quarterly newsletter of
the international society
of nurses in cancer care

VOLUME 13 NO 4 2001

Two cultures – one vision

A breast care nurse specialist reports on a collaborative project between the nurses at an Israeli hospital and those at a large cancer institute in China

Breast cancer is a major concern in women's health in the western world, and is now receiving more attention in the east. In China the incidence of breast cancer is very low but there has been a rapid increase in incidence of the disease. This has led to increased interest in the subject.

Since 1996, I have been working as a clinical nurse specialist in breast cancer care at Hadassah Medical Center, Jerusalem. This role has been developed with the support of the Israel Cancer Association. The centre was a pioneer in implementing this role in Israel and there are now 15 nurses dedicated to breast cancer care in the country. Our group meets regularly and works to improve breast cancer care and support for women countrywide.

In 1998 we had the privilege to host in Jerusalem the International Conference on Cancer Nursing. During that conference, a relationship was established between the Israeli group of breast care nurses and a group of Chinese nurses from the Tianjin Cancer Institute and Hospital in Tianjin.

A year later, in 1999, I visited China for the first time with my Chinese partner. I used this opportunity to attend the 2nd Biannual Meeting of the Asian Breast Cancer Society, and gave a paper at that meeting about breast cancer in Israel. The conference was held in Tianjin so there was also an opportunity to visit my new friends, the nurses from the cancer hospital.

Jiang Yong-Qin, the deputy director of nursing looked after me and became my collaborator. I gave a two-hour talk to a group of nurses about developments in breast cancer care which was probably the most exciting experience of the entire visit to China. We decided that our collaboration should continue in the future. Our dream was a longer project to enhance mutual exchange of knowledge and ideas in the area of breast cancer care.

In July of this year this dream has come true. Professor Hao, the Director of Tianjin Cancer Institute and Hospital, together with Jiang Yong-Qin, invited me for a three week visit to give a seminar. With the support of Hadassah Medical Center this became possible.

The visit consisted of three parts. The first week was a seminar to sixty nurses on breast cancer care and psycho-oncology. My partner was my translator all throughout these three weeks. The first week's seminar included five days devoted to different aspects of breast cancer care.

story continues on page 7

Dr Ilana Kadmon, a breast care nurse specialist from Hadassah Medical Center, Jerusalem, Israel, pictured with her translator and the Chinese nurses who she worked with on a three-week training visit to Tianjin Cancer Institute and Hospital, China

Sponsored by Bristol-Myers Squibb Oncology

Founder dies

Professor Charlotte Searle, leading South African nurse and founding member of the ISNCC, has died. She had a long and distinguished career both as a champion of nursing in her home country and as a significant influence in nursing worldwide.

Over 50 years ago, in 1947, she appointed the first black head nurse in South Africa followed by the first black matron in 1956. As well as being a founder member of the ISNCC, Professor Searle was also involved with the South African Nursing Association from its beginnings.

Professor Searle introduced basic nursing degrees in Africa, later followed by both masters and doctorate programmes. In 1962 she was the first nurse in Southern Africa to gain a doctoral degree. In the later part of her career Professor Searle directed the nursing education project of the International Union Against Cancer. Professor Searle received a wealth of honours including the ISNCC Distinguished Merit Award and the Robert Tiffany Lectureship.

Cancer survivorship

The 15th Nursing Research conference of the Japanese Society of Cancer Nursing was held earlier this year with over 1700 nurses taking part. The theme was cancer survivorship, looking at not just long-term survival but survival from the moment of diagnosis.

The keynote presentation on the subject of how to support patients and their families was given by Ms Furusyou, previously director of nursing at Kitasato University Hospital, who drew on 40-years experience.

A panel discussion looked at the role of the specialist oncology nurse and the outcome of their work and how this position could be further developed in Japan.

A final symposium looked at how nurses could support cancer survivors from the position of the survivor, family, medical staff and oncology specialist nurse.

