

to face in-depth, interactive interview was chosen as a method for data collection.

Results: Findings from interviews with 22 male and female participants reflect the wide variety of expression according to cultural differences in patients. Cultural beliefs, values, and meanings associated with expression on health and illnesses are central prerequisites of culturally specific and meaningful care.

Conclusion: It is imperative that nurses be aware of broad socio-cultural differences issues that influence the health and the well being of the cancer patients.

By focus on a specific culture, it has highlighted relevant areas for change in nursing practice, management, and education.

Nursing, as a profession needs to address the issue of culture and the impact this can have on their practice.

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POSTER

Privacy: a nursing key concept

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Purpose: Privacy is a basic right of any individual. Each human being has a lot of lived personal experiences which represents its references and to which only oneself has access. As a more qualified person to deal with this, the nurse has the obligation to understand the patient as a whole, and therefore to ensure that he is given all the conditions to keep his privacy up to what it's possible and, so, his dignity.

The nurse should help the patient, not only to protect his privacy, but also in order to help him deal with the loss of some privacy which is inevitable in a hospital stay, but that can be minimized.

Our goal is to study how privacy is dealt with and respected in hospital environment, considering privacy as one of the first ethical principles in nursing and that one should have it in mind whenever doing any nursing care. Privacy is essential so the patient can get used to its new life style in hospital and afterwards when recovering.

Our purpose was to answer the question: Is the right to privacy, in patient perspective, taken into account by the nursing team in the Bone Marrow Transplantation Unit?

Methods: Our methodology was a qualitative one. The study was made on six patients (3 males, 3 females; max. age: 58; min. age: 19; median: 42) submitted to stem cell transplantation and in a six month Follow-Up situation. These 6 patients were interviewed from September to November 2000.

Results: Four categories were found referring the meaning of privacy: the right to have one's own space; the right to share a space with meaningful persons; a citizen's right; a citizen's duty and right.

Regarding the importance given to privacy we found only one category, which acknowledged its fundamental role.

In the degree of satisfaction with the relationship between privacy and nursing care, two categories were identified: pleased/not pleased.

Analysing the suggestions to improve privacy, one can find a single category: to make changes in the therapeutic environment.

Conclusion: We can find two levels of interest and feasibility in our work. On the one hand, in a more theoretical and methodological approach, it can add to some reflection on concepts and methods of research. On the other hand, this study can be seen as a case study and therefore in a more applied perspective.

Fertility and sexuality

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POSTER

Breast cancer, sexuality and relationship

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Purpose: Sexuality is an intrinsic part of human nature, which plays an important role in psycho-emotional support in cancer. The purpose of the study to evaluate the impact of breast cancer (BC) on sexuality and relationship.

Methods: The Relationship Questionnaire was developed and used to determine the influence of mastectomy and chemotherapy on sexual functioning, social and family relationship, and quality of life.

Results: 176 women (28–45 y.o.) participated, with lack of sexual interest (24.7%), inorgasmia (18.5%), poor lubrication (34.8%), reduced satisfaction with masturbation (12.2%), reduced frequency of masturbation (11.9%), painful intercourse (15.7%), vaginismus (2.5%). 85.4% reported at least one sexual problem, although 30, 8 reported either no or slight concerns about their sexual difficulties. It was found that one of the most commonly occurring secondary sexual symptom among women with BC is fatigue (89.7%). Fatigue greatly interferes with sexual desire and the physical ability to initiate and sustain sexual activity. The physical changes (mastectomy, hair loss) due to BC and chemotherapy can also negatively affect body image. 75.6% of women might have difficulty feeling physically appealing or "sexy". Some of them (44.2%) may fear they are no longer sexually desirable to their partner. Additional problems may occur in the relationship when the partner assumes the role of caretaker (8.5%).

Conclusion: Obtained information about BC and sexuality makes possible to develop clinical guidelines to modify treatment regimens to best accommodate sexual needs.

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POSTER

Sexuality/fertility issues and the nurses' role in cancer care

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Aim: Clinical practice developments were initiated following two studies among nurses, fertility staff and doctors in a London Teaching Hospital concerning the nurses' role in supporting clients with cancer facing fertility/sexuality concerns. **Methods:** The first study based on a Medical Oncology Unit focussed on finding out what was available to clients, who addressed fertility issues and particularly nurses' experiences and suggestions. Nurses were invited to describe their role in supporting a client who may be considering fertility treatment. The second study took place a year later and was carried out on a Bone Marrow Transplant Unit. This study involved nurses answering a questionnaire about their role in addressing clients' sexual and fertility needs, medical staff were asked to describe their clinical practice. **FINDINGS:** In both studies the findings were similar. Medical staff and staff at the fertility clinic believed nurses had an important role in supporting clients facing infertility concerns. Nurses recognised their role in supporting clients with sexual and fertility concerns. Nurses wanted to address the issue but often avoided fertility/sexual issues, hoping someone else would address clients' concerns.

The reasons cited for not addressing the issues were:

- Lack of experience and knowledge.
- Lack of time and privacy.
- Patients' and nurses' embarrassment.
- Fear of making mistakes.
- Cultural, gender and age differences.
- Myths/prejudices.
- Opening up more than you can handle.

Nurses asked for support in order to address this issue. The following clinical practice developments were initiated: A working party now addresses sexuality/fertility practice development in cancer care. New cancer nursing staff are made aware of sexuality/infertility issues at orientation. All nurses are supported and expected to address sexuality/fertility issues appropriately, related to disease, treatment and hospital stay. Clinical guidelines have been drawn up. Two hospital wide study days have taken place and were well attended, addressing male fertility issues in cancer care, others are planned. Regular Unit based teaching sessions address ongoing concerns. **Conclusion:** In keeping with any practice development, reflection and learning continue. Having begun to change practice following the findings I believe nurses are being better supported in their ongoing commitment to patients with cancer.

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POSTER

Sexuality after hematopoietic progenitor cell transplantation (HPCT). Where is it?

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Introduction: A 15% of the admissions in our centre are HPCT patients. This aggressive therapy alters the individual biopsychological needs. Survival is the main objective of the patients but once the HPCT is overcome they must reorganise their life and the concept of quality of life and sexuality gains new dimensions. Sexual dysfunctions can be produced by physical, psychological and cultural aspects. Studies on this subject in HPCT are few.