

Conference 2002 update

Planning for the 2002 conference is well underway. The conference will be held from August 28th until September 1st at the London Arena.

The Scientific Programme Committee is working hard to bring you an exciting event featuring nurses from around the world. Plenary speakers have been invited from eleven different countries to speak on genetics, evidence-based symptom management, targeted therapies, tobacco control and making a difference.

Speakers include Christine Miaskowski from the University of California, US, Karin Magnusson from Sweden who will be speaking on fatigue and Dr Elinor Wilson, Chief Science Officer, Heart and Stroke Foundation of Canada who will address the vital role that nurses play in smoking cessation on an individual and population basis.

These plenary presentations will be supplemented by the traditional awards events

of the Tiffany Lecture, the Distinguished Merit Award and the Past-President's award. Please nominate nurses you believe worthy of these prestigious international award. (see page 3 for entry deadlines).

In addition to the traditional plenary, concurrent and poster sessions the 2002 conference will feature two new sessions – round-table discussions and a debate.

The round-table sessions will allow an in-depth conversation around a specified topic. Debating is a traditional British method of exploring key issues in a lively and entertaining manner. The topic for the conference debate is 'There is no ageism in cancer care'. At the conclusion of the debate, conference attendees will be asked to vote for the side who most persuasively argued its position.

The conference will again feature the highly successful pre-conference research workshop first held in Oslo 2000. Two further research concurrent sessions, one on

advanced research issues and the second to enhance research collaboration will be held during the main programme.

These are important opportunities for cancer nurses of all levels of research involvement to network with others. These sessions are organised by the ISNCC's research committee.

In addition to informal networking and social events, the 2002 conference committee are keen to encourage structured opportunities for nurses from around the world to meet and share common interests. If your group wishes to organise a special interest or regional meeting during the conference please contact the secretariat to arrange a space booking.

Please join us in August 2002 in London for an exciting conference.

Sanchia Aranda, chair of the Scientific Programme Committee and Associate Professor of Palliative Care Nursing, University of Melbourne, Australia



Board members of the ISNCC photographed earlier this year at their annual meeting at Alfriston, UK. See page four for a meeting report.

Apply for a research grant now

Applications are invited for small research grants offered by ISNCC and sponsored by Bristol Myers-Squibb. The \$5000 grants are offered annually to promote clinical cancer nursing research.

Applicants must be a registered nurse and belong to a member organisation of the ISNCC. The deadline for applications is October 15, 2001. For further information check out the website: www.isncc.org

Nominate your nurse colleagues

In August of 2002 cancer nurses from around the world will come to London to discuss how we are making a difference in cancer nursing and the care we provide to cancer patients and their families. The conference provides a platform to celebrate the achievements and contributions of cancer nurses.

One mechanism to recognise the accomplishments of cancer nurses is through the Society's three prestigious awards: the Robert Tiffany Lectureship, the ISNCC Distinguished Merit Award, and the Past President's award.

Nominations for these awards are now invited from members of the Society. The deadline is October 31, 2001.

Robert Tiffany Lectureship

The Robert Tiffany Lectureship was created to keep alive the memory of Robert Tiffany who was a founder of the International Society of Nurses in Cancer Care and the initiator of the Biennial International Conference on Cancer Nursing. The individual nurse selected for the lectureship will give a keynote lecture at the international conference in London in 2002.

Robert started his career in cancer nursing in 1967 when he went to the Royal Marsden Hospital in London to do an oncology nursing course. Twenty-five years later he had transformed the speciality of cancer nursing.

As well as leading nursing in his own hospital, he shared his talents on a much wider scale, on a national and international level. It was Robert who organised the first International Conference on Cancer Nursing in London in 1978 and played an important role in the international conferences that followed. He was an inspirational leader to nurses worldwide.

Past recipients of the Robert Tiffany Lectureship are:

- 1994 Charlotte Searle, South Africa
- 1996 Jessica Corner, United Kingdom
- 1998 Linda White Hilton, United States
- 2000 Jennifer Hunt, United Kingdom

Distinguished Merit Award

The Distinguished Merit Award is offered once every two years in recognition of an outstanding contribution to the international advancement of the science and art of cancer nursing.

