Method Semi-structured interviews were conducted with registered nurses working in hospital (n=6) and hospice (n=29) settings. The roles and experiences of nurses when meeting the psychological needs of patients receiving palliative care were explored. Interviews were audio recorded, transcribed verbatim and analysed thematically.

Result Four themes were generated after analysis of the data collected. These are: assessing, observing, intuition and experience; trust and managing uncertainties; little things that have great impacts; maintaining professionalism when grieving.

Conclusion Nurses are well placed to detect, assess and manage psychological problems experienced by patients receiving palliative care, with frequent contact being a key factor. Nurses are faced with emotional stress when caring for patients at the end of life and coping mechanisms and strategies are needed to enable them to continue to function well as a compassionate carer.

108 LONELINESS IS COMMON AMONG HONG KONG CHINESE CANCER PATIENTS RECEIVING PALLIATIVE CARE

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Background The negative health impact of loneliness is increasingly recognized, however, its prevalence among cancer patients receiving palliative care is yet unknown.

Methods This is a cross-sectional study performed in the palliative care unit of Caritas Medical Centre, Hong Kong. Patients were invited to respond to the single-item question, ‘Are you feeling lonely? (Yes or no).’ Loneliness severity was assessed using the local version of De Jong Gierveld Loneliness Scale (short form). Symptom burden was assessed by the local version of the Edmonton Symptom Assessment Scale (ESAS) with the 10th item assigned as ‘most lonely’. Patient’s demographic and health-related data were extracted thru interview and health record.

Results Fifty-six patients participated in the study, the mean age of participants was 72.7 years old. The median Palliative Performance Scale was 70. Eight patients had a comorbid psychiatric illness. Seventeen patients (30.4%) answered ‘yes’ on the single-item question of loneliness. Eleven and ten patients were scored as severe loneliness in the emotional and social loneliness subscale of De Jong Gierveld Loneliness scale respectively. For those who admitted themselves lonely in the single-item questions, they scored higher in ESAS-Depression (5 vs 0), Anxiety (5 vs 0), Impaired Well-Being (5 vs 3) and Loneliness subscale (7 vs 0) as well as HADS-Depression (13 vs 8), -Anxiety (9 vs 4) and Total Score (22 vs 12). (Mann-Whitney U test, <0.05). Half of the patients rated 0 out of 10 in the ESAS loneliness subscale, while 21 patients rated 5 or above. It was correlated with HADS-Depression, -Anxiety and -Total score (Spearman correlation, p < 0.001).

Conclusions Loneliness is common among Hong Kong cancer patients receiving palliative care. The severity of loneliness may correlate with the severity of depression and anxiety.