4221 POSTER

Hellenic Nurses' caring behaviours in cancer care: a pilot study

C. Karlou[1], C.H. Lemonidou[1], M. Giannakopoulou[1], S. Katsaragakis[1], E. Patiraki[1]. [1]*University of Athens, Department of Nursing, Athens, Greecei*

Background: Caring is the core of nursing. In cancer care the concept of "caring" is considered as a multidimensional phenomenon, that constitutes a challenge for measurement. Many authors illustrate caring as a set of caring behaviours, including both existential aspects and nursing actions. Despite the availability of previous research caring behaviours are recognized as an issue worthy for closer examination, in different cultures. The purpose of this pilot descriptive, exploratory, study was to explore Hellenic nurses caring behaviours in cancer care.

Materials and Methods: Data was provided by a convenience sample of 83 nurses working in 6 purposeful selected oncology settings all over the country. Participants completed a brief demographic form and the Caring Behavior Inventory (CBI) instrument consisted by four subscales-24 items measured in 6-point Likert scale. After permission was obtained CBI was forward and backward translated in Greek. Data were analyzed by Factor analysis.

Results: The majority of the respondents were female (94%), aged 36−40 years old (30.6%), married (72%) and Technological Educational Institute (TEI) graduates (54.2%). The overall Cronbach's alpha of CBI Greek version was 0.96. Factor analysis identified four factors (Professional knowledge and skills, Respectful defence to others, Positive connectedness and attentiveness, Assurance of human presence), corresponding to the original subscales of the CBI. Professional knowledge and skills was determined as the most important factor, with the items "Giving the patient's medications and treatments on time" and "Knowing how to give shots" being the highest in the list. In addition items "Spending time with patients" and "Attentively listening to patient" were ranked higher by older and married than younger and single nurses. Moreover "Managing equipment skilfully" and "helping to reduce patient's pain" items were ranked higher by more experienced nurses than those with less years of experience ($p = 0.01$). University graduates perceptions of caring behaviour "spending time with patients" was ranked less than TEI graduates ($p = 0.01$).

Conclusion: Despite study limitations, the positive results of piloting CBI is encouraging for further research in Hellenic nurses caring behaviors.

Poster presentations

Impact of cancer on patients and families

4222 POSTER

Introduction of a patient education DVD in a radiotherapy department

J. Warfvinge[1], A. Boejen[2], C. Grau[2]. [1]*University of Aarhus, The Research Unit for General Practice, Aarhus, Denmark;* [2]*Aarhus Unversity Hospital, Department of Oncology, Aarhus, Denmark*

Background: Audiovisual media in patient education may have a huge potential to improve quality and efficiency in the daily clinic, but has not yet been generally implemented. We therefore decided to conduct a pilot study to evaluate problems and benefit of using a DVD to supplement the personal consultations and instructions, which are given to our new radiotherapy patients. We chose DVD as media, since a DVD can contain movies and audio recordings, and the patient can maneuver using a familiar menu system.

Material and Methods: The DVD, containing four thematic movies, was designed like a commercial DVD with a main feature, choice of language and supplementary material. The menu is constructed to highlight the language options. The four items were:

- a patient coming to receive treatment, showing planning and treatment. Recorded in Danish with an option of voiceover in English, Arabic, Somali, Turkish and Bosnic (18 minutes)
- technical aspects of radiotherapy, made as an animated film (15 minutes)
- dietary concerns: if you appetite is normal or limited (5 minutes)
- the psychological impact of receiving radiation therapy (15 minutes).

These topics were chosen to give a broad introduction to our field with appeal to many patients. By using the language option, we were able to use identical DVDs to all patients.

Results: Patients referred in Sep and Oct 2008 received the first version of the DVD together with the letter of notice of first consultation, thus allowing the patient time to watch it before start of treatment.

The first 120 patients were invited to fill out a short questionnaire. A total of 60 patients replied, corresponding to a response rate of 50%. The results showed that 58 patients (97%) had watched the DVD; one patient did not have access to a DVD player, and one patient had problems with the menu. Two thirds of the patients watched the DVD with someone else, mostly spouse but it could be children or neighbors. Half of the patients stated that they would not have seen the film, if we only had supplied a www address and expected them to download.

Conclusions: A DVD with patient education material was successful implemented as a useful supplement to the personal communication at the department. A follow up of the full version is necessary at a later stage, also to study how radiation therapists and oncologists receive and use the DVD.

4223 POSTER

Adherence to screening recommendations for breast and ovarian cancer

K. Lokar[1]. [1]*Institute of Oncology Ljubljana, Division for Nursing, Ljubljana, Slovenia*

Background: Genetic counselling program for hereditary breast/ovarian cancer at the Institute of Oncology Ljubljana started in 2001. One of the aims of genetic counselling is planning different measures of action according to assessed risk and patient's preferences (genetic testing, medical management, screening recommendations). The aim of this research was to evaluate the adherence to the screening recommendations in healthy women who visited our program.

