

Since CRF is a multidimensional phenomenon which has been increasing through time and compromising physical and mental energy as well as the psychological and relational state of the patients, the nurse may plan complementary interventions in addition to medical therapy.

Methods: In 45 patients referred to our Centre and treated with chemotherapy (35 patients with metastatic cancer), we carried out a program of psychotherapy and counselling.

Results: Psychotherapy sessions were held in groups of 6-15 patients with the nurse and the psychotherapist or individually with the psychotherapist. We found a reduction of anxiety and an improvement in psychological energy against CRF. We planned a program of counselling, including: 1) gymnastic exercises modulated in conformity with age and performance status of the patient in order to promote self control and independence and help in getting to sleep; 2) alternative therapies, such as podalic reflexology, visualisation, gentle massage, progressive muscular relaxation and autogenous training. By using alternative therapies, we helped patients to free their minds of trouble, to recover mental energy and to control side effects of oncological therapies; 3) careful information to patients about CRF as a frequent, recurrent and underestimated symptom. When patients became aware of the multifactorial genesis of CRF often as a side effect of chemotherapy, we found an increased reduction in the CRF-related stress and increased capacity in coping.

Conclusion: In cancer patients CRF was a frequent and underestimated symptom. Besides pharmacological therapy, psychotherapy and counselling have also been good therapeutic tools, but we need precise guidelines for a correct management of CRF and an improved quality of life of our patients.

1455

ORAL

Assessing patients' satisfaction from the management of pain in the hellenic oncology clinical setting

V. Panteli. *Agii Anargiri Oncology Hospital, Chemotherapy, Athens, Greece*

Purpose: The purpose of this study was to evaluate satisfaction from the management of pain of Hellenic patients experiencing cancer and to examine correlations among intensity of pain, relief of pain and satisfaction from the management of pain and from the general care offered.

Design setting: A descriptive, correlational design was employed to investigate the research problem. A large oncology hospital in the wider area of Athens provided the research setting.

Sample: A total of 70 patients with cancer consecutively selected participated in the study.

Methodology: The subjects completed a modified version of the American Pain Society Patient Outcome questionnaire (APS-POQ).

Findings: Despite moderate to high amounts 'pain now' and 'worst pain during the last 24 hrs' reported, all participants were either satisfied or very satisfied with the management of their pain and the overall care received. The higher the intensity of current pain was, the less satisfied the subjects were with nurses responses to complaints of pain and the general care offered. The patients who were informed about the importance of reporting and treating pain were more satisfied with the overall care. No statistically significant correlations were found among relief of pain, satisfaction and information provided.

Conclusions: Results indicated that the management of pain is less than ideal in the oncology hospital studied. Educational deficiencies and improper application of current knowledge on the management of pain might explain poor control of cancer-related pain. Several factors might have led to inflated satisfaction including difficulties concerning the implementation of surveys on patients' satisfaction and Hellenic patients expectations of severe pain to be felt as an inevitable consequence of cancer, their lack of knowledge about non-conventional ways of pain relief and their unwillingness to dispute the competence and skills of the medical and nursing staff.

1456

ORAL

Pain management knowledge and personal and professional pain experiences of Greek nurses

E. Patiraki¹, C. Tafas², D. McDonald², S. Katsaragakis¹, C. Lemonidou¹.

¹University of Athens, Nursing, Athens, Greece, ²University of Connecticut, Nursing, Storrs, USA

Purpose: The purpose of this survey was to describe Greek registered nurses personal and professional pain experiences and examine the relationship with their pain management knowledge.

Method: Forty-six Greek nurses provided written responses to open-ended questions about their personal and professional pain experiences

prior to completing the Greek version of the Nurses Knowledge and Attitudes Survey Regarding Pain (GV-NKASRP). The responses were content analyzed and translated to English. Professional experiences were coded as positive or negative. Personal pain experiences and pain experiences with family or friends were coded as describing a pain experience or not.

Results: Twenty-one (45.7%) nurses described a personal experience with pain, and 28 (60.9%) described pain experiences with family or friends. Sixteen (34.8%) nurses described a positive professional pain management experience, and 19 (41.3%) described a negative experience, with 5 of these nurses describing both positive and negative experiences. Reporting a personal pain experience was associated with describing a positive professional pain experience, $r = 0.44$, $p < 0.03$. Nurses reporting positive professional experiences scored higher in pain management knowledge on the 39-item test than nurses reporting negative professional experiences, $M = 22.2$ and $M = 17.4$, respectively, $t(23) = 1.98$, $p < .06$.

