

responsibility for their own health. Alternative models of follow-up care need to be evaluated that address patients needs and concerns rather than the current approach of searching for recurrent disease. Specialist oncology nurses have the necessary skills and expertise to develop this area of service provision and practice.

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ORAL

Can we move to a paperless patient information system?

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Background: Adequate patient information is now a fundamental humanitarian right for all patients attending oncology units. Better informed patients are more satisfied, have improved compliance and better psychological well-being. Written information materials can become inflexible and hence the risk of being irrelevant to patients needs. We are investigating whether it would be feasible to move to an internet only system.

Methods: Every two years, for the last 6 years, we have performed an audit enquiring whether patients have easy access to the internet, either at home or in the office. A questionnaire was handed to patients in the outpatients department of the Primrose Oncology Unit to 100 consecutive patients over a one week period in the spring of 2005, 2003, 2001 and 1999. 90 (90%) patients returned this year's questionnaire (41% female, 59% male, <40 yrs 6%, 41–59 yrs 36%, 58% >60 yrs). Over the same period we have developed and expanded our patient information website www.cancernet.co.uk which archives the peer reviewed 1–3 page patient information sheets for the commonly used chemotherapy, radiotherapy, immunotherapy and hormone therapies, together with advice on diet, exercise, research trials, international support groups, etc. Up to now, we have been printing out the relevant patient information pages for each patient, and inserting them into a hand-held file on computer terminals available in the out-patients chemotherapy and radiotherapy suites. Although this ensures a bespoke information system for patients, it does require nursing resources and printing expenses.

Result: The proportion of patients who have access to the internet has increased from 11% in 1999 to 23% in 2001 29% in 2003 to 51/90 (57%) 2005. The proportion of patients with access to the internet is equal between male and female, but highest in patients less than aged 40 yrs 96%, next 41–60 (88%), the least highest >60 (30%).

Conclusions: This data has confirmed that it is feasible to start a study evaluating paperless information provision in over half the patients attending an oncology unit. Instead of us printing out the individual sheets patients could be given the URL's for each page and print them out themselves at home. Our planned study will compare satisfaction and cost effectiveness between a paperless and paper rich system, within those patients who indicate they have internet access.

References

[1] Cancer treatment information online www.cancernet.co.uk

Poster session Nursing research

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POSTER

Occlusion in totally implantable vascular access devices: what is its incidence and what actions do nurses take to restore patency?

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Background: Totally implantable vascular access devices (TIVAD) are considered safe and reliable for the administration of intravenous therapies, including chemotherapy and blood sampling. They provide direct vascular access through a simple percutaneous puncture. However, in order to avoid paravenous injection, it is mandatory to check for blood withdrawal before administering medication: this simple procedure confirms both the system's patency, correct needle position in the chamber and the catheter tip's intravascular location. This study's objective was to evaluate the incidence of partial and total blood withdrawal impairment in TIVADs directly after accessing the port system.

Material and Methods: From November 2003 to March 2004, nurses from 20 hospitals in Flanders (Belgium) agreed to take part in a prospective

cohort study and collect data on TIVAD access procedures in cancer patients. In case of blood withdrawal problems or device occlusion, they recorded all actions needed for diagnosing the cause of the problem and restoring patency. In each hospital, TIVAD maintenance and solutions for troubleshooting were performed according to individual institutional protocols.

Results: The data included 8685 accesses in 2853 patients. The incidence of blood withdrawal occlusion and total occlusion were 11.11% and 0.24% respectively. Overall incidence varied between hospitals from 3.05% to 28.37%. Nurses restored full device patency in 53.25% of cases, mostly by changing patients' position or intrathoracic pressure, additional flushing and repositioning of the Huber needle in the port septum. In 83.51% of persistent occlusions, no further investigation into the cause of the functional impairment was undertaken. Thirty-one events of occlusion (3.14%) were treated by thrombolytics or device replacement. Altogether, blood aspiration was regained in 55.17%.

Conclusions: Withdrawal and total occlusion problems occurred in 11.35% of TIVAD access and were resolved by nurses' interventions in 53.25% of cases. The incidence expressed in function of the number of punctures reflects accurately the impact of this problem in daily practice. The differences between hospitals revealed that prevention of occlusion and established protocols for maintenance or troubleshooting solutions are important factors to maintain optimal TIVAD patency and deserves further analyses.