This award recognises an individual whose contributions go beyond that which would be normally expected of a registered nurse in his/her particular sphere of professional endeavour.

Past recipients of the Distinguished Merit Award are:

- 1986 Virginia Barckley and Renilda Hilkemeyer
- 1988 Jeanne Quint Benoliel and Robert Tiffany
- 1990 Charlotte Searle
- 1992 Miriam Hirschfeld
- 1994 Ruth McCorkle
- 1996 Pearl Moore
- 1998 Judi Johnson
- 2000 Trish Greene (posthumously)

Past President's Award

The Past President's Award was initiated in 2000 by the ISNCC board and past president, Vernice Ferguson. This award is given in recognition of a nurse from the developing world who has initiated a programme of cancer care in his or her country which has been in place for a minimum of three years.

The programme must have the potential for replication beyond the country's borders. The programme of cancer care may be in the arena of cancer education, prevention, detection and/or screening, the nursing care of patients with cancer, palliative care or in the development of cancer related health policy.

The first recipient of this award was Esperanza Ayala from Colombia, South America who, in 1991, became Director and Teacher of the Oncology Nursing Programme, which has now moved beyond Colombia to encompass Ecuador and Panama.

Application forms and full details about these awards are available from the ISNCC secretariat via email (secretariat@isncc.org). We look forward to receiving your nominations for these prestigious awards offered by ISNCC.

*Connie Henke Yarbro
President, ISNCC*

Travel scholarships for London conference

Travel scholarships are being offered by the ISNCC for the 12th International Conference on Cancer Nursing in London. Each scholarship will contribute up to £1500 towards travel and registration for nurses coming from developing countries. The closing date

for applications is February 1st 2002.

For further information and to obtain an application form please contact the ISNCC Secretariat at Mediate Health Consulting Ltd, PO Box 297, Macclesfield, Cheshire SK11 7FZ, UK or email: secretariat@isncc.org.

EDITORIAL BOARD

President, International Society of Nurses in Cancer Care

Connie Henke Yarbro
tel: (00) 1 573 446 5159
fax: (00) 1 573 446 4459
e-mail: Yarbroch@aol.com

Central and South America

Stella Aguinaga Bialous
tel: (00) 1 415 476 8276
fax: (00) 1 415 476 0705
e-mail: AQUINAGA@CARDIO.UCSFEDU

North America

Margaret Fitch
tel: (00) 1 416 480 5891
fax: (00) 1 416 480 6002
e-mail: marg-fitch@cancercare.on.ca

Far East and Australasia

Kazuko Ishihara
tel: (00) 81 958 83 4994
fax: (00) 81 958 49 7944
e-mail: kazuko@net.nagasaki-u.ac.jp

Europe

Helen Porter
tel: (00) 44 151 604 7489
e-mail: helenp@ccotrust.co.uk

Africa and the Middle East

Sarah Ben-Ami
tel: (00) 972 3 558 0666
fax: (00) 972 3 558 0777
e-mail: sbenami1@netvision.net.il

Editor

Kathryn Godfrey
11 Chesholm Road,
London N16 0DP, United Kingdom
e-mail: kathryn@vangod.u-net.com
All correspondence should be addressed to the editor.

<http://www.isncc.org>

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Research in progress

Judy Rollins, first recipient of the ISNCC small research grant describes her work



Judy is a registered nurse with a fine arts degree in the visual arts and a masters of

science degree in child development and family studies. She is currently working on a PhD in Health and Community Studies at DeMontfort University in Leicester, England.

She is Director of Arts-in-Healthcare at WVSA arts connection (formerly Washington Very Special Arts) in Washington, DC, where she developed 'ART is the heART' a project with the Visiting Nurse Association that brings artists into the homes of children in home or hospice care.

She is Associate Editor of Pediatric Nursing; Editor of APONcounts, the newsletter of the Association of Pediatric Oncology Nurses (APON); and consults, writes, researches, and speaks on children's healthcare issues.

- b** children are experiencing powerful and frightening imagery in dreams;
- c** children describe the characteristics of connected relationships when asked what is helpful to them in coping with the stressors associated with cancer and its treatment;
- d** hospital design/environment differences between the US and UK foster different methods of support for children and families.