Emiko Endo, RN, PhD,
Programme committee member,
Japanese Society of Cancer Nursing

Fundamentals in oncology

A web based oncology educational programme endorsed by the International Society of Nurses in Cancer Care is now available.

This education programme was edited by President, Connie Henke Yarbro, MS, RN, FAAN and the online version was developed by Dr. karen Dow at the at the University of Central Florida School of Nursing.

Fundamentals in Oncology, Part 1 was made possible by an unrestricted educational grant from Bristol-Myers Squibb International Oncology.

The programme is available worldwide to nurses and other interested healthcare professionals as a learning tool, with the goal of improving cancer patient care.

Access is easy. All you need is computer with an Adobe Acrobat plug-in. No user ID or passwords are required. Simply go to the site at http://reach.ucf.edu/~OncEduc1/. To eliminate the need for computer access time, the programme may be printed in part or in its entirety. You can proceed through the programme at your own pace.

As you will see when you access the programme, it is divided into ten sections; each focusing on information that provides a basic understanding of cancer and its treatment.

Each of these sections contains a section review, evaluation frames, answers to the questions posed, and reinforcement frames to enhance learning. Also included is a chapter on cancer terminology and a glossary. The sections are: the etiology of cancer, early warning signals of cancer, cellular structure and functions, cell cycle and cancer cell properties, types of tissue, the immune system, the haematopoietic system, overview of cancer therapy and systemic chemotherapy and toxicities.

There is a hyperlink to the web site of ISNCC from the programme; and a link to the programme on the ISNCC site.

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.UCSF.EDU

North America
Margaret Fitch
tel: (00) 1 416 480 5891
fax: (00) 1 416 480 6002
e-mail: marg.fitch@tsrcc.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

Published on behalf of the International Society of Nurses in Cancer Care by:
Mediate Health Consulting Ltd, P.O. Box 297
Macclesfield, Cheshire SK11 7FZ,
United Kingdom.

Guiding children through treatment

To help young patients understand their treatment, a group of nurses have developed a book which explains the disease in an action-packed story

The paediatric oncology department becomes a 'home away from home' for the patient during the course of treatment. In contrast with the ideal home, which is a place full of security, familiarity, warmth, and calm, the oncology 'home' is a stressful and foreign environment.

Those who live in this new home are forced to deal with threatening situations, new experiences and an entirely new language of medical jargon. This situation is amplified many fold when the patient is a sick child, as those who experience the stress include the patient, his parents, siblings, grandparents, peers and friends.

Variety of backgrounds

The Bone Marrow Transplantation (BMT) Unit is part of the Department of Pediatric Hematology-Oncology in the Schneider Children's Medical Center of Israel. The centre treats 150 new patients with malignant diseases per year suffering from a wide range of haematologic, oncologic and metabolic diseases.

We perform 30-35 stem cell transplants a year including autologous, HLA-matched and haplotype matched family, matched unrelated and cord blood transplants. We even hold a record for the smallest patient to undergo successfully stem cell transplantation, a 1.5kg infant with severe combined immune deficiency.

Our patients come from a wide range of cultural backgrounds including Jews, Arab, Muslims and Christians, new immigrants and tourists from Eastern Europe. Many of our patients have been receiving treatment at our hospital prior to transplant, while an increasing number of patients are referred from outside institutions and are unfamiliar with our staff and procedures.

The rich variety of ethnic and social backgrounds of our patients makes their adaptation to life in the BMT ward all the more challenging to our staff.

Multi-media programme

Thinking that an understanding of the transplant process would help families cope with life in the transplant ward, we have developed a multi-media programme to guide, teach and accompany our patients and their families through their transplant experience.

The first element in this programme is a 15-minute video that presents the transplant ward and its staff. The video describes the process of the transplant and the routine of the transplant ward. Although we do not gloss over the tougher aspects of the transplant experience, we have made this video as optimistic and as hopeful as possible.

After we screened this film among our staff and patients, it became clear that 15 minutes was too little time to address an issue as complicated as bone marrow transplantation. So we turned to the written word and developed a more comprehensive booklet for families that explains in detail the transplant process.