Conclusion: Personal pain experiences were associated with more positive professional experiences, and might reflect greater efforts by these nurses towards effective pain management. Nurses reporting positive professional experiences were not significantly more knowledgeable than nurses reporting negative experiences, perhaps due to the small sample size. Pain management education that also includes increased understanding of pain as a personal experience might assist nurses to achieve more effective pain relief for patients

1457

ORAL

Danish national special interest group in nausea and vomiting (SIG N&V) has developed national guidelines to improve the nursing care of the cancer patient with nausea and vomiting

L.B. Thisted¹, B.T. Espersen². ¹Finsen University Hospital, Oncology, Copenhagen, Denmark; ²Aarhus University Hospital, Oncology, Aarhus, Denmark

Purpose: The cancer patient still experiences nausea and vomiting even though the antiemetic treatment has improved considerably over the past 10 - 15 years.

More and more chemotherapy is administrated on an out-patient basis. The treatment also tends to become more intensive which means that the patients risk of getting nausea and vomiting is greater.

Today's patient has an increased informational need and wants to have influence on decision making, including nausea and vomiting.

The SIG N&Vs primary aim is to improve the care for cancer patients with nausea and vomiting in Denmark. Since its foundation in 1994 SIG N&V has focused on educating oncology nurses in the aspects of nausea and vomiting and developing national clinical standards and guidelines for nurses as well as information regarding antiemetics and self-care guidelines for patients and relatives.

Methods: During the last year the SIG N&V has developed patient and nurse guidelines such as standards for antiemetic use, standards of nursing concepts and has preprinted clinical nurse charts, self care guidelines for the patient about how to prevent nausea and vomiting when receiving chemotherapy or how to treat nausea and vomiting when the cancer patient actually suffers from it. Also in addition antiemetic information and a diary for selfassessment of nausea and vomiting.

12 newsletters on various topics related to nausea and vomiting from SIG N&V has been published over the past few years in the national cancer nurse journal.

Conclusion: The guidelines, standards and other tools developed by SIG N&V have been implemented in oncology units all around Denmark and thus improving the level of knowledge about nausea and vomiting and improving the nursing care, an advantage for the cancer patient suffering from nausea and vomiting.

1458

ORAL

The effects of progressive muscle relaxation training in the management of chemotherapy-induced nausea and vomiting: a randomised controlled trial

A. Molassiotis¹, H. Yung², B.M.C. Yam², F.Y.S. Chan², T. Mok³.

¹University of Nottingham, School of Nursing, Nottingham, UK; ²Department of Nursing, ³Department of Clinical Oncology, Chinese University of Hong Kong, Hong Kong

Purpose: The aim of this study was to evaluate the effectiveness of progressive muscle relaxation training (PMRT) in the management of nausea

and vomiting related to chemotherapy in chemotherapy-naïve breast cancer patients.

Methods: 71 subjects were randomised either to receive antiemetics plus PMRT (n=38) or serve as the control group (n=31) receiving only antiemetics. The intervention included the use of PMRT 1 hour before chemotherapy administration and daily thereafter for another 5 sessions. The PMRT was delivered by a trained nurse therapist. Data about the frequency, duration and intensity of nausea and vomiting was recorded daily (every evening) for 7 days using the Morrow Assessment of Nausea & Emesis scale.

Results: The use of PMRT considerably decreased the frequency and duration of both nausea and vomiting, but not the intensity. Most reduction was observed between days 1 to 4 post-chemotherapy. For example, the duration of nausea in the experimental group was 59.5 minutes the 1st day, 136.6 min the 2nd day and subsiding at day 7 (0.74 min), whereas in the control group it was 82.1 min the 1st day, 276.5 min the 2nd day, and subsiding at day 7 (2.3 min) ($P < 0.05$).

Conclusion: PMRT is a useful adjuvant therapy to antiemetics for chemotherapy-induced nausea and vomiting, and its use should be incorporated in the treatment plan of patients receiving chemotherapy.

