

took part in the study. The data were analysed by SPSS statistical software.

**Results:** Half of the nurses were poorly equipped to provide spiritual support to the terminally ill patients. The most common form of spiritual support were to take the patient to spiritual events arranged on the ward. Several factors were found which were associated with the provision of spiritual support.

**Conclusion:** The results indicate that spiritual support is part of the terminal care. Further education and literature on the topic are necessary to improve the nurses' qualifications.

1429

ORAL

### ARC breast cancer partners support programme

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The ARC Breast Cancer Partners Support Programme is the first of its kind in Ireland which offers educational and emotional support for men whose female partners have been diagnosed with breast cancer. Following a pilot programme in July 1998, a national omnibus survey was conducted to explore men's awareness and attitudes about breast cancer. A questionnaire was administered to a nationally representative sample of 589 males. The findings of this study have served to drive the content of the present support programme, especially in relation to the needs identified for educational and emotional support by this group of men. Each group is designed to accommodate a maximum of eight men who are invited to attend an educational class followed by a support group meeting. The four week course includes lectures on anatomy and physiology of the breast as well as the physical, psychological and social aspects of breast cancer. The support group is facilitated each week by a male counsellor. The topics covered in the support group include communication and the marital dyad.

For many years the need for this course has been recognised by women with breast cancer. At a time in their lives when they need so much support, they are aware of the lack of support for their partners. For men, supporting the woman they love and cherish may become easier if they themselves had additional emotional support through a network of men in similar circumstances.

Having completed seven courses to date, this paper explores the effectiveness of the ARC Breast Cancer Partners Programme.

1430

ORAL

### Rehabilitation in the Netherlands: Herstel & Balans, a promising program for cancer patients

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**Purpose:** Cancer is considered more and more as a chronic disease and survivors need appropriate support at their rehabilitation. The Comprehensive Cancer Centres at Maastricht (1), Enschede (2), Amsterdam (3), Utrecht (4), Nijmegen (5) recognised this need and developed and implemented a health-oriented rehabilitation program 'Herstel & Balans' (recovery & stability), including physical training and psycho-education during three months. The aim of this study was to identify the improvement of quality of life and symptom status of the patients during the program.

**Methods:** In November 1996 the first pilot of the program has started and by now (2001) over 500 patients have participated. The participants have been tested on variables as quality of life (EORTC-QOL scale), fatigue (FACT scale) and kinesiophobia (Tampa scale) at the beginning and the end of the program. A subjective evaluation was also included. Up to now the data of 350 patients have been analysed.

**Results:** The results show a significant increase of patients' quality of life during the program and a significant decrease of fatigue and physical complaints. The subjective evaluation shows participants' satisfaction and enthusiasm regarding the program.

**Conclusion:** The results in this study show that the aim of the rehabilitation program, i.e. improving the quality of life and symptom status of cancer patients after treatment, was achieved. The patients' review regarding the program was positive. These promising results indicate that this rehabilitation program meets the actual needs of cancer patients and can be regarded as a successful intervention in oncology nowadays. The implementation strategy for the program in the Netherlands has been successful. The Comprehensive Cancer Centres in cooperation with rehabilitation centres and hospitals established a nation-wide network for rehabilitation in oncology.

## Interactive Symposium

1431

### Fostering partnership in research and development between academic and clinical settings

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Traditionally, nurses in clinical settings have contributed to research endeavours often in the capacity of being 'researched on' rather than 'researching with' academic colleagues. Recognition of the benefits of collaboration between academic and clinical settings has spread. Benefits include improvements to the quality of research, increased research capacity and enabling a shift in culture to that of an evidence based profession. Partnership at all stages of the research process can be cultivated including the development of research priorities and research questions, data gathering and the dissemination and utilisation of findings. Examples of how this can occur in practice will be provided through reference to different models of collaboration both within and out with cancer nursing. Some of the advantages and disadvantages of the different models will be presented. Variables most likely to influence interaction between individuals and institutions, and as such the success or failure of partners' working relationships will be examined (i.e. formal and informal processes, professional and personal dimensions, complementarity, reciprocity). If we are serious about developing and delivering a responsive research and development agenda we must involve all those who plan, deliver, evaluate and experience cancer nursing care. In the end, co-operation and collegiality are a state of mind, and we must make sure that cancer nursing's is a positive one.