Younger children

Designing a teaching aid for young children who are about to undergo BMT proved to be a much greater challenge. As with any book designed for children, we were forced to target a specific age group for our text. And we tried to target the median of a broad spectrum of socio-economic and ethnic diversity. And then we had to translate the books to some other languages (Arabic, Russian and English).

We targeted our text to meet the needs of young school-age children (8-12 years of age) using graphic designs that would capture and hold the attention of these children. We solicited samples in a competitive format from a local school of graphic design. The winning entry is an interactive story that compares the body of the patient to a country called the 'land of body' that is under attack and must protect itself from the enemy.

The 'Chief-General' in the story decides to bring new warriors to save the army and the country (the body). The children are inspired to understand their own fight for survival as a war of brave soldiers fighting to protect their country. The book is unique and interactive.

The children are presented with questions regarding all of the major aspects of BMT, with space to write their answers. The correct explanations are on the opposite page. One more feature — the answer page has a lift-up flap with more in-depth explanations for older children underneath. The last page has space for staff to sign when the child goes home.

Difficult path

All the tools mentioned: the video-cassette, the parents booklet and the children's book are accompanied by a consultation with the doctor, an explanation by the BMT co-ordinator and a tour of the BMT unit.

Hair follicles are carried off by rebel forces in ***Ozi the bravest hero in the land of the body***

All this is aimed to help orient the patient and his family, improve understanding and therefore better coping with this new experience.

In addition to this fascinating children's book, we are now developing a new tool, this time for the entire oncology department. The new venture is a CD-ROM, a multimedia presentation offering the children and their families the opportunity to browse through any aspect related to the course of their illness — tests, treatments, side effects, social and emotional concerns, and helpful resources.

The child is guided through the CD-ROM by a cute figure with a child's voice and gestures which reflect back to the child common, yet unspoken usually, thoughts and feelings associated with fighting such a major illness.

Our purpose, for all the above, is to shed as much light as we possibly can for our patients, on their difficult path through the treatment of their condition. The responses from patients and families have been extremely positive, which confirms our feeling that people, including children, cope more successfully when they have more information.

Nurit Ben-Zvi, RN, BA,
Pediatric BMT Coordinator
Schneider Children Medical Center, Israel

EDUCATION COLUMN

The value of a professional oncology nursing organisation for the community

As professionals, cancer nurses recognise the value of their services as a resource for the promotion of the quality of care provided to cancer patients and their families in all stages of the disease and in all the care settings. It is clear that in order to reach professional excellence, individual nurses must continue to develop their knowledge and skills.

An organised approach to achieving excellence in cancer nursing care is the development of a professional nursing organisation. The achievements of the Israeli Oncology Nursing Society will be used to illustrate the ways that such a professional organisation can assist nurses in their personal professional development. The Israeli Oncology Nursing Society was founded in 1987 and developed into a formal society in 1989. The society has about 490 members from all the settings of oncology nursing: in-patient, ambulatory, community, administration and education.

To meet the goal of achieving professional excellence in cancer nurses, the society has focused on the educational needs of the members. It does this through an annual conference, study days, specific interest groups, liaising with the ministry to develop a post basic oncology nursing course, and a journal.

Annual conference

The annual conference is the most important event for oncology nurses in Israel, many of the work settings function with limited staff in order to encourage the nurses to participate. During the conference nurses can view educational posters and a wide commercial exhibition. It is also an opportunity to network and socialise. The conference, for more than 500 delegates, members and guests, features presentations by oncology nurses, on research, education and clinical practice. Last year, the conference programme dealt with four main issues: end-of-life nursing care, education and documentation, supportive care and specific intervention for new medical treatments. In the plenary session research papers were presented on body image and motherhood among women suffering from cancer.