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POSTER

I am well, apart from the fact that I have cancer, which is fatal, but that's a different story – living with bodily problems as narrated by men with advanced prostate cancer

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Prostate cancer is the most frequent form of male cancer in Sweden, and in 2003, more than 9,000 men in Sweden were diagnosed with PC, the majority being >70 years of age. Having advanced prostate cancer means living with considerable bodily problems, a living we know little about. Thus, the aim of this study was to illuminate meanings of living with bodily problems, as narrated by men with advanced metastasized hormone refractory prostate cancer (HRPC). Eighteen participants from northern Sweden (md: 72.0 years) were interviewed and the text analyzed using a phenomenological-hermeneutic approach. Findings show that pain and fatigue was the major problems and has different meanings. Pain symbolizes a painful death, a threat of death in agony, while fatigue is more of an emissary of death, representing the natural course of death, and is experienced as less threatening than pain. However, fatigue was the hindrance in the present that could be done little about. Findings also show that meanings of living with bodily problems are to live in a circular movement between experiencing wellness and experiencing illness. New, or changed, bodily problems mean losing wellness and experiences of being ill. When understanding, and being in some kind of control of, bodily problems, it is possible to reclaim wellness and to again experience oneself as being well. In other words it is possible to experience wellness despite being gravely ill and bedridden. One clinical implication for nursing is the risk of obstructing the patients' possibility to reclaim wellness by focusing on symptoms and disease. To experience wellness the ill person must find meanings of the bodily problems and thus construct a new understanding of the illness. High-quality biomedical and complementary interventions are of obvious and immense importance in this struggle. However, of paramount importance in this process is also the narrative, that is, the process of telling the story of, and reflecting on, one's situation. By telling the story of one's bodily problems it becomes possible to understand and ascribe meaning to the problem, and by this hopefully, gain some kind of control of one's situation and be able to once again perceive oneself as well, and life as normal despite the disease.

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POSTER

Newly diagnosed Greek lung cancer patients' quality of life and symptom distress: comparison of patients and their partners perceptions

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Background: The purpose of this study is the comparison of Greek lung cancer patients' and their partners' perceptions about patients' quality of life and symptom distress.

Material and Methods: All newly diagnosed with lung cancer patients admitted at six oncology clinics in the metropolitan area of Athens in a year

period were approached. The sample ($n = 39$) consisted of patients who had not received any cancer therapy yet and their partners who consented to participate.

Couples were assessed, on the same day in separate rooms. European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and LC13, Symptom Distress Scale (SDS), and Partner Relationship Inventory (PRI) were the instruments completed by all participants.

Results: 97.4% of the couples were married (mean duration of relationship 31 years). 94.9% of patients (mean age \pm SD: 60.26 ± 8.23 years) were male with advanced disease and metastasis (59%). However, only 43.6% were aware of their diagnosis and just 10.3% of the existence of metastasis. Contrary most partners (mean age \pm SD: 54.95 ± 9.17 years) were aware of patients' diagnosis (76.9%) and metastasis existence (46.2%).

Most of the participants described that patients experienced low symptom distress for the 12 of the 13 scale items. Almost half of the patients (51.3%) and most of their partners (84.6%) reported that they experienced high outlook distress. Partners estimated sufficiently patients' symptom distress with SDS scale. Although differences were observed between patients and partners reports about patients symptoms distress, statistically significant difference was found only for patient outlook distress ($p = 0.00$).

Partners also evaluated sufficiently patients' quality of life. Twenty six subscales of the EORTC scale were examined but statistically significant differences were observed only in the fatigue subscale ($p = 0.030$).

PRI measurement showed that most of the couples have a great conflict in their relationship. The majority of partners estimated that their relationship was better than patients did. Patients with poor quality relationships reported worse symptom distress and poor quality of life. Contrary to patients, partners perceptions of their relationship were not correlated with their perceptions of patients' symptom distress and quality of life.

Conclusion: There was an agreement between patients' and partners' perceptions concerning patients' symptom distress and quality of life independently of couples' relationship.

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POSTER

A multi-method evaluation of the prostate cancer charity specialist nurse programme

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Background: Prostate cancer is a significant health burden and, whilst now being detected and treated earlier, represents a challenge to the provision of effective supportive care. The central role of nurses in developing, facilitating, co-ordinating, and delivering care has been acknowledged, both in cancer care generally, and urological cancer specifically. Recent evidence (Corner 2003) has emerged on differences specialist nurses can make to improve the experience of diagnosis and treatment for people with cancer. Although this has led to innovative nursing care, the role needs to be rigorously and critically evaluated before widespread implementation (Wilson-Barnett & Beech 1994).

