



Travel scholarships for Singapore 2008

Up to 50 travel scholarships are available for the 15th International Conference on Cancer Nursing (ICCN) to be held in Singapore, August 17 to 21 2008.

The theme of the 15th ICCN will be *Creating Partnerships, Championing Progress, and Celebrating Practice*. The ISNCC is joining forces with SingHealth to host this popular international cancer nursing conference.

Travel scholarships are a vital part of ISNCC's work in supporting the development of cancer nursing around the world.

These scholarships are awarded to nurses from low-resource countries to offset the costs associated with travelling to the conference. Following the conference, travel grant recipients can share their experiences and newly acquired knowledge with colleagues.

We look forward to receiving applications and nominations for these scholarships. The deadline is February 28, 2008.

The travel scholarship application guide and form are available to download from the conference website at <http://www.isncc.org/meeting/awards>.

Registration open

Registration is now available for the 15th ICCN, and ISNCC is pleased to announce the launch of its new online registration system, which can be accessed via the conference website at <http://www.isncc.org/meeting/registration>

The discounted early registration fee of \$495 (USD) will be available up to February 29, 2008. From March 1 to June 27, the fee will be \$695 (USD). From June 28 until the conference, the registration fee will be \$895 (USD).

Accommodation

If you are ready to book your hotel accommodation, special conference rates have been arranged for delegates. Please visit the conference website at <http://www.isncc.org/meeting/Accommodation>

Alternatively Singapore has an abundance of accommodation types which can be found on Singapore Tourism Board's comprehensive official tourist information site at www.visitsingapore.com

Exploring Singapore

If you are intending to explore Singapore before or after the conference, then we are pleased to announce Orient Explorer as the official tour operator of the 15th ICCN. Orient Explorer will assist you with booking your pre and post-conference tours should you wish to explore destinations further afield.

You can also book local sightseeing tours to experience the many exciting things to see and do in Singapore.

Please visit the conference website at www.isncc.org/meeting/Activities-and-Tours for more information on the many attractions in Singapore. If you would like to book a tour, then you can link directly to Orient Explorer's booking form, and book your tours in advance online.

To register for the 15th ICCN, book a hotel or sightseeing tour, and to access further information and regular updates about the conference, please visit www.isncc.org/meeting

New EONS president

Professor Sara Faithfull from the University of Surrey, UK has been named as the new President of the European Oncology Nursing Society (EONS).

Sara started cancer nursing at the Royal Marsden Hospital, London, UK in 1984 where she worked as a ward sister. After further study the focus of her work shifted towards teaching and research, developing graduate and post-graduate programmes in cancer nursing. As a researcher Sara has created a field of research within the UK for cancer side-effect management following radiotherapy and in developing self management techniques.

Sara is currently research co-ordinator for health care practice research at the Faculty of Health and Medical Sciences, Surrey University.

The role of the EONS president is to raise awareness of the speciality of oncology nursing and to work with multidisciplinary groups in lobbying for



improved cancer care within Europe.

Sara said: "This position is certainly a challenge and also a great honour. We need to realise that the European contexts for health care are very diverse with nurses working in different ways within oncology across Europe."

Celebrating practice

This year, 2008, is the year of the 15th International Conference on Cancer Nursing to be held in Singapore from August 17 to 21. Please consider joining your colleagues from around the world at this exciting event and take the opportunity to spend some holiday time in Singapore or some of the other exciting countries in Asia.

One of the themes of the conference is *Celebrating Practice*. Reflection on some of the directions nursing has taken in many parts of the world might suggest that status in nursing is linked to moving further and further away from clinical practice.

Our heroes in terms of awards and recognition are often the managers, researchers and educators rather than the clinical nurses who hone their expertise in a practice setting and make a real difference in the lives of people affected by cancer.

I began my own journey wanting to be an expert clinician but found that the ability to advance in a clinical career was lim-

ited. While a lot has changed since then, many skilled and knowledgeable clinicians are still forced to leave clinical practice to achieve improved pay and recognition of their expertise. This seems counter to the reality that we are a practice discipline.

Just recently my personal family interactions with the cancer care system have reinforced the need to re-think the imbalance of status and recognition in nursing. Without expert clinicians people with cancer and their families are left feeling vulnerable and unsafe.

To this end I would love to see an issue of this newsletter devoted to your stories about your clinical nursing heroes and the difference they have made to people affected by cancer in your part of the world.