Some statements about the significance of findings to date can be made even though data analysis is incomplete. First, a drawing can be a powerful communication tool. Although the use of projective artwork and other art therapy techniques are often best left to certified art therapists, other caring adults, such as nurses, can use the illuminative artwork technique.

Second, the importance of establishing a connected relationship with some children has implications for nurses considering the pediatric oncology speciality.

Third, exploring the similarities and differences in clinical settings offers exciting possibilities. The design of a building influences the activities and people within it. The pediatric oncology nurse, with knowledge of what children and their families need to cope with the stresses of cancer and cancer treatment, can be a valuable participant when decisions are made regarding appropriate spaces for children and their families.

Judy Rollins, MS RN

References

- Gantt, L., Tabone, C. (1998). *The Formal Elements Art Therapy Scale: The rating manual*. Morgantown, WV: Gargoyle Press.
- Glaser, B.G., Strauss, A.C. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine.
- Sourkes, B. (1999). Art techniques with pediatric oncology patients. In S. Bertman (Ed.), *Grief and the healing arts: Creativity as therapy* (pp. 119-125). Amityville, NY: Baywood Publishing Company.
- Spouse, J. (2000). Talking pictures: Investigating personal knowledge through illuminative art-work. *Nursing Times Research*, 5 (4), 253-262.

A comparison of the nature of stress and coping for children with cancer in the US and UK

In March 2000, with funding from ISNCC, an exploratory study using the grounded theory method (Glaser & Strauss, 1967) was undertaken to:

- a** explore and compare the nature of stressors of everyday life and disease that children with cancer in the USA and UK experience, and the coping measures they use;
- b** examine the use of drawing to enhance communication. Participants were 22 children aged 7-18 years receiving treatment for cancer in, Leicester, UK and Washington, DC,US.

Five instruments were used:

- a** a one time audiotaped interview;
- b** 'draw a person picking an apple from a tree' (PPAT) (Gantt & Tabone, 1998);
- c** scariest drawing — 'Think of the scariest experience, thought, feeling, or dream that you have had

since you became ill and draw it'. (Sourkes, 1999);

- d** closure drawing — 'Draw a picture of where you would like to be right now if you could be anywhere in the world';
- e** demographic questionnaire.

The method used in administering the 'scariest' drawing and the 'closure' drawing is referred to as the illuminative artwork technique (Spouse, 2000). In this method, the facilitator does not impose his or her analysis of the individual's work, but instead encourages the individual to use the artwork as a communication tool.

Spouse (2000) asks individuals to use illuminative artwork in much the same way as metaphors are used to express tacit or pre-conscious feelings about experiences, and then asks them to explain their significance.

Although analysis is ongoing, four major themes are emerging from the data:

- a** in describing what is stressful, many children's statements seem to reflect the overall concept of fatigue;

Decisions made at board meeting

At the annual meeting of the ISNCC Board of Trustees held in June in Alfriston, UK the following decisions were taken:

- the finance committee is to explore our ability to create an arm of the society that would be dedicated to awards and grants;
- a motion to accept individual members as associate members was approved;
- production of an electronic version of the newsletter is to be explored;
- the web site will undergo a redesign;
- the membership committee is to develop a recruitment campaign; update a membership brochure; develop procedure and policies for the Adopt-a-Society programme;
- a position statement on the prevention and early detection of skin cancer is to be developed;
- the education committee is to develop and implement a translation programme for ISNCC documents;

develop a paper on the purpose and use of position statements. The position statement on Cancer Pain has been translated into Japanese, Chinese, and Portuguese;

- the research committee is to develop a pre-conference workshop and advanced research session within the main conference; offer more small budget research grants; develop a proposal to enhance research capacity within developing countries.

Latin American congress

The 3rd Congress of the Federation of Latin American Oncology Nurses was held in Montevideo, capital city of Uruguay in South America in September last year.

This congress was organised by the Asociacion Uruguaya de Enformecia Haematologica Oncologica (AUDEHO). It attracts nurses, mostly graduates, from throughout the region including Argentina, Brazil, Mexico and Uruguay.

