to 5 days (p < 0.05) and a significant decrease in diagnostic interval from 9.7 to 5.2 days (p < 0.05). The anxiety score (STAI-DY-1) decreased from 53.4 to 41.5 (p = 0.02). Patient satisfaction concerning patient information increased significantly (p = 0.007). Nurses' job satisfation increased significantly after implementation of the clinical path (p = 0.02).

Conclusion: The implementation of the clinical pathway resulted in better outcomes for patients, nurses and the organisation.

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## Fatigue in cancer, a new education course for nurses

H. Hummel, R. Rietema, G. Vaessen. Comprehensive Cancer Centre Noord-Nederland (IKN); Acade Groningen; Hogeschool Limburg, Netherlands

Introduction: Fatigue is a complaint that occurs sooner or later in every patient who suffers from cancer. It is an overwhelming symptom that affects quality of life. Attention for this fatigue is an important part of oncology nursing practice. To provide this care, in depth knowledge of all aspects of fatigue (from causes to treatment) is essential. On basis of this knowledge and insight, this creates a bases for the nurse to develop nursing interventions.

Objective: Since 1998, under the auspices of the Dutch Oncology Nursing Society (VvOV), a new education course has been developed together with a group of experts. The study material will become part of the curriculum of the post basic course in cancer nursing, the course can also be used as an refresher course for oncology nurses.

Results: The study material will be given in provisional form as a pilot in April and May 1999 to a group of students taking the post basic course of cancer nursing and as training for nursing specialists in oncology in the IKN area. The definite version will be produced on the basis of evaluation of the pilots studies. In September 1999 a train-the trainer course will be organised for representatives of the training schools and for professional promoters of the comprehensive cancer centres to teach them how to apply the study material.

Conclusion: From September, training schools providing the post basic course in cancer nursing, as well as the comprehensive cancer centres, can offer their target groups knowledge of 'fatique in cancer' in a structured way, according a clear-cut outline programme.

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## Hospice as a resource centre pilot project. Nursing staff education in the principles of palliative care in private nursing homes

L. Fergus<sup>1</sup>, S. Munroe<sup>2</sup>, M. McGill<sup>1</sup>, I. Paterson<sup>3</sup>. <sup>1</sup>Marie Curie Centre, Nursing, Glasgow; <sup>2</sup>Marie Curie Centre, Administration, Glasgow; <sup>3</sup>Marie Curie Centre, Research, Glasgow, United Kingdom

Acknowledgement to the Nursing Home Steering Group.

Hypothesis: Involvement of the specialist palliative care team in education and training will illustrate a change in palliative care awareness of nursing home staff, improvements in patient care and increased confidence in nursing home staff providing palliative care.

**Purpose:** The two year pilot project will evaluate the effectiveness of an education and training needs assessment and development of the education/training package in the principles of palliative care in 14 Glasgow Nursing Home Association nursing homes in the Greater Glasgow area.

Summary: An education/training needs assessment questionnaire was developed, piloted and distributed to over 460 nurses in the participating nursing homes. Formal and informal education programmes were developed taking into account the stated needs of each individual nursing home. Two trained nursing staff from each home volunteered to be further educated and trained in the principles of palliative care and to disseminate and facilitate the education of the remaining trained and untrained nursing staff in their nursing home. There was development of palliative care protocols and guidelines and each education session was evaluated. There is also continual monitoring and audit of referrals for specialist palliative care advice and palliative care patients requiring transfer to hospital or hospice.

Conclusion: Data collection is ongoing. All new data will be presented at the conference.

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## Recovery & stability, health promotion and rehabilitation for cancer patients

B.C.M. Gijsen, J.M.J. de la Fonteijne, H.W. van den Borne, J.W.S. Vlaeyen. Comprehensive Cancer Centre Limburg; University Masstricht/Institute Rehabilitation Research, Natherlands

**Purpose:** Cancer is considered more and more as a chronic disease and survivors need appropriate support at their rehabilitation. The Comprehensive Cancer Centre Limburg recognised this actual need of cancer patients and developed, in cooperation of two rehabilitation centres, a health oriented program for cancer patients.

**Methods:** In November 1996 the first pilot started and since then groups of 12 to 18 cancer patients (in remission) followed the program consisting of a fysical and psychosocial component:

- an individual tailored fitnesstraining, based on the theory of graded activity:
- a group-exercise program and body-education in the water, aimed at decreasing kinesiophobia;
- relaxation and thematic group-education, aimed at increasing self-esteem and general feeling of control.

In week 0, 6 and 13 the participants were tested on variables as fatique, quality of life, kinesiophobia, medical consumption.

Results: Up to now (April 1999) about 150 patients have participated in the program. Of them 3/4 is female, the age range is 25–75 years. By September 1999 the results of the participants will be available. The first analyses show a significant improvement in quality of life regarding fysical, psychosocial condition and a decrease of fatique.

Conclusions: The participants consider the program as very beneficial for themselfs and cancer patients in general, and of high quality. The first results show significant effects on the quality of life and condition of cancer patients. This may indicate the program is an important after care intervention in oncology nowadays. An experimental study will be caried out in the next years. Of the program a protocol and an educational course for trainers are developed to support the implementation of the program in other institutes.