Please send a "Celebrating Practice" story to Kathryn Godfrey, our newsletter editor (kathryngodfrey@blueyonder.co.uk).

Sanchia Aranda
ISNCC president

Campaign for a smoke-free childhood

World Cancer Day on the 4th of February 2008 will focus on the importance of a smoke-free childhood. The day, promoted by the International Union against Cancer (UICC), will warn parents of the dangers of second-hand smoke.

According to the WHO around 700 million children — almost half of the world's children — breathe air polluted by tobacco smoke, particularly at home.

Key messages of the campaign will emphasise that there is no safe level of exposure to second-hand smoke. Parents need to avoid smoking near their children and to avoid smoking in the family car and at home even when their children are not present.

The launch on World Cancer Day will be the start of a four-year campaign. Initially the campaign will focus on raising awareness in the media as well as encouraging local initiatives by UICC member organisations. This will be followed by sustainable educational projects.

More information can be found at www.worldcancercampaign.org

New figures reveal global incidence of cancer

There were more than 12 million new cancer cases and 7.6 million deaths from the disease worldwide in 2007, according to new global figures.

The majority of cancer cases and deaths (6.7 million and 4.7 million respectively) occurred in developing nations, with the remainder in economically developed countries.

As well as incidence figures, the report also highlighted differences in how cancer affects developed and developing countries, with infection being far more significant in the developing world.

According to the report *Global Cancer Facts and Figures 2007* around 15 per cent of all cancers are related to infection.

However developing nations have a higher ratio of infection-related cancers, with a rate three times higher in developing countries (26 per cent) than in developed countries (8 per cent).

The three most common male cancers in developed countries were found to be prostate, lung and colorectal, while in women they were breast, colorectal and lung cancer.

However, in developing countries the most common forms of the disease are lung, stomach and liver cancer in men, and breast, cervical, and stomach cancer in women.

The report, produced by the American Cancer Society, was based on data compiled by the International Agency for Research on Cancer (IARC).

Ban cigarette vending machines

A campaign to ban cigarette vending machines has been launched in the UK by the British Heart Foundation and Cancer Research UK.

A survey has shown that one in six child smokers uses the machines.

Elsbeth Lee, senior tobacco control manager of Cancer Research UK, said: "The issue must remain a Government priority if we are to prevent today's teenagers becoming tomorrow's adult smokers and greatly increasing their risk of developing cancer in later life."

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International Train-the-Trainer breast cancer programmes

This presentation, given at the 14th International Conference on Cancer Nursing in Toronto, describes Train-the-Trainer breast cancer programmes delivered by the ISNCC. It looks at the outcomes of three programmes and explores cultural beliefs about breast health and breast cancer as reported by the participants

Over 1.15 million new cases of breast cancer are diagnosed worldwide each year; making breast cancer the second most commonly diagnosed women's cancer. Breast cancer mortality is highest in economically low-resource countries.

Nurses are ideal health care professionals to educate their community about breast health and breast cancer. However, breast cancer education for nurses from developing nations is very limited (Yarbro, 2003).

To address this need the International Society of Nurses in Cancer Care (ISNCC) received a grant in 2000 from the Susan G Komen Breast Cancer Foundation International Programs to develop and deliver a Train-the-Trainer breast cancer programme for nurses primarily from developing countries.

The programme was based on the belief that all women have the right to receive education about breast cancer that is culturally appropriate and specifically tailored to their needs (Meneses & Yarbro, 2006).

Train-the-Trainer programme

The breast cancer Train-the-Trainer programme was a two-day workshop geared towards helping nurses from around the world improve their knowledge, skills, and understanding about breast cancer screening, early detection, treatment, support, and survivorship.

Three Train-the-Trainer breast cancer programmes were implemented in 2000, 2002, and 2004, with between ten and twelve participants in each programme. Since the programme was held prior to the biennial conference of the ISNCC, many of the participants then had the opportunity to attend the conference.

The Breast Cancer curriculum used a Train-the-Trainer approach and included didactic presentation, hands-on skills demonstration, principles of advocacy and support, and teaching and learning strategies. A total of 32 nurses were selected via an application process.

These nurses represented 20 countries including Australia, Brazil, China, Colombia, Germany, Ghana, Greece,

India, Israel, Italy, Jordan, Kazakhstan, Kyrgyzstan, Norway, Pakistan, Portugal, South Africa, Spain, Turkey and the United Kingdom.

