both cancer and this age group and the broader negotiation of entry into the health care system.

Shared themes within these narratives shaped a group narrative and an emerging conceptual framework. This included the individual's perception of, and meaning given to, their symptoms; the impact of others in determining the identification of a threat from the symptoms; the negotiation of generalist health care and then entrance into specialist care. A narrative of diagnostic delay was evident in some of these stories. Alongside this process is the influence of symptoms, diagnosis and in some cases delay in diagnosis which all impacted on the identity and the biography of these young people.

The experience of the time from first symptoms to diagnosis was revealed to be complex and multidimensional with many factors contributing to the process of attaining a diagnosis. This paper will present both the method and findings of this study with the aim of sharing the young people's accounts of their pre diagnostic and diagnostic period. This study offers new insights into the experiences of young people from first symptoms to a diagnosis of cancer. These have implications for developments in practice, policy and research; where the ultimate aim must be to improve the experiences of diagnostic delay for this patient group.

4171 ORAL

Educational film – a new opportunity to reach teenagers and young adults with cancer

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When a young person is diagnosed with cancer, their life alters completely. The natural process of disengagement from their parents is instantly replaced by mutual dependency.

What most young people take for granted – school, parties, friends, sports and sweethearts – are put on hold. Instead the daily life of a young person suffering from a life threatening illness becomes overwhelmingly one of hospital admissions, treatments and side-effects, separation and sacrifice. These specific needs and preferences that young people with cancer have are difficult to meet on a traditional adult or children's oncology ward. A group of pioneering nurses from Aarhus University Hospital, in Denmark found a solution to this dilemma. They created an oncology Youth Ward caring for cancer patients between the ages of 15−22.

What began as a trial project has now become an established and respected routine. The patients, their families and the medical staff value the new environment and benefit from the innovative ideas and caring work practices on the Youth Ward.

The core aspect of our care: When we look back at the 8 years which has passed since the project "Teenagers between 15−22 years with cancer" ended we found that there were five elements that were important in today's youth care.

These 5 elements are:

1. Contact nurses
2. Contact consultant
3. Network meetings
4. "Parentfree time"
5. Outpatient consultations with the patient and family, after the treatment is completed.

Nursing in the future: It represents a great professional challenge to care for and support the young patient and their family through this difficult time. They can be full of despondency and have very few victories.

The young people of today use a variety of different media sources. In order to reach the young people, we have produced an educational film to show and inform them and their parents what to expect in the nearest future, during and after treatment.

Caring for young people with cancer is an ever ongoing process. We strive to attend conferences in order to get new ideas, benefit from other departments by sharing our experiences and knowledge, hopefully leading to optimize the care for young people.

We have made our educational film in English and got our book on youth nursing translated into English so our methods and experiences can be known the world over.

Today's society focuses greatly on young people as trendsetters, consumers and target groups. Young people are considered to be a unique group – a status we believe should also apply when they are patients in our hospitals.

You are welcome to download a free draft of the book:
www.youthwards.oncology.dk

4172 ORAL

Creating a space – Teenagers and young adults with cancer and network-focused nursing

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Background: In transition between dependant childhood and independent young adulthood, teenagers and young adults (TYAs) are extremely vulnerable when diagnosed with cancer and while undergoing treatment. Social support and contact with their social network is of major importance. However, there is little empirical knowledge of how nurses can assist them in obtaining this.

Study purpose: To generate a substantive theory that explains what happens when oncology nurses interact with TYAs with cancer and their significant others in order to support them in preserving, establishing, and strengthening family relationships and social network during the treatment period.

Material and Methods: *Method*: Grounded Theory (Glaser and Strauss 1967, Charmaz 2006). *Data collection*: In-depth interviews, participant observation, informal conversations and documents. *Setting*: A Danish oncology youth unit for patients aged 15−22 where a network-focused nursing program has been implemented. *Participants*: 7 nurses, 12 TYAs with cancer and 19 parents or partners.

Findings: C*reating a space* for teenagers' and young adults' normal growth and development was identified as the mutual basic social process. Nurses, TYAS and significant others tried through actions and interaction to resolve problems related to TYAs' developmental needs and risk of isolation due to the cancer trajectory.

