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 helienic oncology clinical setting

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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 complains 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 paln 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 unwill-ingness 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

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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 openended 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

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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.

Todays patient has an increased informational need and wants to have influenze 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

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