Study days

Three to four study days, dealing with current clinical issues, are held each year. This year one of the study days dealt with the role of the nurse in tobacco control — this day was dedicated to the political, psychosocial, physical, and educational aspects of this problem. The topic was chosen in order to raise the awareness to tobacco control and emphasise the unique place of the nurse in health promotion, prevention and early detection of smoking related cancer. The timing of this study day was parallel to the implementation of the new law on smoking forbiddance in public places in Israel. We count on oncology nurses to become more involved in the issue of tobacco control in their work and personal environment.

The second study day dealt with supportive care, presented by nurses in haematology and oncology departments comparing the different symptoms and their management. Some of those studies were presented previously in international conferences and this was an opportunity to involve a wider audience.

The third day focused on cancer related anaemia, the topic was discussed in a very comprehensive medical and nursing perspective. This day complemented the four fatigue workshops which were a special educational activity that the society chose to focus on.

During the last two years the society has conducted four interactive workshops, each two days long. The objective was to introduce the issue to the nurses and to promote their knowledge, intervention and dissemination skills.

Specialist interest groups

For several years small groups are meeting regularly in order to advance the specific knowledge and skills needed in their special area. The groups are Stoma Care Nurses, Community Oncology, Palliative Care, Breast Care, Radiotherapy and Paediatric Nurses. The meetings include sharing of relative information, support and updating. Each group meets about six times a year. Nurses in these groups are working to develop standards of care, deal with ethical dilemmas and also promote specialised nursing in Israel. This work will provide further opportunity for nurses to learn.

Post basic oncology nursing course

The society is involved in the development and implementation of the official Post Basic Oncology Nursing Courses. The Ministry of Health certifies 150 additional nurses every year. Most of the nurses working in oncology graduated from these courses.

Journal

The society has an official journal, *Seud Oncology,* which is published three times a year. The journal is the only professional publication in Hebrew and it brings to the student nurses and clinicians original papers and local and international news.

The International Society for Nurses in Cancer Care promotes the development of professional cancer nursing groups in all countries of the world. Professional organisations offer a framework for dedicated and creative nurses, who care for individuals and groups experiencing cancer, to work toward excellence in cancer/oncological nursing.

Sarah Ben- Ami RNMA,
Oncology Nurse Coodinator in Community, Home Care Unit, Clalit Health Services, Tel Aviv District, Israel

Acute cancer nursing shortage demands urgent action

Our first in a series of reports from around the world on cancer nursing in a specific country or region takes a look at cancer nursing in Africa, in particular South Africa

Cancer nursing and cancer education in Africa needs to be addressed urgently. The prioritising of primary health care overshadows the needs of cancer patients and potential cancer patients.

The National Cancer Registry of South Africa estimates that about one in four South Africans will develop cancer in their lifetime.

Increases in HIV-induced immunosuppression and tobacco consumption, coupled with existing risk factors for cancer like alcohol and certain viral infections will have an important impact on cancer patterns and magnitude in the future. It is suspected that this estimated figure may have already risen to 1 in 3.5

According to the World Health Organisation, cancer is the second leading cause of death in the world. In Africa cancer could possibly be the third leading cause of death with HIV/AIDS second.

Figure 1 shows the six leading causes of cancer in each region in Africa. It indicates that most of the leading cancers, like lung, breast, cervix are preventable or early detectable. It is a cause for concern as to why they are, in the year 2001, still the leading causes of cancer.

In early prevention and detection of certain cancers, the trained cancer nurse has a key role to play in reducing incidence.

Southern Africa

The International Agency for Research in Cancer (IARC) released statistics for cancer incidence in Southern Africa. In summary, 120,231 people are alive with cancer after 5 years, while approximately 36,000 people die of cancer in one year.

In an attempt to determine the extent of cancer nursing in Africa (other than South Africa) a survey was conducted via e-mail and faxes. Table 1 sets out the result of this survey.

South Africa

The nursing situation in South Africa, according to the South African Health Review of 1998 indicates that a total of 45,451 registered nurses practise in the public sector with 90,923 nurses in the private sector, a total of 136,374.