In 2000, the majority of participants represented developed countries in Europe and Australia. Increasingly, the 2002 and 2004 Train-the-Trainer programmes included participants representing developing nations in Africa (15.6%), Asia (37.5%), and South America (12.5%). One year follow-up evaluations were conducted to examine the application, durability, and use of the Train-the-Trainer curriculum.

In 2006, the authors developed a 13-item survey of open-ended questions related to clinical, educational and research activities. This survey was emailed to the participants to obtain information on their activities since completing the Train-the-Trainer programme.

Outcomes

The email survey sent to 32 participants in 2006 resulted in a 40% response to the survey (13/32). The 13 responders continued to work in breast cancer, either in schools of nursing or in the hospital setting.

The major outcome areas in clinical practice and education (patients, families, and professionals) will be discussed. Emphasis on the cultural sensitivity in adapting breast health and breast cancer education materials are highlighted.

The participants applied the Train-the-Trainer information in a variety of ways. More than 1400 patients or family members were reached through the 32 participants clinical activities and over 900 nurses were reached by the participants' educational activities.

These activities are listed below (Meneses & Yarbro, accepted for publication in Journal of Cancer Education).

Clinical breast care activities:

- Cared for patients receiving radiation therapy;
- Provided symptom management of treatment side effects;
- Provided supportive, wound, and nutritional care;
- Administered chemotherapy;

- Provided counselling on sexuality and spiritual concerns;
- Participated in multidisciplinary clinical care in REMA, (Research, Teaching and Assistance for the Rehabilitation of Mastectomy Women);
- Counselling patients about hereditary breast cancer;
- Provided grief counselling and psychosocial support for families.

Educational activities:

- Developed and trained breast cancer support group facilitators;
- Conducted educational classes on post-mastectomy exercises, complementary therapy such as rhythmic breathing and foot massage for hospital staff;
- Educated 500 Latin America nurses;
- Educated women in Porto Alegre, Brazil about breast cancer;
- Educated 300 nurses in Almaty;
- Trained 100 women in breast self-examination (BSE);
- Developed a class on breast self-examination and implemented the training class;
- Developed Train-the-Trainer activities for nurses and doctors in Turkey;
- Organised a study day about breast cancer for nurses of communities and hospitals in northern Israel;
- Developed breast care content in the school of nursing curriculum;
- Facilitated communication skills training workshops;
- Edited material on breast cancer for a Russian language medical-surgical textbook;
- Helped to reactivate the Cancer League;
- Prepared two-week training programme in breast cancer and delivered throughout the country;
- Trained 50 nurses about hereditary breast cancer;
- Delivered lectures and conferences on breast care nationally and internationally;
- Organised programmes for

Cultural beliefs about breast health and breast cancer
Breast cancer is fatal and a curse
<p>“Cancer is caused by a curse from God.” (Respondent from India)</p> <p>“Breast cancer is a fatal disease and if you are a patient with breast cancer, the most important thing is life.” (Respondent from Turkey)</p>
Breast cancer is a stigma
<p>“Women take it so easy even if they see a lump in their breast. As much as possible, they hide it till it gives some problem to them, perhaps due to the stigma it creates, for fear that their daughters will not be getting married.” (Respondent from India)</p> <p>“Egypt is a country... where cancer is rampant, but not discussed openly... it’s highly stigmatized and feared.... Using the words ‘breast’ and ‘cancer’ are still a stigma.” (Respondent from Egypt)</p>
Beliefs about breast cancer risk
<p>“A common belief that we have been investigating concerns breast cancer risk and one very common belief is that the cause of cancer is due to an injury or damage in the breast tissue.” (Respondent from Brazil)</p> <p>“At some parts of the country, I know that some women that have nodes in breast after feeding her babies with breast are afraid being in risk of have breast cancer.” (Respondent from Portugal)</p> <p>“Lots of Colombian young women are looking for cosmetic breast surgery with the purpose of enlarging their breast size. Day by day the breast feeding is shortened and the first pregnancy occurs later in life.” (Respondent from Colombia)</p>
Breast cancer detection practices
<p>“General population beliefs about breast cancer include that it happens exclusively in old women and that breast self examination is very difficult to practice.” (Respondent from Colombia)</p> <p>“(there is) denial because of gossip of family and friends. Young women postpone going to see the doctor because of rumours, so they see a doctor too late. In some cases, it is thought the patient must have been involved in sexually immoral activity if she has to see a doctor for breast examination. Also, they are many breaches in medical confidentiality.” (Respondent from Kyrgyzstan)</p> <p>“... in countries with an Asian or Muslim background, female patients are supposedly not to be examined by a male. Most mammologists and oncologists are male, and so young women feel ashamed and afraid of seeing them.... Our program has been struggling and making slow progress to change such inimical traditions.” (Respondent from Egypt)</p>
Surviving breast cancer
<p>“Body image, loss of breast, family life, sexual life, etc are secondary problems” (Respondent from Turkey)</p>
<p>Reprinted with permission from Meneses KD & Yarbro CH: Cultural perspectives of international breast health and breast cancer education. <i>Journal of Nursing Scholarship</i>, 2007; 39:2, 105–112</p>

