team which provides health care. Only by increasing the nurses satisfaction degree may be possible to achieve better quality in nursing care.
There are several theories about motivation in the workplace, some sharing the same similar basic characteristics. Despite their differences on specific aspects, they all coincide in some fundamental ideas, especially in their recognition that the world moves towards a more personal administrative line, which recognizes in human being, by both nature and vocation, the capacity to grow and achieve itself through work.
With this study we attempted to analyze the factors which promote motivation/satisfaction for nurses of the General Surgery Department and the Medical Oncology Department, at the Portuguese Institute of Oncology (IPO), in Lisbon.
Since the objective is to recognize what factors of motivation/satisfaction were identified by the nurses from the General Surgery Department and Medical Oncology Department, we chose to undertake a qualitative, analytic, exploratory, descriptive and transversal study. The data collection instrument used was a questionnaire, with further reflection and analysis of the given answers in order to collect the advantages and information of their content, both subjective and qualitative.
Conclusion: The factors of their motivation/satisfaction are related to the quality of their interpersonal relationships, to the degree of enthusiasm of their daily activities, not forgetting the high degree of responsibility they're given, which leads to a deepening of their knowledge and constant intellectual challenge. Also, the recognition of the usefulness and value of their work, both by patients and family, and by peer leadership is extremely important. Finally, the overall competence of their management and organization and their own work schedule contributes to a higher sense of motivation.
Organizations should motivate their employees, examining their policies about the following aspects: working conditions and comfort; hierarchical interpersonal relationships; technical expertise of managers; wages and job security. The establishment of goals and the increase in personal responsibility, along with a bigger number of challenges, should also contribute to the general sense of satisfaction at the nursing workplace.

4245 POSTER

Cooling of the Scalp to Prevent Anticancer Chemotherapy-induced Alopecia

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Background: Hair loss is a common, unavoidable side effect of chemotherapy. This work was performed to evaluate the role of scalp cooling in reducing anthracycline- and taxanes-induced hair loss and its impact on Quality of life (QOL).
Methods: There were 20 females with breast cancer enrolled into the study. Patients received anthracycline-containing regimes (n = 5, group 1), taxane-containing regimes (n = 8, group 2) and the combination of taxanes and anthracyclines (n = 7, group 3), on 1st line of chemotherapy. As the cooling system DigniCap™ was used. Cap was cooled to 5.5°C. The cap had been applied 25 min. before, during chemotherapy and 2.5 h after infusion. In group 1 the total procedure time averaged 4 h, in 2 group − 6 h and in 3 group − 8 h. The criteria of portability: the evaluation was conducted on 5-point (p.) scale, 5 points − the absence of discomfort, 4 − low degree of discomfort, 3 − average, 2 − high, 1 − refusal of the procedure. Evaluation was performed every 2 cycles of chemotherapy.
Results: the total number of chemotherapy cycles was 58. In the 1th group, the use of the cooling cap completely prevented the development of alopecia (100%), tolerability of cooling before chemotherapy was an average of 4.5 p., during chemotherapy − 5 p., after infusion − 5 p. There are 4 patients had no signs of alopecia in the 2d group, the remaining 4 patients noted only grade I (CTCAE v3.0) alopecia (50%), tolerability of cooling before chemotherapy was an average of 4 p., during chemotherapy − 4.5 p., after infusion − 4.5 p. There are 2 patients had no signs of alopecia (29%) in the 3d group, and 5 patients had grade I (CTCAE v3.0) alopecia (71%), tolerability of cooling before chemotherapy an average of 4 point, during chemotherapy − 4.5 points, after infusion − 4 points. There were no patients with total alopecia. Thus, the use of cooling cap prevented alopecia in 55% of patients, and they did not need to wear a wig. Side effects and discomfort of cooling, associated with the use of cold cap, were not registered.
Conclusions: Using of the cold cap can effectively prevent alopecia during chemotherapy.