Two parallel but interacting patterns of behaviour pushed this process forward:

1. Nurses engaged in various ***Bridging*** processes by strategies of '*Tuning in*', '*Framing the situation*', '*Navigating towards the goal*' and '*Connecting people'*.
2. TYAs and significant others activated resources that aimed at ***Keeping their world together*** by '*Embracing the program*' and '*Building strength*'.

Nurses worked at reaching into the private sphere, extending beyond family centred care and including the wider social network.

Conclusions: The study offers new insight into a previously unexplored area of nursing practice. It contributes to knowledge by providing a theoretical framework for clinical practice. Meeting the needs of TYAs with cancer is a complex and highly demanding practice that needs to be addressed by nurses, educators, researchers and health policy makers. As oncology nurses are in unique position to use their knowledge in mobilising resources in the patients' social network, implementation of a network-focused nursing program is recommended. The findings of this study can be used by nurses to assist them in this endeavour.

4173 ORAL

Cancer beliefs in disadvantaged populations

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Background: Cancer incidence is greater and the outcome of cancer poorer for people living in socio-economically disadvantaged areas. Such inequalities are strongly linked to health behaviours such as smoking, diet, exercise and alcohol consumption. Healthy lifestyles are therefore key to closing the gap, yet promoting them frequently increase inequalities as advantaged populations respond more to the message. Exploring disadvantaged populations' understandings of lifestyles and cancer aetiology is thus important. This would accord with the World Cancer Research Fund's (2009) recommendation that we understand the underlying factors that lead to risky behavioural choices; "*the causes of the causes*" of cancer. This study explores lay understandings of healthy lifestyle messages and cancer risk amongst 179 people living in three disadvantaged Scottish communities characterised by higher cancer morbidity and mortality. In assessing the processes involved in the reception and interpretation of healthy lifestyle information in relation to cancer beliefs, the findings can help inform and improve practice for health care professionals working with disadvantaged populations.

Methods: A qualitative rapid appraisal approach, including semi-structured interviews and focus groups with 179 community members and 19 public health and health care professionals, was used in three disadvantaged communities in Glasgow, United Kingdom.

Results: Findings show that participants do not receive healthy lifestyle messages passively but actively construct cancer related health beliefs including both scientific knowledge and elements of personal, social and area histories. Scientific knowledge was often seen as provisional, incomplete and as contradicting the first-hand everyday experience of personal and social networks. Consequently, issues surrounding personal, social and contextual factors shape the way in which healthy lifestyle messages are received and show the situated nature of lay cancer beliefs and behavioural change. Ways in which healthcare professionals can take these factors into account when encouraging healthy lifestyles will also be discussed.

Conclusions: These findings have important implications for the clinical practice, future research and educational needs of health professionals who engage with those most affected by cancer: disadvantaged populations.

4174 ORAL

Information and support for Asian and African Caribbean women affected by breast cancer: role of voluntary organisations in meeting needs

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Background: Few studies in the UK have explored information and support needs, or interventions to satisfy these, for women with breast cancer from Black and Minority Ethnic (BME) groups. Voluntary organisations can potentially play an important role by providing services that are appropriate to the needs of these groups (Blows et al, 2009). This study explored the needs of South Asian and African Caribbean women with breast cancer in England, and the suitability and accessibility of services provided to them.

Materials and Methods: This was an exploratory qualitative study. Four focus groups were held (2 South Asian and 2 African Caribbean) (n = 20). Women were recruited via local community organisations. Groups were recorded, transcribed verbatim and analysed using Framework Analysis (Ritchie et al, 2003).

Results: Participants had unmet information and support needs, particularly relating to skin and hair care, and diet, both during and after treatment. Breast care nurses were considered an important source of information and support, but were inconsistent in signposting to services appropriate to the needs of women from these communities. Women were concerned that educational materials did not reflect their cultural needs and portrayed breast cancer as a 'White women's disease'. They reported difficulties obtaining coloured prostheses or lymphoedema sleeves, and accessing suitable hair loss services. 'Finding a connection' with women who had experienced cancer was important. Peer support was strongly desired, both for emotional support and practical 'tips'. Knowledge and use of cancer charities varied. Services provided by the statutory and voluntary sectors were often not seen as relevant to, or representative of, women from these communities. As a result, women were often dissatisfied with services used.