Written evaluations were collated from the 158 participants. The participants found the following sessions of most value: Terminal stage of the oncology patient; Nursing protocols in administration and use of cytotoxics; Treatment and progress of

children with cancer; Breast cancer; and Bone marrow transplantation. The sessions that discussed mental health for oncology nurses also rated highly. Participants also commented on the importance of the regional integration that can be achieved through the congress and related activities.

The congress concluded with some significant achievements and decisions. It was decided that it is necessary to develop oncology nursing as a speciality for expert nurses and Uruguay needed to develop a speciality group and provide leadership for nurses in other countries in the region. It was noted that it is important to avoid education directed at doctors only as this leads

to role confusion.

The Federation of Latin American Oncology Nurses needs to continue to develop its aim of integration and in the short term, develop oncology nursing as a discipline in countries where it is not.

It was also decided that Uruguayan nurses should devote more time to investigate and strengthen their work in bone marrow transplantation and other sub-specialities. There is also a need to highlight the importance of subjects such as biology and haematology in education programmes.

Lic Judicht Villagra, Secretary of the Federation of Latin American Oncology Nurses and editor of CRONICAS.

EDUCATION COLUMN

Improving teaching and learning – ask the students

Teaching is about facilitating student learning. Teachers who are interested in improving student learning can increase the effectiveness of their teaching by seeking feedback. Sources of feedback include students, colleagues/peers and self-evaluation.

Students are experts on their own learning. They know what helps them to learn and what hinders them. Students can offer perspectives on aspects such as:

- student-teacher relationships;
- teacher's professional and ethical behaviour towards students;
- workload;
- clarity and usefulness of teaching materials;
- difficulty of material;
- choice and availability of resources;
- fairness of assessment.

Getting feedback

The most efficient process of collecting student feedback is through a questionnaire. Principles of questionnaire use include:

- Keep it easy — use a likert or similar scale system.
- Use open-ended questions when you are seeking qualitative feedback — keep the number of open-ended questions low.
- If possible have a third party collect and hold the data until the subject results are released — this decreases student concerns about grading bias related to feedback.

Identify those aspects of your teaching where student feedback would be most helpful. To determine your specific evaluation needs, try the following strategies:

- Personal reflective time — at what moments in class did I feel most

connected, engaged or affirmed as a teacher. At what times did I feel most disconnected. Which situations cause greatest anxiety? Took me by surprise?

- Brainstorm with a colleague or colleagues those areas that you are interested in receiving feedback about. Talk with colleagues who have experience with the subject content. What worked well for them? What concerns did they express?
- Read your teaching log/journal. Are there topics that recur frequently? Are there topics that don't arise? Do you want to find out how students are feeling about these areas?
- Think about informal feedback that you have received from students during the term of the class.

Once you have identified the general areas of your teaching that you would like feedback on, the next step is to identify specific aspects of each of these — what do I want to know about my teaching in this area?

Using the feedback

Obtaining student feedback on your teaching is only useful if you are willing to analyse the results critically and act on them accordingly.

Analyse the data by comparing and contrasting your responses to the questions with those of the students. Prepare an interpretative summary — identify the main strengths and weaknesses of your teaching.

Discuss the feedback with a more experienced colleague or trusted peer. When you reflect on the students' feedback, consider and document your responses to questions such as:

- what did I learn about my teaching?
- what worked well, and what didn't?

- what do I know more about?
- what do I know differently?
- what do I need to know more about?
- how will I find this out?
- what could I do differently?
- where do I go from here?

Identify actions that can be taken based on the feedback and let future students know of the changes or fine tuning you have made as a result of previous feedback. Prepare an action plan that might include headings such as:

- desired outcomes;
- strategies to achieve these outcomes;
- actions to achieve each strategy;
- timeline for implementation;
- how you would know if you achieve these outcomes;
- thoughts for future evaluations.

Summary

Using student feedback is only one part of an evaluation programme. It is important that teachers experiment with activities that appeal to their professional judgement and intuition. Keeping a record of these experiments, and the results, provides teachers with an evidence base to support and develop their teaching philosophy.