The number of oncology trained nurses registered by the South African Nursing Council (SANC) at present is only 225 — so only 0.16% of all registered nurses are trained in oncology nursing. It is not known how many of these nurses are actually currently practising in South Africa, as some are practising in foreign countries and some have retired.

The latest statistics on the population in South Africa is 43,421,021. A quarter of these people will develop cancer in their lifetime. This calculates to a figure of 10,855,255 (South African Nursing Council, March 2001).

For these 10,855,255 citizens of South Africa only 225 registered nurses are trained oncology nurses at present. This works out to 48,246 people with cancer or potentially developing cancer for each oncology trained nurse.

It could be argued that special oncology training is not necessary. It is however obvious, from the current situation with basic nurse training, and the fact that cancer is increasing, that the real problem is not being addressed.

Regulation R879 of the SANC stipulates that oncology training should be part of the training of a basic student nurse in the 3rd year. It stipulates that oncology should be part of a minimum 120 periods of instruction in which ‘general medical and surgical nursing science to the reproductive, endocrine, metabolic, skeletal, nervous, excretory and auto-immune systems of the body, with special pathological, diagnostic therapeutic and nursing skills’ will be dealt with.

Furthermore these 120 periods include geriatrics, oncology, infectious diseases, otorhinolaryngology, ophthalmology, preventative and rehabilitation aspects, operating theatre and anaesthetics, ward administration, clinical instructions, professional practise, records, disaster nursing and medico-legal risks. Thus, in the 120 periods of 40 minutes (80 hours) all of these subjects have to be covered. It is a matter of concern that so little time during a student nurse’s training is given to an illness that affects a quarter of the population (South African Nursing Council Regulation R875).

Although it is understandable that all illness should be covered by basic training, it is important to emphasise the importance of post-basic training in oncology. The newly qualified registered nurse is not at all equipped to deal with cancer patients.

From the statistics released by the South African Health Review of 1998, for instance, only an average of 57.6% of clinics do regular PAP smears, while only an average of 58.9% provide health education. Deaths from tobacco-related illnesses are an average of 106.63 per 100 000.

According to the South African Health Review of 1998 one of the reasons for the current situation is that non-communicable diseases are not seen as a national priority.

It is a matter of concern to all nurses working in oncology that cancer care is not properly addressed. It is a known fact, although no statistics are available, that patients with early detectable cancers are overlooked at their local primary health care settings. Pain control and symptom relief for cancer patients are not addressed in most health care facilities that are not cancer specific.

The conclusion is that this speciality of nursing has been neglected for many years.

Country	Formal oncology course offered	Informal oncology training	Trained oncology nurses	Where did they receive oncology training
Egypt	Yes	Yes	Unknown	Egypt
Uganda	No	Unknown	Unknown	USA and Europe
Zimbabwe	No	Very basic	4	USA and UK
Namibia	No	Basic	Several	Cape Town and elsewhere
Tanzania	Uncertain	Uncertain	Unknown	Unknown

Table 1: The extent of cancer nursing in Africa

Urgent actions should be taken to rectify this situation.

Recommendations

Proper research should be done to determine the exact numbers of oncology trained nurses in South Africa and Africa. Statistics regarding cancer in Africa are lacking and this should be addressed.

Formal oncology nurse training has not been offered anywhere in South Africa for the last few years. Since last year the course has again been offered at a few training institutions, but the number of students that enroll is only between three to 12. Active canvassing of students is needed urgently.

Links should be formed with other African countries and formal oncology nurse training extended into Africa.

Recommendations should be made to SANC with regards to the cancer nurse component of the basic student nurses, post-basic occupational health courses and community health courses.

Short courses of oncology nurse training should be introduced to community health workers, rural nurses, oncology case managers at Medical Aid companies etc.

The Department of Health should be lobbied about the priority of cancer.

