

amount of effective CAM interventions will be briefly examined, linking all above with the implications for nursing practice and research.

Proffered papers Nursing research

1560

ORAL

Supporting the family: a feasibility study to develop and evaluate a nursing intervention

H. Plant¹, S. Moore¹, A. Sherwin¹, J. Medina², E. Ream², A. Richardson².
¹Guy's and St Thomas' Hospital NHS Trust, Cancer and Haematology, London, United Kingdom; ²King's College London, Florence Nightingale School of Nursing and Midwifery, London, United Kingdom

Background: Cancer engenders complex emotional and social reaction both in the patient and those close to them. Families may provide crucial support, yet their own distress may be as great as that of the patient. National guidance in England and Wales recommends services to support family and carers. However, it remains unclear exactly what the family's needs are, or how health care professionals might address them. This feasibility study aimed to develop and evaluate an effective and acceptable supportive nursing intervention for families and carers of people with lung cancer.

Methods: Family members of 20 people with lung cancer (n = 25) received an individualised supportive intervention from a Clinical Nurse Specialist (CNS). This involved an initial semi-structured 'assessment of needs and experiences' interview which allowed participants to articulate their concerns and explore how they were affected by their loved one's cancer. At the end of the interview a tailored plan of on-going support addressing informational, emotional, social and practical need was drawn up. To evaluate the intervention: family members completed 4 questionnaires assessing need, quality of life and emotional well-being at baseline and three months later. A semi-structured telephone interview was undertaken three months from the inception of the intervention to determine the participant's views. The CNSs kept a log of the frequency and nature of all contacts and undertook two taped reflective sessions about their experiences during the study. A final taped focus group with the CNSs will be conducted to allow detailed discussion on the process, outcomes and utility of the intervention.

Results: All participants have completed the initial assessment and collection of data at the 3 month point is ongoing. The nurses have completed two taped reflective sessions. Preliminary content analysis of the nurses' data suggests the key components of the intervention include acknowledgement, listening, information, monitoring, continuity and facilitating access to the healthcare team/system. The taped interviews with the family members reveal they have felt supported through a combination of emotional support and information.

Conclusions: Preliminary analysis indicates that a supportive intervention for families of people with lung cancer can be delivered by experienced nurses. In this feasibility study we have distinguished the active components of the intervention.

1561

ORAL

Older people's perceptions about information, decision making and treatment following a diagnosis of cancer

N. Kearney¹, Z. Choulirara², D. Stott³, A. Molassiotis⁴, A. Worth¹, C. Twelves⁵, G. Hubbard¹, M. Miller¹. ¹Cancer care Research Centre, Department of Nursing and Midwifery, University of Stirling, United Kingdom; ²School of Social Sciences Media and Communication, Queen Margaret University College, Edinburgh; ³United Kingdom Department of Geriatric Medicine, University of Glasgow, School of Nursing, University of Manchester, United Kingdom; ⁴School of Nursing, University of Manchester, United Kingdom; ⁵University of Leeds, United Kingdom

Background: Several studies have identified inadequacies in the care and treatment received by older patients with cancer as opposed to their younger counterparts. These include under diagnosis, ineffective symptom management and lower survival rates in older people with cancer. Despite these problems, there is little research on older peoples' perspectives regarding their cancer diagnosis and treatment. This study aimed to identify and describe the experiences of older people with cancer, regarding their diagnosis and treatment for cancer, and to develop a clinically meaningful framework for practice with such patients.

Materials and Methods: A purposive sample of 41 patients in total, were recruited from a specialist cancer centre (n = 24) and a care of the elderly unit (n = 17). Single, semi-structured interviews were conducted in

the hospital with each patient. Patients' cognitive and physical status, at the time of interview, were assessed using standardised clinical measures (the Mini-Mental State Examination and the 20-point Barthel Activities of Daily Living Index). Socio-demographic and medical information were noted from casenotes. Data were analysed using framework analysis.

Results: The analysis identified key themes in relation to older people's experiences of a cancer diagnosis and treatment, including: trust in health professionals, information and understanding, treatment expectations, experience of side effects, hopefulness and despair. Trust in health professionals was a core belief, which appeared to underpin the whole experience of cancer for older people. On the basis of these themes, a framework, consisting of strategies for clinical practice and decision making has been developed.

Conclusions: The findings highlight the issues that should be considered by those working with older people with cancer, which has led to the development of strategies for strengthening service delivery. Such findings have important implications for clinical practice and leadership, future research and the educational needs of health professionals.

1562

ORAL

The early diagnosis of severe sepsis in the person with cancer: a study exploring the use of nursing knowledge and intuition

S. Dolan¹, N. Pattison², P. Wainwright². ¹Royal Marsden Hospital, Critical Care, London, United Kingdom; ²Kingston University, Nursing and Health Sciences, Kingston, Surrey, United Kingdom

Central to this doctoral research study is the belief that cancer nurses working in the general ward setting often recognise the early changes that may signify an acute deterioration in the patient's condition. This belief is based on many years of clinical experience receiving referrals from ward nurses, and increasingly so in the last four years during work with the Cancer Critical Care Outreach team. There can however be a gap between this recognition and an appropriate multidisciplinary rescue strategy. An important part of this study is the attempt therefore to explore this knowledge and the reasons for this gap and where it may be based on lack of confidence or lack of knowledge to increase both using dedicated teaching sessions on every ward area.

This study is being undertaken at a time when there are growing challenges for the ward nurse who has to navigate a complex array of professionals, agencies and patient and family needs, with increasingly sicker patients on their general wards who are more likely to deteriorate more quickly and this is all with a background of acute nursing shortage (Cohen et al 1994, Wilkinson 1995, Meleis 2005). There are also growing technological changes particularly in cancer care, and an increase in the public's expectation of their care. Finally people with cancer in common with other people experiencing chronic illness are often well educated in their disease, it's monitoring and treatment, this can be seen as a challenge or as an asset, but is often daunting for the nurse or doctor who is new to cancer care (Paterson 2001, Korig 2002, Tattersall 2002, Wilson 2002).

The study is a mixed methods study including the use of face to face qualitative interviews and pre and post intervention tests for over 300 nurses. 400 patients are also recruited to another arm of the study which involves testing for an immunological predictor of severe sepsis – Procalcitonin.

The results of this doctoral study will be presented and recommendations made for changes in practice and for future research.

1563

ORAL

Peripherally inserted central catheters and implanted ports. A retrospective analysis of the complication rates and evaluation of associated costs

V. McInerney¹, M. Keane², D. O'Donovan³. ¹University College Hospital, Haematology/Medical Oncology, Galway, Ireland; ²University College Hospital, Medical Oncology, Galway, Ireland; ³National University of Ireland, Dept. of Health Promotion, Galway, Ireland

Background: Reliable central venous access is necessary in the management of patients receiving chemotherapy. Institutions differ in terms of venous access device used.

Peripherally Inserted Central Catheters (PICCs) have become a popular choice as they are more readily inserted and are generally regarded as safe. Implanted ports present with fewer complications and can be left in place long after treatment is finished.

The aims of the study were to: (1) examine and compare the complication rates of Peripherally Inserted Central Catheters and Implanted Ports in patients receiving chemotherapy for solid tumours and (2) evaluate the associated costs.

Methods: A retrospective review of case files from 114 subjects with solid tumours with a total of 138 PICC line or implanted port was conducted. Subjects were selected from two major cancer institutions in Ireland.