Laurie Grealish, ISNCC board member, Executive Officer of the Nurses Board of the Australian Capital Territory

Sources for information in this editorial:

Ideas for teaching No 3. Using our student feedback service questionnaire responses. 1998. Centre for the Enhancement of Learning, Teaching and Scholarship (CELTS), University of Canberra.

Ideas for teaching No 6: Choosing questions for your student feedback service questionnaire. 1999.

Centre for the Enhancement of Learning, Teaching and Scholarship (CELTS), University of Canberra. Student feedback service at the University of Canberra. 1996. Centre for the Enhancement of Learning, Teaching and Scholarship (CELTS), University of Canberra.

Care of children with cancer

Educational support offered to patients, parents and a range of health care workers can improve compliance and quality of care

Cancer in children presents varying levels of biological, psychological and social implications. To minimise the effects, children and their families need to participate directly in their care. Educational support needs to be included for the children and their parents and all the personnel who will have contact with them.

This project, started in 1996, focused on the different groups involved with children's care in a hemato-oncology unit in a public hospital ambulatory care center (Sotero del Rio hospital) in Santiago, Chile.

The project was proposed to respond to the educational needs of many of the staff and volunteers that worked in this pediatric unit. It was developed with strong support from the faculty and students from the Nursing School at the Catholic University, through collaboration with the clinical faculty and practising nurses.

The methodological framework included an educational diagnosis, programme planning, programme implementation and execution, and evaluation.

The ultimate goal of this project is to incorporate all the children that are currently undergoing treatment (200) as well as their families. The majority of them are treated in the ambulatory follow up clinic.

Educational projects such as this are being applied in all the pediatric oncology units in Santiago and throughout the country.

Goal, objectives and methods

The goal of these programmes is to work towards an integrated level of care to the children and their families and minimise the biological, social and psychological effects of a cancer diagnosis.

This goal is to be achieved by providing appropriate assessment, planning, implementation, and evaluation of diverse educational programmes directed to professionals, nurses aids, volunteers, parents and children. The main purpose is to integrate health care team members efforts as well as provide a general guide for the development of specific objectives and evaluation tools.

The general objective for all the educational programmes was to improve or contribute to the development of the children and family self-care levels through the design of educational programmes.

This general objective was accomplished by implementing the following specific objectives:

- designing a diagnostic tool to assess the educational needs of professional

aids, volunteers, parents and children

- formulating and implementing an educational programme for professional aids, volunteers, parents and children
- evaluating strategies used for educational programmes implemented.

The most common educational techniques included classroom teaching, workshops, participative sessions and demonstrations.

Diagnostic method and group characterisation

Diagnosis:

The purpose of this phase was to obtain general information about each group and to define their educational needs.

Group characterisation:

Children (between 6-15 years)

Many were found to belong to the low and medium-low socio-educational and economic groups. The most frequent types of cancers were acute lymphoblastic leukemia and Hodgkin's lymphoma. Their needs were primarily related to hygiene and nutrition habits, followed by the need to understand their disease and treatment.

Parents

Only mothers participated in the diagnostic and educational sessions. They were found to mostly have low to medium-low socio-economic levels with a low educational level. The identified educational requirements were primarily related to the need to understand the illness that affects their child, the treatment, the importance of following the treatment and the disease prognosis. Educational needs such as hygiene and nutritional habits were also identified.

Volunteers

This group included 8 females between 35 and 60 years old who had worked in the cancer unit for eight years. All were from a high socio-economic and educational level. The volunteers were completely and actively integrated within the health team, they participated in all the clinical meetings and had received technical training.

They were primarily assigned to the ambulatory care center where they help in administration, clinical activities and emotional support. Their educational needs were primarily focused on the children's growth and development processes, development of certain abilities to perform specific clinical procedures, general administration systems and record management, emotional support and how to teach the children and their families.

Nursing aids

This group was composed of 12 women aged between 27 and 50. They had a technical level of education with a two-year training period, and an average of 10 years experience in the area of pediatric oncology. The nursing aids worked only with hospitalised children. Their educational needs included the psychological aspects of the hospitalised children and their families, treatment relevancy and some nutritional aspects.

Health professionals

This group included two specialised nurses, four oncologists, one occupational therapist, two psychologists, one social worker, one pharmacist, and two teachers.

