

diagnoses and interventions in explaining and predicting nursing workload was evaluated.

About 70% of nursing diagnoses concerned the nutritional-metabolic, the activity-exercise and the self-perception/self-concept Functional Health Pattern (Gordon). About 50% respectively 30% of nursing interventions concerned the physiological and behavioural domains (care interventions that support psychosocial functioning) of the Nursing Intervention Classification (McCloskey & Bulechek). On average 8 nursing diagnoses were made and 25 nursing interventions were performed. The subjectively experienced workload was relatively low. Nursing care time was relatively short. Experienced workload and nursing care time were only moderately correlated. Item reducing statistical techniques reduced the 135 nursing diagnoses and interventions to a limited set of 20 nursing diagnoses and 22 nursing interventions. The 20 nursing diagnoses explained 51% and 30% of the variance in nursing care time and subjectively experienced workload respectively. The 22 nursing interventions explained 70% and 58% of the variance in nursing care time and subjectively experienced workload respectively. These sets of nursing diagnoses and interventions were identified as independent predictors of nursing workload in a clinical oncology patient population.

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ORAL

### **Intravenous (IV) chemotherapy training needs for nurses in Scotland's largest NHS trust**

G. Chadwick. *Beatson Oncology Centre, Specialist Nurses, Glasgow, Scotland*

North Glasgow University Hospitals NHS Trust (NGT) is the largest NHS Trust in Scotland covering a population of up to 3 million people. The area of Greater Glasgow has the highest incidence of cancer, in particular, lung cancer, in the Western world. Chemotherapy is a frequently used treatment modality for all types of cancer - haematological and solid tumours.

It has been recognised that IV chemotherapy is administered to increasing numbers of patients year on year by nurses. It was unclear however what level of education and training these nurses had in relation to this treatment. A need assessment was devised and carried out to ascertain the training requirements of nurses involved with chemotherapy.

More than 130 questionnaires were distributed to all clinical areas within the Trust to discover the level of chemotherapy activity in each area and which disciplines of staff were involved with the its administration. Supplementary questions were to find out the education and training on specific

chemotherapy issues accessed, or otherwise, by nurses and what guidelines were followed.

Replies from 126 areas indicated a large number of areas administering chemotherapy, by a variety of routes. Few nurses had attended specific training for safe chemotherapy administration. A training programme for nurses involved with high usage of chemotherapy is being developed. Full details of the needs assessment findings and training/education required will be presented.

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ORAL

### **A Delphi survey of research priorities in European oncology nursing**

L. Robinson, N. Browne. *King's College London, The Florence Nightingale School of Nursing and Midwifery, London, UK*

**Purpose:** A Delphi survey was begun in order to reach a consensus on the research priorities for European cancer nurses. The survey is currently being undertaken as the importance of establishing a framework of strategies for cancer nursing research, that outlines key areas for focus has been repeatedly highlighted. The study has been funded by the EONS, with the intention being to reflect the issues of importance to its members. Thus, it is part of the EONS strategy to contribute to the accumulation of evidence-based cancer nursing knowledge.

**Methods:** The study takes the form of a Delphi survey, comprising 3 phases. The method was selected because of its consistent use over time in studying oncology nursing research priorities. Additionally, it has allowed the efficient and effective combining of expertise from a group of geographically dispersed experts. The survey was begun at the 2nd EONS Spring Convention when European cancer nurses were approached to complete the phase 1 questionnaire. This initial sample was then widened to allow a greater diversity of European representation, by approaching the cancer nursing societies of Belgium, Denmark, France, Italy, the Netherlands, Spain and Sweden to further distribute this questionnaire.

**Results:** The phase 1 returned questionnaires have been analysed and a second questionnaire is currently being developed. It is anticipated that this questionnaire will be sent out to participants in May, and that results will be available by August.

**Conclusion:** Conclusions will be drawn regarding the priorities for future cancer nursing research focus and the level of consensus amongst oncology nurses across Europe on this issue. Additionally, recommendations will be made in terms of how these priorities may be met in the future.

## **Interactive Symposium**

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### **Overview of EONS Educational Initiatives**

N. Kearney. *Head of School, Nursing and Midwifery School, University of Glasgow, Glasgow, Scotland*

Education is arguably the key to developing cancer nursing in Europe and consequently improving patient outcomes. Given the current disparity which exists across Europe in relation to cancer nursing education there is an urgent need to consider educational initiatives that can traverse professional and cultural boundaries. The growing recognition of the need for educated nurses to deliver increasingly complex care further enforces the need for appropriate educational opportunities for cancer nurses in Europe. The European Oncology Nursing Society (EONS) has been at the forefront of developing educational initiatives in Europe and has presented a number of models for use by nurse educators and clinicians. This symposium will address the complexities related to the delivery of cancer nursing education across a diverse continent and consider potential strategies to support the emerging specialty of cancer nursing.

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### **Cancer genetics: an educational initiative for nurses**

G. McPhail. *Univ. of Glasgow, Nursing & Midwifery School, Glasgow, UK*

As health care is forever changing, demands ever increasing and new techniques and technology constantly being introduced, nurses in cancer, more than most other specialties, must be aware of the need to constantly update their knowledge and skills to ensure that their practice is current and based on the best available evidence (Fawcett-Henney, 2000). Oncology nurses in all areas of practice are affected by the recent explosion of genetic information (Greco, 2000).

Understanding is evolving that cancer is a genetic disease (Trahan Rieger, 1997), and while much of our existing knowledge of cancer has been generated by epidemiology, vast advances have been made over the past decade in the field of molecular biology (Bradley, 1999). As progress in cancer research converts the latest findings in cell biology to the clinical arena, the manner in which cancer is diagnosed and treated is beginning to change. Future therapies will target those cellular properties that differentiate a cancer cell from a normal cell (Trahan Rieger, 1997), and while relatively few biological therapies are currently available for clinical use, much research is currently in progress (Kearney & McPhail, 2000).

Acquiring and maintaining expertise in cancer biology will enable oncology nurses to understand complex treatment modalities (Trahan Rieger, 1997).