Material and Methods: The study population consisted of full age healthy women (without cancer, exception were cancer of cervix and basal cell skin cancer) with family history of breast cancer and pre-test counselling between the years 2001 and 2006. The study design was a mailed, self-administered questionnaire with questions concerning their current surveillance methods.

Results: Of the 315 eligible participants, 160 (50.8%) returned completed questionnaires, and 108 (34.3%) questionnaires were eligible for data analysis. Mean age of women was 42.7 years old with the range of 20 to 84 years old. Seventy five (69.4%) women were married or lived with partner. More than half (52.8%) had finished secondary school, 25% finished university. Sixteen women (14.8%) had medical or allied health training. Majority of women had children. Thirty six women were tested for BRCA mutations and 10 were mutation carriers. Majority of women were not in adherence to the screening recommendations (33.3%) or were not old enough for screening (26.9%). Only 14.8% fully adhered to the screening program. Twenty three (21.3%) women reported difficulties with enforcing recommended screening plan. The significant association was found between adherence to the screening recommendations and the year of first visit ($p = 0.002$), genetic testing results ($p = 0.005$), marital status ($p = 0.001$), number ($p = 0.002$) and sex ($p = 0.001$) of children, and difficulties with enforcing recommended screening plan ($p = 0.002$).

Conclusions: Study showed that women poorly followed screening recommendations. One of significant associations was found between adherence to the screening recommendations and difficulties with enforcing recommended screening plan. Other studies also suggested that primary physician's behaviour appear to be a significant influence on screening adherence. That is why efforts to improve breast cancer screening adherence should be targeted to patients as well as their physicians.

4224 POSTER

Exploring the breast cancer experiences, needs and preferences of women aged 70 years and over

D. Fenlon[1], C. Foster[1], C. Brooks[1], R. Stephens[2], S. Payne[3], P. Coleman[4], P. Simmonds[5], J. Seymour[6], B. Walsh[1], J. Addington-Hall[1]. [1]*University of Southampton, School of Health Sciences, Southampton, United Kingdom;* [2]*User Representative, Cancer Backup Research Committee, National Cancer Research Institute, United Kingdom;* [3]*Lancaster University, International Observatory on End of Life Care, Lancaster, United Kingdom;* [4]*University of Southampton, Schools of Psychology and Medicine, Southampton, United Kingdom;* [5]*Southampton NHS Hospitals Trust, Oncology, Southampton, United Kingdom;* [6]*University of Nottingham, Palliative and End of Life Care, Nottingham, United Kingdom*

Background: Over a third of women with breast cancer are over 70 at diagnosis and many have other health conditions. However the breast cancer experiences of these women have largely been neglected. This presentation reports on a study exploring in-depth older women's breast cancer experiences in the context of age-related co-morbidities.

Materials and Methods: Thirty women over 70 who had experienced breast cancer and had one or more co-morbidities were identified by advertising in the public media. One-to-one, face to face interviews were conducted exploring their breast cancer experiences and information and support needs. The interviews were analysed in accordance to The Framework Approach (Ritchie and Spencer 1994). This involved analysing the transcripts identifying key repetitive themes relating to the main aims of the study outlined above but also recording any emerging new themes.

Results: The median age of the interviewees was 80 years and the median time of diagnosis was 1992, with a range of 1 to 8 co-morbidities. Key themes from the interviews indicate that the impact of breast cancer is long lasting and continues to affect women's lives for many years following treatment. A core finding throughout the research has been the concept of "invisibility", and how this group of older women felt that their preferences and needs were neglected and marginalised from initial diagnosis to post operative living. This included failure to disclose breast cancer diagnosis, inadequate provision of information concerning post mastectomy care, reconstruction surgery, bras and prostheses. Ongoing issues relating to increasing comorbidity were not been addressed, such as the impact of arthritis on the fitting and wearing of prostheses. The women also identified a need for wider social understanding of the consequences of breast cancer treatment, particularly the visual impact of mastectomy.
Conclusion: The key themes from this study indicate that older women confront a range of exclusionary practices throughout their experience of breast cancer. In identifying these practices, this study suggests a range of information and support mechanisms to improve these experiences, such as adequate provision of information and options for treatment, so older women can be adequately prepared to make their own decisions about treatment and ongoing care. Older women's support needs should be examined in the light of their other health conditions rather than as 'older' people.