nursing students, staff nurses, and healthy women in the community; about breast screening and self-examination in China;

- Published a booklet in China about health education, and breast cancer education.

Cultural exchange and sharing

The participants had the opportunity to share their cultural perspectives. This shared understanding about other cultures was a successful outcome of the Train-the-Trainer programme as it increased the understanding of the worldwide problem of breast cancer. Cultural beliefs and practices related to breast health and cancer shared by the participants follow several themes as shown in the table opposite (Meneses & Yarbro, 2007).

Conclusion

The Train-the-Trainer programme provided an opportunity for cultural exchange and sharing, which increased the understanding of the unique aspects of culture and its influence on breast care and breast cancer around the world. It is important to keep these cultural perspectives in mind as the nurse provides care and education to the different populations.

The Train-the-Trainer approach was effective in delivering breast care and breast cancer education and resulted in nurses reaching a wider audience of nurses and patients. Moreover, the modification of the programme by nurses in their respective countries resulted in a culturally sensitive breast health programme.

Find out more about the Susan G Komen Breast Cancer Foundation at: <http://cms.komen.org/komen/index.htm>

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References

- Yarbro CH (2003). International nursing and breast cancer. *Breast Journal*, 9 (Suppl.2): S98–S100.
- Meneses KD & Yarbro CH (2006). International breast health and breast cancer education for nurses; Lessons learned. *Proceedings of International Conference on Cancer Nursing*, Toronto, Canada (abstract).
- Meneses KD & Yarbro CH. An evaluation of the Train the Trainer International Breast Health and Breast Cancer Education: Lessons Learned. *Journal of Cancer Education* (accepted for publication).
- Meneses KD & Yarbro CH (2007). Cultural perspectives of international breast health and breast cancer education. *Journal of Nursing Scholarship*, 39 (2): 105–112.

Nutrition and cancer

We eat not only for the basic sustenance of life, but also as a pleasurable social activity. Cancer patients are known to be at serious risk of malnutrition, partly because of the cachexic effect of the disease process, but also the side effects of treatment such as chemotherapy.

The effects of this on quality of life can be dramatic and it is pertinent therefore to take a look at what advice and support exists via the internet for patients' families and professionals in this somewhat neglected but vital area of care.

National Cancer Institute

<http://www.cancer.gov/cancertopics/eatinghints/page1>

If you want a site that has it all, then this US site is the one for you. The information is first class and there are eight comprehensive pages of information available from this link. It deals with issues before, during and after cancer treatment as well as information for caregivers, recipes, facts, tables and other useful resources.

Everything can be made printer-friendly, downloaded to your computer or ordered in hard copy. This is quality content for all concerned with cancer and nutrition.

Cancer Nutrition Info

<http://cni.axialwebhosting.com/main.cfm?id=1>

This interesting US web site is dedicated solely to nutrition and cancer, so is very much a one-stop-shop for patients, families and health professionals. It has all the

relevant sections you would anticipate and more besides. There are message boards, a question and answer section, information on complementary nutrition and a useful pull-down menu of specific cancers with pages linked to articles related to that cancer. It is closely linked to [caring4cancer.com](http://www.caring4cancer.com) which has a wider remit, but some good quality content.

Oncolink

<http://www.oncolink.org/coping/article.cfm?c=3&s=63&ss=151&id=908>

This well known US web site has been reviewed before on the subject of fatigue and the quality of its content is excellent. The information on nutrition is solely intended for health care professionals. It is academic in content, well referenced, detailed in its scope and regularly updated.