One way of addressing this problem is through the Oncology Nursing Society of South Africa. The objectives of this society, in short, is to promote quality cancer care in South Africa, to get involved with cancer nursing education at all levels of categories. And to participate in developing community awareness of healthy lifestyles, early detection and treatment of cancer, rehabilitation and aftercare, to network with other health related professions, to promote and participate in research and to get involved internationally.

Figure 1 Six leading cancer-incidences per region in Africa for both male and female

Active canvassing for members to the Oncology Nursing Society of South Africa should be done. At present, only 184 nurses of the 136, 374 registered nurses belong to the Oncology Nursing Society (not all are oncology trained), yet all registered nurse will have to deal with cancer patients in their occupation.

It should, however, be the responsibility of all tertiary institutes involved in health care training to address this problem to result in any noticeable changes regarding the cancer situation of South Africa and Africa.

Petra Fordelman
Chair of the Oncology Nursing Society of South Africa,
Board Member of ISNCC

References:

South African Nursing Council (March 2001)
South African Nursing Council. Regulation R875. *Diploma for registration as a General Nurse*

---

continued from page 1

The first day was medical, the second psychosocial, the third addressed issues of body image and sexuality, the fourth was about the social and political aspect of breast cancer, and on the last day we discussed the development of the role of the specialist breast cancer nurse. Many films were shown during the seminar and many interactive sessions, group discussions and exercises were held. The seminar proved to be a great success.

During the second week, mutual work in the breast cancer wards was planned. In this large hospital there are two departments, with forty beds each, for women with breast cancer. There were many activities during this part of the project, including discussions with patients, a group meeting with partners, an open lecture to patients and families, discussions with staff about improvement of care, and a plan for future collaborative research projects.

The third week of the visit was spent mainly visiting other organisations in Tianjin. We went to a large hospital specialising in Chinese medicine, to the Department of Nursing at the Faculty of Medicine, and to a site in the community where activities related to early detection of breast cancer are carried out. Lectures were also given to Tianjin Nursing Society and Tianjin Rehabilitation Society .

Attitudes to cancer and its treatment vary significantly between cultures. Many social issues were discussed and raised during this three weeks. These included the meaning of the breasts in different social contexts, communicating with patients the diagnosis and prognosis, and the need for information and participation in treatment decisions.

Chinese women seem to have neither the desire nor the opportunity to take part in the planning of their care. Being myself involved in the political aspects of breast cancer, and a great believer in empowerment and advocacy for women, this has been very difficult for me to accept. However, the openness of our discussions and the mutual exchange of thoughts and ideas were enriching and fulfiling professional experiences.

Future collaboration is planned between Hadassah nurses and the Chinese nursing groups. This includes research projects in breast cancer care with emphasis on cultural aspects, the development of the Chinese nurse specialist, and the exchange between oncology nurses at TCIH and Breast Care Nurses at Hadassah. Our two ancient cultures are different, but we share a common vision for breast cancer care.

Dr Ilana Kadmon,
Breast care clinical nurse specialist,
Hadassah Medical Center, Jerusalem.
Israel

RESEARCH COLUMN

Maintaining study validity in the clinical setting

The randomised, controlled trial is generally considered the 'gold standard' for demonstrating the causal link between an intervention and a desired outcome. Thus, it serves as a foundation for evidence-based practice provided that it is conducted in a manner that maintains internal and external study validity (McGuire 2001).

Factors affecting these types of validity must be identified and managed to assure a high quality study (McGuire & Yeager, 1999). Two key elements that need careful attention in this regard are the influence of clinical realities upon the researcher's methodological decisions, and integration of the study into the clinical setting (McGuire et al, 2000).

Influence of clinical realities on methodological decisions

Four specific methodological considerations require careful thought when making decisions about design and procedures (McGuire et al, 2000). First, eligibility criteria for the sample should take maximum advantage of available patients, but the researcher needs to be aware that these criteria may also pose threats to both internal and external validity.

Second, implementing the intervention in a rigorous manner is essential for preserving internal validity. In some clinical settings, the staff nurses are fully capable of implementing the intervention and may wish to do so. The researcher must consider, however, whether this approach might result in potential for diffusion of the intervention from experimental to control group patients and the consequences.