1432

### Working together: the process of developing and implementing research

H. Plant. Guy's and St. Thomas' Hospital Trust, Cancer Services, 8th Floor, New Guji House, Guyi Hospital, St. Thomas' Street, London, UK

Nurses who work clinically in cancer and palliative care are deterred from developing and undertaking their own research projects for reasons which include: a lack of time, the sensitive nature of researching people with cancer, the difficulty of measuring outcome in people whose condition is deteriorating and a perceived lack of relevance to immediate patient care. However, if nurses are facilitated to undertake research which is meaningful to them within a supportive structure they may experience research as an exciting and powerful part of their practice. Nurses who took part in a multi-centre study of a randomised controlled trial of a nursing intervention for breathlessness co-ordinated by the Macmillan Practice Development Unit, London were interviewed about issues concerning the conduct of this research and implementing the intervention. These nurses were novices in research and the interviews revealed how they worked together to overcome resistance to innovative nursing practice, collaborated to establish a uniformity of practice and addressed the tensions between their own nursing role and the necessity of an ethically demanding research design. This paper will also address how nurses working at a cancer centre may be supported to think creatively about research in their day-to-day work.

through measures which include a clear strategy to develop their educational needs, participation in a joint research group with the local academic institution, ward discussion groups and regular contact with an experienced researcher.

1433

#### **Realising the benefits of multiprofessional collaboration in research**

M.I. Fitch. *Toronto-Sunnybrook Regional Cancer Centre, Toronto, Canada*

This presentation will explore the benefits of multidisciplinary or interdisciplinary collaboration in research. Collaborate is defined as working together or acting jointly, especially in works of literature, art and science. Collaborative research endeavours often pool the resources of any of a variety of researchers, agencies, scientists, clinicians and representatives from different disciplines. They frequently involve a team approach in which the team is often composed of persons with different levels of skill and various clinical interests. Collaboration, can, among other benefits, maximize the combined expertise, skills and resources of the team members. It provides a means to solve problems of limited resources (e.g., time, money, access to subjects) and access to qualified personnel. It may also serve to stimulate productivity and creativity. Collaborative research endeavours may take different forms. However, successful collaboration requires sustained and focused effort. This presentation will illustrate the benefits of collaborative research using examples from a program of nursing research and will highlight strategies to consider in building multidisciplinary collaborative research endeavours.

1434

#### **Developments in consumer involvement in cancer research**

J. Bradburn. *2 Cedar Way, Berkhamsted, Herts, United Kingdom*

The presentation outlines the developments in consumer involvement in cancer research. It's growth in cancer research has been driven by UK health policy(1). Consumer representation on cancer research committees together with training and support has been endorsed by a recent Govern-

ment report(2) and has actively promoted through Consumer Involvement in NHS Research(3). In future cancer research in the UK will be co-ordinated through the National Cancer Research Institute (NCRI) and a National Cancer Research Network (NCRN). The NCRI has a Consumer Liaison Group to advise on consumer involvement.

Consumers have been involved in cancer research in the UK a number of ways:

- Identifying research topics
- Input into the design of trial protocols
- Designing and undertaking research
- Peer review
- Recruiting patients to trials

Consumers are involved in research as decision-makers rather than simply participants(4). However there is a need for capacity building among consumers to enable them to engage with researchers as equals and to influence the research agenda rather than as a tokenistic gesture(5). The presentation will describe recent initiatives taken in the UK to enable user representatives to access the support they need including training and give guidance on ways in which participation can be taken forward(6).

#### **References**

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## **Workshop: English**

1435

#### **Sexuality issues in cancer care**

D. Batchelor. *The Netherlands Cancer Institute, Research Nurse, Amsterdam, The Netherlands*

Every cancer treatment affects organs or organ systems which may result in change(s) in body function. This change in function can affect sexuality and sexual behaviour. Although sex-specific changes that can occur have been present in the literature for many years, patients are often not well informed and are coping with these changes alone or with their partner

without support. Patients will often not discuss problems of a sexual nature with health professionals unless the professional initiates the discussion.

Education on basic sexuality and the effect of cancer treatments on sexuality is missing from many curricula, so nurses are often not confident with their knowledge base and frequently do not address sexuality during initial nursing assessments or patient information giving sessions.

This interactive symposium will give an overview of sex-specific changes following cancer treatments and focus in on two changes that have specific implications for long term survivors. Strategies will be given for integrating sexual health care in daily practice.