Materials and Methods: This paper reports findings to date from patient interviews conducted as part of an ongoing larger study evaluating the Prostate Cancer Charity Nurse Specialist (PCNS) programme. The programme currently has 4 PCNSs across the UK. Its evaluation compares sites that do/do not have a PCNS. A combination of methods are being used to detail PCNS's role and describe their impact on patient experience and quality of care they receive. Case studies, incorporating a series of interviews with 40 patients who have had contact with a PCNS, are in progress.

Results: Analysis of the first wave of interviews ($n = 40$) presented in this paper revealed a number of themes on service provision and the role of the PCNS within it. Patients reported PCNS provided several types of support: psychological, social, physical and informational. They also described psychological support PCNSs provided their relatives. Patients saw PCNSs as operating in multiple roles, ranging from administrator to 'guardian angel'. They were seen as an information giver, arranger of appointments and tests, and advisor on symptom control. PCNSs also performed a crucial role in communicating information and advice to patients in an understandable way. Respondents perceived PCNSs had time to discuss diagnosis and decision-making and build rapport with patients.

Conclusions: The interviews illustrated different ways of working adopted by PCNSs in response to patients need; these were often highly individualised and exemplified a two-way process between patient and nurse. These operated along a spectrum from administrator to facilitator of complex emotional support, both to patients and families. Further work needs to be undertaken to understand how such relationships evolve.

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POSTER

Evaluation nursing care in elderly breast cancer patients treated with tamoxifen

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Introduction: The fundamental purpose of nursing research is to improve the quality of patient care through the provision of knowledge for practice and the incorporation of substantiated and relevant research into practice. Nursing staff was trained in proper of giving verbal instructions and a written leaflet to the patient and his family which can improve coping and reduce anxiety. Tamoxifen is the standard hormonal treatment in breast cancer patients. Although it is generally well tolerated in old population, but it could cause several adverse events.

Aim: The aim of this presentation is to analyze subjective adverse events important for nursing care and possibilities of nursing interventions and practice.

Methods: We have investigated a group of 30 outcome patients which was treated with tamoxifen for period from 2002–2003 year. The group consisted of female patients, histologically verified breast cancer, aged from 65–75 years. During the treatment we used data from hospital files of disease and data from oral interview, completed by patients subjectives. Furthermore, adequate communication and cooperation with the patients family helped us.

Conclusions: The theoretical model of the care of cancer patients was constructed on the basis of existing knowledge. The rationale for patients information/education was that the patients and family have a right to be adequate informed as part of an integrated cancer care delivery.

The obtained data suggested following conclusions:

- Tamoxifen was generally well tolerated in elderly breast cancer patients.
- Personal feeling about their symptoms.
- The appropriate information and continuous discussion about adverse events could change the patients personal perception of their own quality of life.

The needs for information are one of the most frequently cited self perceived needs identified by cancer patients and their families. Our research showed that there was a positive correlation between the patients level of being informed and nursing staff.

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POSTER

Research in the field of oncology nursing in Brazil: indicators for professional practice

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This is a study for classification of the production of knowledge related to oncology nursing, within the scope of the integrated research project "Production of Knowledge in Oncology Nursing: Bases for Management and Care-related Models", being undertaken in the context of the Research Group Management of the Care Process in Oncology Nursing and of the Group Research Line and Epistemological Studies for Nursing, both registered at the Universidade Federal do Rio de Janeiro and enrolled in the Directory of Research Groups in Brazil – National Council for Scientific and Technological Development (CNPq – in Portuguese). The main idea guiding the study focuses the interest of the nursing activity as concerns the specificity of the knowledge produced in the dimensions of the art of caring and of the formal requirements for the nurse's performance. In addition to that, coherent answers have been sought for nursing knowledge committed to the internality of the profession and as directed to pedagogical and care practice. On designing the study, the following goals were set forth: identifying oncology nursing journals in the period from 1994 to 2004; pointing out the nature of the focused themes, the theoretical-methodological framework, and epistemological aspects of interest in those journals; and analyzing the contribution made by the studies to evidence that outlines management and care-related models in oncology nursing. The theoretical-methodological reference parameters of this study is linked to a methodology of epistemological categorization for research in nursing. Three journals were used as data sources: the Brazilian Journal of Nursing, the Latin-American Journal of Nursing, and the Brazilian Oncology Journal. The sample consisted of 88 articles. The results have shown the regular periodicity of publication in the time frame under study, with increased production from 2002 on. Regarding the nature of the articles, the emphasis points to research, followed by articles on experience/case review, reflection, and reporting. The main thematic contents centered