

1510

POSTER

Improving fundamental aspects of nursing care through clinical practice benchmarking within a regional cancer centre

A. Good, L. Bushell, L. Scott. *Christie Hospital Nhs Trust, Nursing, Manchester, United Kingdom*

Through the health service ombudsman, a total of 37% of complaints within the UK were related to the fundamental aspects of nursing care.

Due to the development of 'Super Sexy Roles' the essential and basic nursing care may not be attracting the attention that it deserved.

Clinical Practice Benchmarking is a new Government, nurse-led initiative, which is more than relevant to clients undergoing cancer treatments, including Chemotherapy, Radiotherapy and Surgery.

Clinical Practice Benchmarking was first identified in 1999 Department of Health 'Making a Difference' document. Its implementation within a cancer centre is paramount to achieve best standards of general nursing care, when our roles within such a developmental area are extending all the time.

Integrating care using patient focused evidence based outcomes, through comparison and sharing locally and nationally, aims to achieve best practice.

1511

POSTER

Malignant brain tumor patients' attitude towards food and alternative treatment

Y. Chen. *Chang Gung Memorial Hospital, Radiation Oncology, Taipei, Taiwan*

Purpose: To gain an understanding of the degree to which malignant brain tumor patients choose to turn to alternative treatment and abstain from certain food, and to find out what factors play a role in this preference.

Methods: The study was carried out at the Linkou Chang Gung Memorial Hospital (CGMH) from November 1 1997 to July 15 1999. One hundred and twenty-six patients were enrolled in the study, being malignant brain tumor patients undergoing radiotherapy (RT) at the hospitals' Radiation Oncology Department (RTO). Admission was based on a questionnaire that had to be filled in by the malignant brain tumor patients, in which senior nursing staff of the RTO assisted them. This questionnaire had to be filled in twice, the first time in the first week after starting RT and the second time within 6 months after completion of the treatment.

Results: Eighty-seven patients fully understood their condition, 81 patients had confidence in the RT treatment, while 70 patients were afraid of the treatment. Of those patients who turned to alternative treatment either before or during RT, most would choose more than one alternative, but mostly in the form of popular treatment methods primarily taking medicinal herbs. There were 20 patients believing that the alternative treatments were effective, while 19 patients would recommend such treatments to other patients. Seventy-nine patients thought that nutrition would accelerate tumor growth, and 108 patients believed that cancer would not be contracted through the sharing of food.

Conclusion: A correlation was found between the degree of understanding of the patients condition and whether the patient had confidence in the treatment ($P=0.004$). A relation was also found between fear of the treatment and whether the patient had confidence in the treatment ($P=0.001$). No relationship was found between fear of the treatment and the degree of understanding of the patients condition ($P>0.05$). There was no significant relationship between the patients confidence in the treatment and the patients turning to alternative treatment before RT ($P>0.05$); however, during RT the patients confidence in the treatment affected his inclination to turn to alternative treatment ($P<0.03$). Whether alternative treatment was effective or not directly influenced the patients inclination to recommend such treatments to other patients ($P<0.0001$).

1512

POSTER

Implementation of the European quality program in a health care unit. A step to the excellence

A. Jiménez, M. Pallejá, L. Aguilera. *Institut Català d'Oncologia, Barcelona, Spain*

Introduction: Changes in the relation between organizations, companies and their customers have influenced the concept and evolution of quality meaning. In health care organizations, this evolution has been done only in the last twenty years. The last step of this evolution is known as "Total Quality", defined as a global management strategy of the whole organization. Total quality concept is oriented to satisfy the client and professional

spectatives, to obtain positive health care results, economic results and clear social benefits. It is believed that a good tool for a global strategy to approach to the excellence in a health utility company is the European Model of Quality (EMQ).

Objectives:

- To implement the EMQ in the Hematology Service, analysing the 9 criteria established by the program for the actual description of the service.
- To detect the weakness and strongness of our work organisation.
- To define main areas for promotion and for improvement.
- To compare other companies work and results.

Methods: Since January 2000 to December 2000 we developed a program to implement the EMQ in the Hematological Service of the Catalan Institut of Oncology. In a monthly meeting basis calendar we analyzed the weak and strong spots to determine the main improvement areas.

Results: We have made a document with the results of the analysis of the 9 criteria of the EMQ program.

We have recognized the strong areas for promotion and the weak ones for improvement.

An invitation to all the team for the discussion of the best way to empower our best skills and to improve the weak ones was done.

Conclusions: This document has being the basis for the prioritization of actions taken to improve and to really implement this Quality Program (EMQ) in the way to get the excellence.

1513

POSTER

Managed clinical networks in cancer care: developing the nursing contribution

L. Adams. *On behalf of the Cancer Nursing Strategy for Grampian, Orkney & Shetland, Core Working Group. Cancer Network Office, Aberdeen Royal Infirmary, Aberdeen, Scotland*

Managed Clinical Networks (MCNs) provide a framework for organising and developing cancer services. It has been stated that they are the most important strategic issue for the National Health Service in Scotland. MCNs have been defined as "linked groups of professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner unconstrained by existing professional and health board boundaries to ensure equitable provision of high quality clinically effective services". The North East Scotland Cancer Co-ordinating and Advisory Group (NESCCAG) provides a structure for the establishment of a regional MCN. As part of the overall development of cancer services the "Cancer Nursing Strategy for Grampian, Orkney & Shetland" identified the development of the nursing contribution to NESCCAG as one of its key objectives.

This paper reports NESCCAG's experience of developing the nursing contribution to a MCN. In particular, the challenges of ensuring adequate and appropriate representation from both primary and secondary care and also the inclusion of representation from remote and rural areas are considered. Further issues considered relate to the remit of the nursing representatives, methods of networking with colleagues, and working within the context of an evidence base such as the Clinical Standards Board Cancer Standards.

1514

POSTER

Staff support groups in an oncology hospital

F. Anagnostopoulos¹, T.H. Pappa². ¹Metaxa Cancer Hospital, Department of Psychology, Piraeus, Greece; ²Metaxa Cancer Hospital, Department of Nursing, Piraeus, Greece

Purpose: Staff support groups are considered as a useful way of reducing the stresses involved in the care of cancer patients and promoting job satisfaction. This presentation is based on the authors' experience of running support groups for nurses in an oncology hospital for six years. Attempt was made to answer three questions (a) what are the most stressful aspects of working with cancer patients? (b) do staff support groups have a role in reducing these stresses? (c) what are the advantages of participating in a nursing support group?

Methods: The groups that were formed had the following characteristics: time-limited group ranging from 12 to 16 sessions, group size of 8-10 members, weekly meetings of one and a half hours duration, stable membership. Group leaders were a psychologist, group psychotherapist and a clinical nurse. Stressful aspects of the work were examined by means of content analysis of topics discussed in the groups. The usefulness of the groups was assessed by means of a questionnaire, which asked group participants about helpful and unhelpful aspects of the groups as well as about the benefits of group membership.