

correlation between the scored PG-SGA and the KPS ($r = -0.7$, $P < 0.001$). There was no statistical difference in the median PG-SGA scores or KPS between patients with $<$ or ≥ 65 years ($P = 0.74$ and 0.94 , respectively).

Conclusions: The PG-SGA score and KPS are highly correlated in patients with advanced lung cancer, supporting the concept that the KPS is an important informative variable in the evaluation of the nutritional status of these patients. Also, since the KPS is a strong prognostic factor in lung cancer patients, the PG-SGA should be investigated as a possible prognostic factor in advanced stage lung cancer.

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POSTER

Participants evaluation of a Hellenic Cancer Society course "Supportive nursing care for patients with cancer and their families" accredited by EONS

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Background: Traditionally Hellenic Cancer Society (HCS) has been a major provider of continuing cancer nursing education. The board of the HCS approved the proposed course "Supportive Nursing Care for Patients with Cancer and their Families" by the nursing council in spring 2006. The course was accredited by EONS for the period 2006–2009. The aim of the course was to introduce participants in the key principles underpinning supportive cancer care.

Material and Methods: At the beginning a proceedings book including course's themes (philosophy and principles of supportive care, communication skills and team working, symptom control, psychosocial, cultural, spiritual and ethical issues, grief counselling, burnout and coping strategies) was given. Teaching methods included lectures, workshops and case studies discussions. Faculty members were nurses (10), psychologists (3), social workers (2) and one physician. The 50 hours course took place in the afternoon (2 days a week, three hours per day), for eight weeks (spring 2006, 2007, 2008) and one more is scheduled for autumn 2009. At the end of the course an anonymous questionnaire was used for the course evaluation.

Results: A total of 43 participants completed successfully the course, and a certificate of attendance was given. Most of them were single female (89.3%), 18–25 years old (50%), registered nurses (82%). The vast majority of the participants evaluated the course as excellent (64.3%) or very good (32.1%) on a 5 point Likert scale. Communication skills (60.7%), grief counselling (35.7%) and pain control (21.4%) modules were recognized as the most important themes. The main factors related with participants satisfaction with the course was new knowledge (35.7%), active involvement (35.7%), good faculty preparation and knowledge transition (21.4%), workshop participation (14.3%), improved communication skills (10.7%) and psychosocial modules (7.1%). Younger participants reported more factors related with their satisfaction than older ones ($\chi^2 = 13.4$, $p = 0.04$). Participants satisfied by psychosocial modules rated higher ($F = 7.5$, $p = 0.011$) the total program evaluation. However four participants expressed dissatisfaction given the fact the course was taking place just after their work.

Conclusions: Participants suggestions for course improvement included psychosocial and experimental modules increase duration and clinical practice embodiment, which will be incorporated into our future nursing educational planning.

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POSTER

Predictors of handicap situations in cancer patients

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Aim: The aim of the study was to explore personal and environmental predictors in creation of handicap situations, and to assess their impact on profile of handicap situations in cancer patients.

Patients and Methods: The sample consisted of 100 cancer patients. Handicap situations were measured using the Assessment of Life Habits (LIFE-H). Perceived influence of environmental factors was measured using the Measure of the Quality of the Environment (MQE).

Results: The following personal factors had significant impact on the occurrence of handicap situations in different categories of life habits: 1. Older age in communication ($p < 0.01$) and mobility ($p < 0.05$), 2. Lower educational level in mobility ($p < 0.01$), community and gathering knowledge and skills ($p < 0.05$), 3. Kind of malignant disease in gathering knowledge and skills ($p < 0.01$). Following environmental factors were significantly related to the level of handicap situations: 1. Labor market in residence and employment ($p < 0.01$), 2. Income security in accomplishing nutrition, fitness, residence ($p < 0.05$) and interpersonal relations ($p < 0.01$), 3. Legal

services in the employment ($p < 0.01$), 4. Political systems in accomplishing nutrition ($p < 0.01$), fitness, communication and residence ($p < 0.05$).

Conclusion: This study was the first step toward understanding the influence of personal and environmental factors on handicap situations related to the cancer. The advanced age, lower educational level and perceived barriers in the social environment contribute to the handicap situations in cancer patients.

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POSTER

Positive reappraisal as a coping strategy for working with suffering

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Background: Nurses who work with patients who are dying have an opportunity for personal growth but also for experiencing significant negative emotion leading to stress and ill health.

Methodology: A phenomenological study of palliative care nurse specialists to determine their understanding of suffering and experience of working with patients who are suffering. Thirty one experienced nurses were interviewed and the results analysed. The data was analysed using phenomenological interpretative methods.

Results: Positive reappraisal was used to cope with the difficulties of palliative care and over time they had developed a clear understanding of their role in the relief of suffering, which in turn influenced their ability to cope. Their learning had been experiential and practice based and had often been gained through their own negative response to the role.

Conclusion: Greater planned support for nurses who wish to work with patients who are suffering may assist in both the care of their patients and their ability to cope.

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POSTER

Palliative care in haematology setting – the nurses' attitudes

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Palliative care in the context of hematology malignancies is not adequately performed for terminal patients. Hematology malignancies are characterized as acute and chronic diseases which response to chemotherapy and symptom relief by medical treatment in the terminal stage. This active treatment restricts the patient and family's ability to make decisions about end of life issues. As a consequence, patients miss all the compassion of the palliative care and die in an acute hospital setting.

Method: 37 hematology nurses from 14 hospitals in Israel filled out questionnaires aimed at exploring hematology nurses' attitudes regarding the medical and palliative treatment given to terminal patients in their department.

Results: Three main themes emerged from the analysis of the questionnaires: 1. The compatible care for hematology terminal patients. 72% of the nurses believe that the hematology patients need more palliative care than offered. 76% indicate that medical treatment given to terminal patients is futile, some times prolongs life (40%) but mostly impairs the quality of life (76%). 2. The compatible time for palliative care. Most of the nurses (76%) recognize the end stage transition before physicians' do. 3. The compatible profession. 70% nurses believe that a palliative care nurse specialist can enhance palliative care for terminal patients.

Conclusions: There is a necessity to bridge between attitudes and treatment given to terminal patients in the hematology setting. Collaboration between relevant disciplines is eminent for holistic treatment and better quality of life for these patients. Palliative care has to be an accessible resource and a palliative care nurse specialist in the hematology setting is needed in order to enhance this ignored issue.

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POSTER

Appraisal of a systematic psycho-oncologist consultation with patients who suffer from breast cancer

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Introduction: The diagnosis of cancer is very difficult to cope with. The announcement of the disease is often traumatic and many people still associate cancer with suffering and death.

No matter which type of cancer the patient suffers from, he will have to deal with change, loss and bereavement: loss of his physical integrity, change of habits . . . and sometimes he will have to face and accept his own death. At the "Cliniques Universitaires Saint-Luc" in Brussels, a psycho-oncologist is integrated to Breast Cancer Clinic in order to offer to the cancerous patient a systematic psychological follow-up which may help him in the