Unusually, it is all contained on one very long page with a table of contents at the top, so the user can simply scroll down at their leisure without the need to click onto multiple links.

If you are looking for a very comprehensive review of nutrition in cancer care for a project, essay, or for professional updating then this is a good place to start.

Cancerbackup

<http://www.cancerbackup.org.uk/ResourceSupport/Eatingwell>

Aimed at people with cancer and their families, the information on this UK web site is very practical and includes a wide range of nutritional advice including

advice on eating problems, a healthy eating guide, alternative diets, recipes and lots of resources that can either be downloaded to your computer or ordered. I checked out some of the pudding recipes and they were so simple to do, that even a cooking novice like me was successful. All credit to the chef who put them together.

Worth a look Cancer Help

<http://www.cancerhelp.org.uk/help/default.asp?page=10444>

This very professional UK web site has an excellent page dedicated to all matters nutritional. It is laid out in a question-and-answer format in plain English. It is suitable for both patients and professionals alike and contains a range of helpful links to key documents which support the information given.

Cancer Nutrition Centre

<http://www.cancernutrition.com>

This bright and colourful US website is the initiative of nutritional specialist Carolyn Katzin. It gives good basic information, is well laid out and does not push any particular product. Readers may well find the Cancer Nutrition Centre Handbook a useful resource to purchase, although not having seen a copy I cannot make an informed recommendation.

Robert Becker, Macmillan Senior Lecturer in Palliative Care, Staffordshire University Faculty of Health and Sciences and Severn Hospice, UK

Reducing body weight cuts cancer risk

The World Cancer Research Fund (WCRF) has produced a comprehensive report on the link between cancer and diet, physical activity and weight.

One of the key findings is that maintaining a healthy weight (a BMI of 20–25) is one of the most important ways to prevent cancer. The number of types of cancer where there is “convincing” evidence that body fat is a factor has risen from one to six since the last WCRF report was published in 1997. These cancers now include colorectal cancer and post-menopausal breast cancer.

The report, which is based on 7,000 research studies, proposes 10 recommendations for the public on how they can prevent cancer. These are:

- Be as lean as possible without becoming underweight;
- Be physically active for at least 30 minutes every day;

- Avoid sugary drinks. Limit consumption of energy-dense foods (particularly processed foods high in added sugar, or low in fibre, or high in fat). However some energy-dense foods, such as nuts, seeds and some vegetable oils are important sources of nutrients, and have not been linked with weight gain as part of a typical daily diet;
- Eat a greater variety of vegetables, fruits, wholegrains and pulses such as beans;
- Limit consumption of red meats (such as beef, pork and lamb) and avoid processed meats;
- If consumed at all, limit alcoholic drinks to 2 a day for men and 1 a day for women;
- Limit consumption of salty foods and food processed with salt (sodium);

- Don't use supplements to protect against cancer. Research shows that high-dose nutrient supplements can affect cancer risk;
- It's best for mothers to breastfeed exclusively for up to 6 months;
- After treatment, cancer survivors should follow the recommendations for cancer prevention. The report found growing evidence that maintaining a healthy weight through diet and physical activity may help to reduce the risk of cancer recurrence.

Professor Martin Wiseman, project director of the report, said: “This report is a real milestone in the fight against cancer. Its recommendations represent the most definitive advice on preventing cancer.”

Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective can be found at www.wcrf-uk.org.

Cervical cancer screening in Nepal

Cancer Society Nepal has organised a cervical cancer screening and education programme for 155 women working for Nepal Electricity Authority.

The one-day programme was carried out by five doctors, five nurses, four health assistants and five auxiliary nurses who all gave their time free to the programme.

Among the 155 women who were screened, 10 were found to have early-stage cancer and 15 needed follow-up screening.

Shambhu Kadariya, programme manager at Cancer Society Nepal told ICNN that he hoped they could repeat the programme with other organisations. He said that the women who were screened were found to have a limited knowledge about cancer and the need for screening.

In Nepal people with cancer often report with late stage cancer as there is a lack of awareness about cancer and its symptoms.

The Cancer Society Nepal is a charity that runs prevention programmes and assists people with cancer and their families.