The needs of this group were mainly focused on topics related to diagnosis and treatment update and the ethical aspects of the care for children with cancer and their families.

Educational programme

Using the data, objectives and educational programmes were developed.

Parents

Objectives included:

- emphasising the importance of self-care for health recovery
- stressing the importance of normal growth and development
- developing skills and knowledge to satisfy the needs that the oncology disease and its treatment imposes
- developing abilities to face and overcome the stress of the disease
- learning about the social benefits of support and the benefits that the child's family may obtain.

The topics used to deliver information related to the objectives were organised into four groups: children with cancer, universal self-care needs, self-care needs derived from the disease and its treatment, and emotional support for children and their families.

The educational methodology used was primarily based on classroom teaching, workshop and clinical technic development. The educational sessions lasted 45 minutes and each parent completed all the educational units in four months. Content evaluation followed a checklist format with direct observation of the new learned techniques.

Nursing aids

The objectives of this programme were grouped in general and specific: The general objectives were to:

- raise the importance of integrated care for the hospitalised children

- raise the importance of the parent's role in the care of children
- develop skills to establish collaborative assistance.

The specific objectives were to:

- describe growth and development characteristics in children
- identify the effect of illness and hospitalisation
- describe the most frequent oncology diseases in children
- discuss the importance of following the nursing care plan
- identify necessary skills to establish a two-way helping relationship or collaborative relationship
- identify the factors that help build and maintain good relationships.

To achieve these objectives, five units were developed including: children with cancer, the disease process in children, self-care of the children and their families, human relationships and support relationships. The educational methodology included classroom teaching, participative workshops and demonstration of specific intervention techniques. The units took two months.

The health care team

This group included the volunteers. The objectives of this programme were to:

- update knowledge in medical care for pediatric patients
- analyse general ethical aspects that contribute to the 'right' professional performance

- actualise information about social and economical benefits for the patients and their families
- analyse the aspects of care that facilitate the humanised care of the children and their families.

In order to achieve these objectives six educational units were developed that included: updates on medical care, nature and object of ethics, ethical aspects of health care, psychological care of children and their families, pain management and social support.

The educational methodology included presentation by experts, presentation of different experiences among the health team members, seminars, participative workshops and literature review.

Results

From the perspective of patient care, there was a higher level of patient satisfaction, and adherence to treatment increased. Patients' knowledge was improved. There were changes in nutritional and hygiene habits and a better self-care level. The educational programmes helped to develop a social and psychological support net that diminished problems in these areas.

From the professional development perspective, there was higher job satisfaction, and a higher level of professional/technical performance. Treatment protocols were developed, which improved care.

Collaboration between the clinical faculty

and practising nurses proved to be a success in developing an educational programme for cancer patients and their care-givers.

From the perspective of teamwork, this project offered a better work environment, encouraging collaboration and minimising contradictions among the health team members. The main therapeutic objectives are shared by all team members (including parents), and each collaborates with the rest of the team to achieve these objectives.

Conclusions

Collaboration between nurses in the clinical field and nurses from the School of Nursing enhances the development of nursing as discipline and profession. Interdisciplinary work is an important support for all the health care team members.

The education component of a cancer control programme is highly relevant, irrespective of the nature of the programme. In this context it is very important, besides including parents and children in the programme, to include all the personnel that have or will have contact with the patients.

It is important to highlight that it is only by including the educational component that we will achieve therapeutic objectives.

Gonzalez, R. Pediatric Nursing Specialist, Nursing School Faculty, P. Catholic University, Santiago, Chile
Aldunce M. I. RN, MSN-Admin, Nursing School Faculty, P. Catholic University, Santiago, Chile

RESEARCH COLUMN

El Cancer, Proceso Oncologico Integral

Edited by Jose Alfonso Alvarez Rodriguez

Published by Imprenta Moderna, Leon-Espana, 1998
 Written in Spanish, 717 pages

El Cancer, Proceso Oncologico Integral is a basic oncology text. The book includes cancer biology, epidemiology, diagnosis, genetics, prevention, treatment, symptom management, as well as psychological and legal issues. Judicht notes that the most frequent pathologies occurring in Latin America are addressed.