In some studies, it is preferable to have research personnel implement the intervention to minimise the diffusion potential. Additionally, it is wise to develop clear written descriptions of both the intervention and the control group procedures and to use specific documentation strategies to record the implementation of the intervention.

Third, controlling extraneous variables is another critical aspect. Because these variables could potentially bring about the desired outcomes independent of the intervention, they must be either controlled for by design, or by measuring them so that they can be taken into account in the statistical analyses.

Fourth, collecting repeated measures is another challenge in a clinical setting where patients may be ill, unavailable for variable periods of time, or unwilling to complete instruments or undergo questioning. Pilot testing to address issues of patient burden, instrument sensitivity, and ways to minimise missing data are essential prior to beginning an intervention study. Development of standardised protocols for administering instruments, dealing with missing data, and assuring overall quality is an important way to maintain study validity.

Integration of the study into the clinical setting

The degree to which an intervention study is integrated into the clinical setting can affect study validity. Two major areas of activity can help the researcher minimise threats to study validity.

First, becoming familiar with the setting enables the researcher to better understand the culture, personnel, resources, and daily operations of the site (McGuire et al, 2000). This information can provide insights into the chain of command, formal and informal leadership patterns, attitudes about research, administrative support, roles of various personnel, identification of key resources and people, and routine procedures that facilitate or hinder the conduct of the research.

Armed with this increased familiarity, the researcher is able to develop procedures that are simpatico with the setting, personnel, and administration. The result is a more rigorous design that contributes to stronger study validity.

The second activity is involving clinicians in the research (McGuire et al, 2000). With their knowledge of the setting, patients, and clinical issues, they can enhance the conduct and rigor of a study and the real-life application of results (Nail, 1990).

Levels of involvement can vary depending on the clinician, the study, and other factors. Some staff nurses may simply facilitate the conduct of the study while others might serve as consultants, paid study personnel, or co-investigators.

A key component of any such involvement is the support of the administrative officials, and a set of clear responsibilities accompanied by any necessary orientation and training. Care must be taken to address the potential for researcher-clinician role conflict, and to monitor for possible threats to study validity. Helpful strategies in this regard can include regular research team meetings, discussion of problems, development of resolutions, and continuous monitoring.

In conclusion, the conduct of an intervention study in a clinical setting can be a challenging enterprise. However, with careful attention to the clinical realities that can affect the conduct and outcome of the study, and to integrating the study into the setting, the researcher can achieve a design rigorous enough to allow a fair test of the intervention's effectiveness.

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

References

McGuire, D.B. (2001). Selecting and measuring outcome variables. *International Cancer Nursing News*, 13 (3), 8.

McGuire, D. B., & Yeager, K.A. (1999). Implementing the study. In Mateo, M.A., & Kirchhoff, K.T. (Eds.). *Using and conducting nursing research in the clinical setting* (2nd ed.) (pages 300-315). Philadelphia: Saunders.

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.

Nail, L. M. (1990). Involving clinicians in nursing research. *Oncology Nursing Forum*, 17, 621-623

CALENDAR OF EVENTS

The 3rd EONS Spring Convention will take place in Venice, Italy, 11-13 April 2002. *For information contact:* EONS-3 secretariat, FECS Conference Unit, Avenue E Mounier 83, B-1200 Brussels, Belgium; tel: 32 2 775 0202; fax: 32 2 775 0245; email: EONS-3@fecs.be

The 27th Annual Congress of the Oncology Nursing Society will take place in Washington DC, USA, 18-21April 2002. *For information contact:* ONS, 501 Holiday Drive, Pittsburgh, PA 15220 USA; tel: 412 921 7373

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:* Liz Peim, 12th ICCN, PO BOX 6626, Leicester, LE2 1YU; tel: 44 (0)116 270 3309; fax: 44 (0)116 270 3673; email: conference@isncc.org