Conclusions: Both the statutory and voluntary sectors need to make services more inclusive, by raising awareness that breast cancer affects *all* ethnic groups and through greater representation of BME groups across staff and services. Facilitating peer support as well as providing, and signposting to, culturally appropriate services are important considerations. Ultimately, the statutory and voluntary sectors, and patients, must collaborate to improve the BME cancer experience.

4175 ORAL

Care needs of the elderly cancer patient and their informal care givers

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Background: The number of elderly cancer patients is increasing rapidly. At the same time we see an increase in cancer treatments given within the ambulatory care setting. There is some evidence, that social network characteristics play an important part in the management and coping of cancer patients. However, there is little knowledge available about the specific care needs of the elderly cancer patients and their informal carers in this setting.

Material & Methods: An integrative literature review has been carried out. The databases CINHAL & Medline were searched for research studies using terms: "Oncology", "cancer", "elderly", "older adult", "geriatrics", "gerontology", "family caregiver" and combinations thereof. All references that were published in English language were imported to Endnote, doubles cleared and abstracts reviewed. Studies addressing the focus theme of this review, namely the care needs of elderly cancer patients and their informal care givers were reviewed in their full text version with findings summarized in an integrative literature review.

Results: No study could be found that specifically addressed the care needs of elderly cancer patients treated in the ambulatory care setting and their informal care givers. Research evidence with regards to support needs and/or specific care delivery models for elderly cancer patients is marginal, and only few studies have included social networks characteristics of elderly cancer patients.

The reviewed studies are to disparate in main focus and aim, research methodology employed and conceptualisation or instrumentalisation of main variables to directly compare the results or attempt a meta-analysis or meta-synthesis.

Conclusions: This integrative literature review suggests that only little knowledge on the care needs of elderly cancer patients and their informal care givers that are treated in ambulatory care setting informs nursing care planning. To investigate the care needs of elderly receiving ambulatory cancer treatment and their main support persons in relation to their symptoms, side effects and functional status profile with regards to the impact on their quality of life further research is needed.

4176 ORAL

Working whilst receiving chemotherapy: patient's experiences

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Background: The purpose of this study was to describe the number of patients who continued to work whilst undergoing ambulatory chemotherapy and to present personal or treatment related factors that influenced this. Advances in treatment and supportive therapies have meant that most chemotherapy is now given in an ambulatory setting. This paper will present the results of a study which estimated the prevalence of work whilst receiving chemotherapy and identified personal/treatment related factors that influenced this. Factors influencing decision making and the experience of those who continued to work are also presented.

Method: A cross sectional survey, using a self completion questionnaire was undertaken. Content validity was tested through scrutiny by an expert panel and cognitive interviews. 55 patients undergoing their final course of adjuvant chemotherapy for breast or colorectal cancer or first line chemotherapy for lymphoma took part.

Results: Sixty four percent (n = 35) of respondents were working when cancer was diagnosed. Fifty four percent (n = 19) of respondents were working when chemotherapy began but as treatment progressed only 29% (n = 10) continued to work in any capacity. Women undergoing treatment for breast cancer were more likely to stop work during treatment. Overall, respondents found their employers and colleagues supportive but there was some evidence they became less supportive as treatment progressed. Respondents described how the impact of cancer influenced ability to work and their experience.

Conclusion: Although the sample size was small, the survey clearly identified areas for improvement in clinical practice and future research. Health care professionals need to become more aware of the place of work in the lives of patients undergoing chemotherapy by including work issues as part of routine assessment. Approaches must be developed to allow those who wish to continue to work.

4177 ORAL

Agreement of French nurses with euthanasia for end-of-life cancer patients: focus on haematology and oncology hospital nurses

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Background: Nurses are frequently the first caregivers to receive a patient's request for euthanasia. They can be involved in both the decision-making process to euthanasia and the performing of the request of euthanasia, even sometimes without consulting a physician. This report aims to study French haematology/oncology hospital nurses' propensity to consider euthanasia or PAS for end-of-life cancer pain, using data from a nationwide survey.

Method: In 2006 a telephone survey was carried out among a national random sample of French home and hospital nurses (including oncology/haematology nurses). The questionnaire included a module dealing with nurses' agreement with prescription of lethal injection to an end-of-life cancer patient using 4 clinical vignettes: patient with unremitting severe pain, patient with functional debility, patient burden on family and patient who views life as meaningless. Age and gender of the patient was randomly attributed. For each clinical vignette, nurses were asked if they