

ways to monitor their psychosocial needs in order to overcome some of these constraints.

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EV0821

Clinical-qualitative study on emotional aspects of practices and learning, interviewing Brazilian nurses from a hemato-oncological unit who work with patients in risk or death process

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Introduction There is no clear limit between the personal and professional dimension, when the health worker cares for patients who have no prospect of cure. This shadowing of the personal dimension causes high emotional demands of the professional in the face of the experiences with the death.

Objectives In face of troubles which surround the nurse in the context of death, this article aimed to identify the learning and self-care practices experienced by nurses who work with patients in risk or in death process, in a haematology-oncology unit.

Method This is a clinical-qualitative study, conducted through individual interviews. The participants were 6 nurses from haematology-oncology unit of a university hospital, covering the sectors of chemotherapy clinic and children's unit.

Results The results highlight two phenomena built by the experiences of nurses: long learning experiences with the team work through the maturity arising over time or even with constant monitoring of the death situations; and self-care practices as self-preservation phenomenon through the development of pain by speaking and listening in groups, the motivation through professional achievement and the well-being caused by the charity care each other.

Conclusions Work towards the personal development of nurses as professional who deals with ethical conflicts should be focused on promoting opening spaces for speaking and listening of these nurses. This allows them to create ways of dealing with situations of death, which are professionally responsible.

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Relations of post-traumatic growth and resilience in cancer experience

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Introduction Each individual experience cancer in a different way. While some perceive cancer as a complex and traumatic experience by developing some psychosocial and additional physical problems, others overcome cancer-related difficulties by gaining benefits such as post-traumatic growth (PTG) owing to their resilience. Resilience and PTG that are very valuable concepts in human life to adapt positively to cancer process have relations which need to be better understood.

Objectives We aimed to provide a better understanding of relations between resilience and PTG and relations of these two concepts with cancer experience.

Methods Literature review.

Results Successful adjustment to life-threatening illnesses such as cancer, require resilience. On the other hand, resilience provides a barrier toward stressors by helping improvement of PTG and so, is an antecedent factor of PTG. PTG ensures a deeper perspective and strength to people after traumatic events. Hence, individuals having higher levels of PTG feel powerful enough to handle the problems in their life and can easily adapt to cancer process by focusing on the positive outcomes of trauma, having improved coping mechanisms and an improved psychological well-being.

Conclusions Resilience and PTG have strong mutual relations and this phenomenon should be considered for a qualified cancer care.

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Sources of meaning in family caregivers of terminally ill patients supported by a palliative nursing care team – A naturalistic three-month cohort study

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Objectives To identify possible change patterns or robustness in sources of meaning in family caregivers of pre-terminal patients after onset of support at home by an outreach palliative nursing team during a survey period of three months.

Methods One hundred caregivers of terminally ill patients were included in a prospective observational trial. The Sources of Meaning and Meaning in Life Questionnaire (SoMe) was administered at four points of measurement: T₀ (immediately before onset of palliative care); T₁ (one week after T₀); T₂ (one month after T₀); T₃ (three months after T₀). Descriptive statistics, random effects regression analyses; multivariate linear and quadratic regression models were performed for the full ($n = 100$) as well as for the reduced sample ($n = 24$).

Results Growth curve analyses reveal significant parabolic changes for the dimension "order" and for the subscales "social commitment", "tradition", "morality", and "fun". All other dimensions or subscales remained stable during the time of the study. Cross-sectional multivariate regression models (T₀) showed negative associations of some dimensions with patients' age and psychological burden of the family caregiver while psychological burden of patients was found to be positively associated with some dimensions. No significant effects of interaction variables with time (linear and quadratic).

Conclusions With few exceptions, family carers seem to keep a stable sense of meaning in life during the final stage of their relatives' terminal illness. Particular associations between sources of meaning and age of patients as well as psychological burden both of patients and carers have to be taken into consideration in support planning.

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