Interactive Symposium

1459

Evaluation of complementary care in breast cancer- a scientific challenge

E. Hamrin. *Linköping University, Department of Medicine and Care, Clinical Pharmacology, Linköping, Sweden*

In Sweden, with a population of about 8.8 million people and an incidence of about 5 700 women with breast cancer a year, complementary medicine is often desired by the patients but also rejected by traditional medicine because of lack of evidence. The first major study in Scandinavia on evaluating anthroposophic care in breast cancer has been going on in the County of Stockholm since 1995. The project group has been multidisciplinary with expertise from oncology, anthroposophic medicine, psychology and nursing. A matching procedure has been developed, where each breast cancer patient who has been admitted to the anthroposophic clinic has been matched with a "twin" with the same disease. The matching criteria have been based on stage of the disease, age, pre-admittance treatment and prognosis. 60 + 60 patients with a mean age of 49 years have been included in the study and followed for one year with a test-battery, where quality of life measurements have been central. Five-year follow-ups are ongoing. The results show that the survivors among the anthroposophic group, scoring lower quality of life from the beginning, are steadily improving their quality of life up to one year after admission to the study. This pattern is not being found in the matching group, where QoL is unchanged or deteriorating. Data are also available based on qualitative interviews.

The challenge of the study has been the matching part and the development and use of the different assessment instruments. Randomisation has not been possible because of the present health care system and that the fundings from the Swedish Cancer Society and other sources did not cover the stay of the patients in the anthroposophic clinic. In spite of our careful matching procedures, the women who had chosen complementary care, had a different professional profile where about 23% were in cultural professions. Also we cannot exclude their own motivation and expectations for this type of care as an important factor. In the future it would be of importance to find fundings which make it possible to use randomisation for a more strict comparison between different care procedures.

1460

Studies on breast cancer patients in complementary care

M. Arman. *Blekinge Institute of Technology, Department of Health and Natural Science, Karlskrona, Sweden*

In focusing on patient's own experiences of complementary care, the aim of this study was to find out what meaning breast cancer patients conferred to a stay in an anthroposophic clinic.

The data is part of a larger, matched multi-method study on the life situation among breast cancer patients from different care perspective in Sweden. From original 60 women with breast cancer in different stages, who had chosen complementary care in an anthroposophic clinic, 48 women participated in the follow up study. Two semi-structured interviews were performed with each woman at three and six months, starting from their stay at the anthroposophic clinic. Interviews were analysed using a qualitative content analysis. Preliminary findings shows that a majority of the patients (42 of 48) were satisfied and gave appreciating opinions of the

care at the follow-up. During the six months period, numbers of the women had experienced creative changes in their life's and perspectives on life. The experience of positive development did not decrease from three to six months rather it was slightly strengthened. Their creative and artistic interests were also increased and many women had made lasting changes in their diet by including more vegetables. A few women were ambivalent about the parts of the substance of the anthroposophic care. In conclusion most patients had experienced the complementary anthroposophic care as beneficial and inspiring for their own further development, even evaluated after three and six months.

1461

Complementary nursing in Germany with the emphasis on oncological patients - an investigation

A. de Jong. *Private Universität Witten, Institut für Pflegewissenschaft, Witten, Germany*

Germany, as other German speaking countries, has a tradition in complementary care. Complementary methods are part of every day life, and have a broad spectrum. A literature review pointed out, that many techniques, normal to German people and to German nurses do not show up in the English literature. Many of the techniques used are focussing on pain management, breathing, relaxation and wound care. There is a huge amount of courses offered, there are many projects with complementary nursing interventions in hospitals, community nursing and psychiatric care units, there are videotapes showing techniques and interviews with patients and there are many publications that describe experiences with complementary care interventions. Both nurses and patients describe positive effects on wellbeing and health, in connection to certain complementary techniques or programs.

In Germany there is hardly any research done in this field of nursing interventions. Therefore the "Institut fuer Pflegewissenschaft" (Institute of Science in Nursing) of the private University Witten/Herdecke has started a research program, focussing on complementary nursing interventions in Germany, in order to investigate the state of the art, the position complementary nursing interventions have in the field of nursing care, nursing decision making in complementary techniques or interventions, and the effects and effectiveness of some complementary interventions. In the paper the results of a literature review will be presented, with emphasis on what is known to complementary interventions in the care of oncological patients. Furthermore the results of a small study in decision making plus the first indications from a descriptive study on the position complementary interventions have in Germany.

1462

Complementary care in oncology nursing in Britain - What next?

J.H. Owens. *UCLH, Haematology, London, United Kingdom*

This paper reviews briefly the use of complementary therapies in the oncology setting through its introduction in the late 1970's and charting the progress in Britain to the present time. The present situation in the NHS is considered. Patients welcome the provision of complementary thera-