Women taking part in the cervical screening programme at the Nepal Electricity Authority office and at a cancer awareness programme at the Women Empowerment Development Center in Katmandu, Nepal in September and October 2007.

EDUCATION COLUMN

Education and support are needed in smoking cessation

Tobacco control

Tobacco is the only consumer product proven to kill more than half of its regular users. It must be one of our goals to make this the last generation that smokes. If we fail to act now, tobacco will kill 650 million of today's smokers (Eriksen et al, 2006). Smoking is a threat to public health and this fact justifies the involvement of society as a whole in combating it.

Role of health professionals

Health professionals are essential to the task of promoting tobacco-free lifestyles and cultures. If health professionals do not smoke themselves they can be an example to their communities. Health professionals have a unique opportunity to counsel individuals on how and why to stop smoking.

Health professionals who smoke are less likely to help their patients to stop smoking and are not always keen to give advice to their patients regarding smoking. By quitting and engaging in social and political action against tobacco, health professionals can contribute to reducing the effect that tobacco has on death and disability. Nurses are in a unique position to bring change and play a vital role in education and prevention.

Future predictions

Tobacco smoking in developing countries is

increasing. More women are smoking than ever before. The global tobacco epidemic is worse today than it was 50 years ago. It is also predicted that the number of smokers will increase because of the population expansion. Many countries have shown that smoking rates can be reduced through immediate, determined and sustained governmental and community action.

A pilot study conducted in the Western Cape, South Africa, aimed to explore whether the knowledge and experience of nurses working with cancer patients influenced their attitude, beliefs and practices concerning smoking.

The findings of this pilot study cannot be generalised due to the small sample size. However, they can be used to inform further research.

Based on this study, it would appear that most nurses working with cancer patients either never smoked or currently do not smoke. This may explain why they are not aware of smoking cessation products and/or programmes. Because they are unaware of the existence of these programmes they do not call for training programmes to address this gap in their knowledge.

More than half (54%) of past and current smokers mentioned a smoking cessation programme. However, indications are that none of them tried to use any of these. It is noted that two respondents tried smoking

cessation products without success.

Although health warnings on cigarette boxes are believed, it would appear that they do not influence the practice of current smokers. Even though they believe that smoking adversely affects their health and have tried to quit several times, they continue to smoke.

One respondent indicated that cigarette smoking is expensive: this could indicate that cost is not a deterrent to smoking. The fact that only a single respondent recognised the addictive nature of cigarette smoking could indicate that there is denial amongst cigarette smokers of the addictive nature of nicotine. Nursing cancer patients appears to influence nurses to quit smoking.

Conclusion

Nurses working with cancer patients have a low level of awareness of smoking cessation programmes and products as well as of calls for education and awareness amongst nurses and the public. Cigarette smokers may benefit from having a support group to assist them to stop smoking.

Shereen February, Petra Fördelmann, Amenda Lawrence, Leutje Nigrini, All registered nurses at iThemba LABS, Faure Hospital, Cape Town, South Africa.

References

Eriksen M et al (2006). *The Tobacco Atlas*. Second Edition, Hanway Press. London

Advancing quality care through translational research

This column presents experience from Hong Kong on how to use a translational nursing research approach to advance quality care. We will describe the process of preparing and developing an evidence-based clinical guideline for maintaining normothermia of colorectal patients in the operating theatre, and the plan for implementation and outcomes evaluation.

Translational nursing research is a way to improve the practical application of research. Jennings (2004) stated that translational research focuses on dissemination strategies which present user-friendly resources that have a high level of relevance to clinical practices. Through the evaluation of relevant studies, the quality of an individual study would be prioritised and good practice identified for the end users (Jennings, 2004).

Considering the importance of transferring knowledge into practice to enhance quality of care, the Department of Nursing Studies, The University of Hong Kong is working with the Department of Operative Theatre Services and the Infection Control Unit of Queen Mary Hospital to develop an evidence-based protocol to maintain normothermia of patients with colorectal cancer and work out an implementation plan to monitor quality of care and evaluate expected outcomes.

This collaborative project consists of three phases:

- a thorough integrative review of the identified problem;
- developing an evidence-based practice (EBP) protocol;
- establishing an implementation plan and outcomes evaluation.

Normothermia

Surgical Site Infection (SSI) is one of the common post-operative complications and is caused by various factors such as tissue perfusion, oxygen concentration, and presence of blood transfusion. The results of a meta-analysis study found that hypothermia was a significant independent risk factor for post-operative infection (Jimenez & Wilson, 2003).