The book is edited by a Spanish oncology nurse with contributions by more than 80 health professionals from various disciplines including nursing and medicine. The lack of contribution by authors from other countries limits the generalisability of information beyond Spain.

The text is divided into 19 chapters each beginning with a brief note or poem written by people who have had cancer. The writings provide a humane touch to the book which is maintained throughout the text with an underlying philosophy, identified by Judicht, of 'The oncology patient does not stop being a human being'.

Judicht notes that the information about

treatments is helpful for nurses to identify any possible complications at an early stage. There are helpful principles for nurses in charge of oncology departments.

There is a lack of references making it impossible to identify where the information comes from. Adequate references would increase the reliability of the information. This is particularly problematic in areas that may be controversial such as strategies for the primary and secondary prevention of cancer.

The two sections that stand out for Clara are spiritual assistance and burnout syndrome. The section on spiritual assistance is well written and organised. It describes the spiritual needs of the cancer patient, the difference between spirituality and religion, different concepts of death, and some strategies to provide spiritual support.

The section on burnout syndrome is informative and well referenced. It includes several aspects of the burnout syndrome including definition, variables, characteristics, assessment tools, management and prevention.

Clara notes that although a broad range of topics within cancer care are addressed, in-depth information is not provided. For

example, in chapter 12 entitled *Pain*, the mechanism of action of only two opioids (morphine and fentanyl patch) is described. At least the addition of an equianalgesic dose chart of oral and parental opioids would be useful for clinicians. In the section on *Ethics*, the importance of caring is emphasised but ethical issues such as Do Not Resuscitate (DNR) policies, terminal sedation, physician assisted suicide, and others are not discussed. Judicht notes that under legal obligations and rights the reader is advised to elaborate these according to each country's legislation.

Overall, the book has limitations in some areas but these could be addressed in future editions. The availability of a text in Spanish for nurses who have limited access to tertiary courses and limited English is to be applauded. This book has a place in educational courses for Spanish speaking Latin-American oncology nurses as well as the original intended European audience.

Review by Clara Granda-Cameron RN MSN CRNP (Columbia) and Judicht Villagra RN (Uruguay). Editing by Laurie Grealish RN MN Onc Cert (Australia). For purchase details contact the author on alfonso@usuarios.retecal.es

Selecting and measuring outcome variables

Research-based clinical practice guidelines have become a common tool worldwide for improving patient care (Yates, 2000).

Many people consider the randomised, controlled clinical trial to be the 'gold standard', generally because it establishes a clear link between a particular intervention and a desired outcome (Burns & Grove, 1997). Indeed, the process for developing evidence-based clinical practice guidelines uses a system for rating the evidence that affords the strongest evidence to randomised controlled clinical trials, or intervention studies (Hadorn et al, 1996).

Study validity

A key component of intervention studies is study validity, which simply means that the study design is rigorous enough to allow researchers and others to make confident conclusions about the study's findings.

Cook and Campbell (1979) described four types of validity: **internal** — the relationship between independent (intervention) and dependent (outcome) variables is causal; **external** — results can be generalised to a larger population; **statistical conclusion** — independent and dependent variables co-vary and **construct** — operational measures allow generalisations about theoretical constructs under study.

Numerous factors contribute to these four types of study validity, for example, where and how the study is conducted, whether the sample is representative of the population at large, and how the outcome variables are conceptualised and measured, (McGuire et al, 2000).

Selecting outcomes

In deciding which specific outcomes to use, the researcher must entertain several questions to help in the selection process (Stewart & Archbold, 1992).

First, there must be a theoretical link between the intervention and the outcome, that is, a logical connection.

Second, the outcome must have the potential to change, for example, mood as

opposed to state anxiety. Third, the outcome and the way in which it is to be measured must be sensitive to the intervention, and the measurement tool must include items that can be changed by the intervention.

Fourth, it is important that the outcome have clinical relevance (or significance), as well as the capacity for detectable change. Fifth, the instrument selected to measure the outcome must have a distribution of scores that allows for detection of change. If the distribution is skewed, it is unlikely that enough change will occur for the statistical analyses to detect it.