4246 POSTER

Status Report on Supportive Care in Breast Cancer Patients

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Issues: Social stigma, Fatigue, sexual dysfunction, Sleeplessness, depression, pain commonly seen in Breast-cancer-sufferers. Palliative inaccessible in rural/tribal areas. Hence our NGO nurses took initiatives to help alleviate suffering of women with Breast cancer since October 2005.
Objective: Around 53 women die each year from breast cancer. Of these statistically over 90% express sexual-dysfunction, 68% experience unbearable-pain; 70% suffer social neglect/humiliation 64% had depression. Importance of spirituality/religion in coping with terminal-illness is increasingly recognized Hence Our NGO-nurses involved community-leaders to make more women involved in our spiritual healing sessions.
Methods: We surveyed 84 women suffering from breast-cancer through QOL-questionnaires. After 22 weeks therapy with psychosocial support. Counseling & palliative care with anti-depressants/pain-killers/nutrition, QOL improved to statistically significant level. Requirement of palliative care evaluated using methodology suggested by Oncologists. Traditional faith-healers involved for more psychological impact on patients community. Community leaders involved to reduce social stigma/discrimination among community.
Results: Our NGO-nurses that 20 specialist palliative care beds required for our Rural/tribal population of 6,000,000. 64% women expressed that religious/community support/faith was most important factor that helped them to cope with breast-cancer. higher scores of QOL (ANOVA $p < 0.001$) correlated with lack of sexual dysfunction/pain. Our NGO-initiative suggests that over 70% patients will need well trained specialist for home-based-care unit.
Conclusions: Life-span/QOL of breast cancer-sufferers depends on social acceptance & appropriate-palliative-care. NGO-personals should be trained in Palliative-care-services. Field of Spiritual/psycho-social/community support is fertile ground for further investigations. We need focused platform like ECCO-ESMO-2011 to discuss our project ideas/concerns/difficulties with senior researchers.

Poster Presentations
Nursing Oncology − Survivorship and Rehabilitation

4247 POSTER

What Do Patients Think About Telephone Aftercare?

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Background: The National Cancer Survivorship Initiative Vision in the UK calls for a shift from the traditional medical model of hospital follow-up for people with cancer to developing alternative strategies that demonstrate real patient benefit and promote self management. Telephone aftercare is one such alternative approach. We have conducted randomised controlled trials (RCT) to demonstrate that telephone aftercare by specialist nurses is beneficial in breast and colorectal cancer, shifting the focus from searching for signs of recurrent disease to meeting the information and support needs of patients using a structured telephone intervention. While RCTs provide evidence of effectiveness, integrating qualitative research into RCTs allows in-depth analysis of how complex interventions work and the perceived impact.
Methods: This paper present findings from two qualitative studies run alongside RCTs that aimed to examine patient and specialist nurse views on which aspects of telephone aftercare were beneficial and which aspects were unhelpful. Interviews were conducted with 28 patients with breast cancer, 26 patients with colorectal cancer and five specialist nurses; all had either received or delivered telephone aftercare. Content analysis was used to analyse interview data.
Results: All patients found telephone aftercare to be a positive experience, comparing favourably with hospital follow-up. The structured intervention was well received and patients felt confident that all relevant questions had been asked and answered and nothing had been "missed". Patients reported telephone aftercare as convenient, economical and more "normal" than attending hospital outpatient clinics, providing continuity of care and carer. Specialist nurses reported the high level of skill, knowledge and confidence required to deliver the intervention. Specialist nurses perceived that, unlike hospital outpatient care, telephone aftercare met individual needs and prepared patients for discharge back to the care of general practitioners.
Conclusions: The addition of qualitative methods to RCT's of complex interventions advances our understanding of how interventions work. Important information was gained on which aspects of the intervention were valued, complementing studies aimed to demonstrate effectiveness of the intervention. We gained useful insights into how the intervention could be implemented into everyday clinical practice.