The researchers hypothesised that hypothermia triggered thermo-regulatory vasoconstriction and decreased tissue oxygenation which in turn reduced neutrophil oxidative killing and impaired the reactive oxygen intermediate productions. Therefore, thermo-maintenance of the patients was considered as a factor that influences the postoperative SSI.

According to the report of the National Nosocomial Infections Surveillance, SSIs most commonly occurred in colorectal

patients (Cardo et al, 2004). The surgical site infection rates related to large and small bowel also ranked as the fourth and third highest incidence. (Health Protection Agency, 2006). Konishi et al (2006) also found that the rate of SSI associated with colorectal surgery was particularly high.

Similar findings were reported in our local institution. Since a standard protocol about maintaining normothermia has not been established in the local setting and implementation for thermo-maintenance methods varies from one patient to another, there is a need to identify the most effective way in maintaining normothermia of colorectal patients to reduce SSIs.

Appraisal and grading

Articles related to perioperative body temperatures of colorectal patients and SSI were selected for integrative review. The selected articles included primary studies and systematic reviews. The articles were then appraised using a critical assessment tool Critical Appraisal Skills Programme (CASP) developed by the Public Health Resource Unit in the UK (PHRU 2006).

The Evidence Grading System from the Institute of Clinical System Improvement (ICSI, 2003) was used to rank the appraised studies into four levels: Grade I, Grade II, Grade III or Not Assignable. Grade I indicates the highest quality.

Although limited studies were found in relation to warming methods for colorectal patients, the findings of the studies showed that maintaining perioperative normothermia significantly reduced the rate of SSI (Kurz et al 1996; Wong et al, 2007). Several good practices for maintaining normothermia of colorectal patients were identified including a forced air warming device and a fluid warmer. Also, maintaining normothermia during the perioperative period was essential. Moreover, keeping patients off wet linen and keeping operative room temperature greater than 21°C were recommended. These identified practices provide a good foundation for developing a protocol for maintaining normothermia of colorectal patients.

Practice implications

The next step is to compare the results of the integrative review with the current practice in the local setting. Meetings with the project team will be held to discuss the implementation potential such as transferability of the findings, feasibility of implementing the best practice in the local setting, and the cost-benefit of the innovation. With input from all members of the project team, an evidence-based protocol

will then be developed.

After the EBP protocol is developed, a pilot study will be carried out to assess the feasibility of the implementation plan. An evaluation plan including the following components will be developed:

- nature and number of clients to be involved;
- outcome measures;
- methods for analyses;
- on what basis will the protocol be considered effective.

Conclusion

Through translational research a scientific-grounded protocol for maintaining normothermia in colorectal patients will be developed. This column demonstrating that translational research effectively integrates scientific findings into clinical practice.

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References

- Jennings BM (2004) Translational research: Disrupting the status quo. *Nursing Outlook*, 52 (1): 66.
- Jimenez JC & Wilson SE (2003). Prophylaxis of infection for elective colorectal surgery. *Surgical Infections*, 4(3): 273–280.
- Cardo D et al (2004). *National Nosocomial Infections Surveillance (NNIS) System Report, data summary from January 1992 through June 2004*. US National Center for Infectious Diseases, Centers for Disease Control and Prevention, Public Health Service, US Department of Health and Human Services, Atlanta.
- Health protection agency surveillance of surgical site infection in England : October 1997–September 2005. (July 2006). London: Health Protection Agency.
- Konishi T et al (2006). Prospective surveillance effectively reduced rates of surgical site infection associated with elective colorectal surgery at a university hospital in Japan. *Infection Control and Hospital Epidemiology*, 27: 526–528.
- Public Health Resource Unit (2006) http://www.phru.nhs.uk/Pages/PHD/appraising_the_evidence.htm
- Institute For Clinical Systems Improvement (ICSI) (2003) *ICSI: Evidence Grading System*. (November 2003). Minnesota.
- Kurz A et al (1996). Perioperative normothermia to reduce the incidence of surgical-wound infection and shorten hospitalization. *The New England Journal of Medicine*, 334(19): 1209–1215.
- Wong PF et al (2007). Randomized clinical trial of perioperative systemic warming in major elective abdominal surgery. *British Journal of Surgery*, 94: 421–426.