Stewart and Archbold (1992) indicate that the ideal instrument is sensitive to individual differences as well as to changes within an individual. With careful consideration of these areas, the researcher can select appropriately sensitive and clinically relevant outcome variables, with the ultimate benefit of increasing study validity and usefulness of the findings in clinical settings.

The choice of instruments

Following the selection of outcome variables comes the decision about which instruments to use to measure these variables, or whether new instruments need to be developed. Stewart and Archbold (1993) provide helpful recommendations.

Cultural relevance of the instrument to the sample is critical, as the data may otherwise be unreliable. Investigators are wise to seek out reliable, valid instruments that have been translated into the language of the sample and validated.

Feasibility in the study's setting, and with individuals similar to the study sample, is another essential feature of good intervention research. It is particularly important to learn whether the instrument has been used previously in similar populations, and if so, how it performed.

Lastly, the psychometric properties of the selected instruments are important for ensuring that it is a valid and reliable measure of the outcome in question. Existing instruments are preferable, with estab-

lished validity (content and construct at a minimum) and reliability (type[s] dependent on the instrument and situation).

Clinical usefulness is an important factor in the selection process, for if patients do not or are unable to complete their forms, much information is lost. Instruments must be at an appropriate reading level and have meaningful items or questions.

In conclusion, researchers need to use a deliberative process when selecting outcome measures. Most importantly, perhaps, they must realise that sensitivity to change is paramount, and select clinical outcomes that are sensitive to change. Lastly, cultural relevance is essential in order to guarantee that certain types of instruments are available and appropriate for their intended samples.

By paying close attention to selecting and measuring outcome measures, researchers will be more likely to conduct high quality intervention research resulting in outcomes that enhance nursing practice.

*Deborah B. McGuire, PhD, RN, FAAN
Associate Professor University of
Pennsylvania School of Nursing
Phone 215-898-9134
email: dmcguire@nursing.upenn.edu*

References

Burns, N., Grove, S.K. (1997). The practice of nursing research: *Conduct, critique, & utilization* (3rd ed.). Philadelphia: Saunders.

Cook, T.D., Campbell, D.T. (1979). *Quasi-experimentation: Design and analysis issues for field settings*. Chicago: Rand-McNally.

Hadorn, D.C., Baker, D., Hodges, J.S., Hicks, N. (1996). Rating the quality of evidence for clinical practice guidelines. *Journal of Clinical Epidemiology*, 49, 749-754.

McGuire, D.B., DeLoney, V.G., Yeager, K.A., Owen, D.C., Peterson, D.E., Lin, L.S., Webster, J. (2000). Maintaining study validity in a changing clinical environment. *Nursing Research*, 49, 231-235.

Stewart, B.J., Archbold, P.G. (1992). Nursing intervention studies require outcome measures that are sensitive to change: Part one. *Research in Nursing and Health*, 15, 477-481.

Stewart, B.J., Archbold, P.G. (1993). Nursing intervention studies require outcome measures that are sensitive to change: Part two. *Research in Nursing and Health*, 16, 77-81.

Yates, P. (2000). What is the role of evidence-based guidelines in improving health care? *International Cancer Nursing News*, 12, (1), 8.

CALENDAR OF EVENTS

The European Cancer Conference

will take place in Lisbon, Portugal, 21-25 October 2001.
For information contact: ECCO 11, FECS Conference Unit, Avenue E Mounier 83, B-1200 Brussels, Belgium.
fax 32 2 775 0200; email: EBCC-2@fecsb.be

The 16th Asia-Pacific Cancer Conference

will take place in Manila,

Philippines, 18-21 November 2001.
For information contact: Congress Secretariat, 16th APCC, Philippine Cancer Society, Manila, Philippines.
fax 63 2 734 21 28;
email: pcsi@uplink.com.ph

The 18th UICC Cancer Congress

will take place in Oslo, Norway, 30 June-5 July 2002. *For information*

contact: email: congrex@congrex.ch.

The 12th International Conference on Cancer Nursing

will take place in London, UK, 28 August-1 September 2002. *For information contact:* Emap Healthcare Events, Greater London House, Hampstead, London NW1 7EJ, UK.
email: conference.healthcare@emap.com