4225 POSTER

Hematopoeitic stem cell donation: the sibling emotional experience

R. Ovadia[1], D. Hutt[2], M. Nehari[2], B. Bielorai[2], A. Toren[2], A. Nagler[3].
[1]*Sheba Medical Center, Hematology Day Care, Ramat Gam, Israel;*
[2]*Sheba Medical Center, Pediatric Hemato-Oncology, Ramat Gam, Israel;*
[3]*Sheba Medical Center, Division of Hematology, Ramat Gam, Israel*

Allogeneic stem cell transplantation is an intensive and demanding process with unpredictable outcomes that poses physical and psychological challenges for the recipients and their families. Siblings are often the most suitable donors. Although they represent a major group of stem cell donors, information regarding the sibling donor emotional experience is scarce. The aims of this study are to explore the psychological and emotional aspects of sibling donor's donation and the meaning of their experience.
Methods: adult sibling donors were retrospectively evaluated by a qualitative questionnaire. The donors were contacted by phone and asked to fill an anonymous questionnaire and return it by mail. Most donors donated peripheral stem cells between the years 1997–2007. At the time of contact all recipients were alive with or without complications.
Results: A total of 49 questionnaires were evaluated. Age of donors ranged between 17−73 years at time of contact. Four main themes emerged form the analysis of the questionnaires. 1. Feelings towards the donation. They felt happy that they matched their sibling and most of them had no doubts regarding the donation. 2. Feelings towards the recipient. After donation, they felt closer to their siblings with a great amount of responsibility and obligation towards them. 3. Feelings towards themselves as donors. The donation made them feel good about themselves. 4. Meaning of the donation. Donors thought that the donation changed the way they viewed life and added meaning to their life.
Conclusions: This study provides an insight into the emotional and psychological experience of sibling donors with a successful transplant. Overall they had a positive response to the donation experience. Further research should evaluate family dynamics when the donor or the recipients are children. Another important issue is to study the association between donors experience when their recipient has not survived.

4226 POSTER

The impacts and adjustment of the spouse of head and neck cancer patient in Taiwan

K. Kuan[1], B. Wang[2], J. Chang[1], R. Shiau[3], C. Lin[2], Y. Juang[4]. [1]*Chang Gung Memorial Hospital Linkou, Department of Radiation Oncology, Tao-Yuan, Taiwan;* [2]*Chang Gung University, School of Nursing, Tao-Yuan, Taiwan;* [3]*Chang Gung University, Graduate Institute of Clinical Behavioral Sciences, Tao-Yuan, Taiwan;* [4]*Chang Gung Memorial Hospital Linkou, Department of Psychiatry, Tao-Yuan, Taiwan*

Purpose: When the patient is diagnosed with head and neck cancer, the family's life changes. This study is a part of a project focused on family centered care for head and neck cancer patients and their family members in Taiwan. The aim of this study is to understand the impacts and adjustment of the spouse of the head and neck cancer throughout the entire course of anticancer treatment.
Methods: A descriptive qualitative design was used, with semi-structured, face-to-face, and in-depth interviews. Nineteen subjects (17 women and 2 men) whose spouses were diagnosed with head and neck cancer were recruited from a radiation-oncology outpatient clinic at a medical center in northern Taiwan. All patients had completed their treatment. The patients were stationary in terms of tumor status. Data were collected through individual, tape-recorded interviews and observations. Transcripts were analyzed by content analysis for emerging themes and concepts.
Results: Subjects described six themes of impacts from the analysis: (i) dread of loss their spouses due to cancer, (ii) financial problem, (iii) caregiver's burden while undergoing anticancer treatment, (iv) overload in parenting, (v) unmet information need to making medical decision, and (vi) changes in plans for life. Eight themes of adjustment to the impacts were described: (i) changes in roles in family: from house keeper to economical provider, (ii) searching for his/her own support: from other family members or friends, (iii) changes in relationship with children, (iv) adjustment of plans of life, (v) adjustment of his/her own characteristics, (vi) changes in life style: more health seeking behaviors, (vii) adjustment of interpersonal relationship, and (viii) searching for the meaning of life.
Conclusion: The results of this study have shown that spouses of patients with head and neck cancer are distressed due to the impacts of their spouses' disease. Facing the impacts of all dimensions of the family's lives, spouses of patients with head and neck cancer have to adjust their roles in family, seeking for emotional, economical, and social support, and search for the meaning of life. The distress and impacts of the spouse must be recognized and addressed by health care professionals. More studies are needed for the development of effective interventions.

4227 POSTER

Finding contentment after prophylactic interventions in women with BRCA1 or BRCA2 mutations

M. Lindh[1], A. Baan[1]. [1]*Faculty of Health and Caring sciences, Dept of Oncology, Sahlgenska University Hospital, Gothenburg, Sweden*

Purpose: To describe the decision-making process for women who are BRCA1 or BRCA2 mutation carriers and choose to undergo a prophylactic operation.
Method: A qualitative cross-section analysis in which eleven women are interviewed who have undergone genetic screening for cancer at Sahlgrenska University Hospital in Gothenburg, Sweden. The material has been subjected to qualitative content analysis.
Results: The decision-making process is part of a time flow in which various components stand out as important conditions that enable decisions to be made about prophylactic operations:
Threat against life, which comprises both a subjective threat in the form of the woman's familial history and an objective threat in the form of the results of the genetic testing.
Time – a space for manageability, a meaningful time during which both internal and external resources provide support for the woman in her process.
The experience and insight that the woman is at a crossroads where she has an opportunity to make a choice, which means that she is given *the opportunity to choose life*. Many times there will be a specific event that has a very strong effect on the woman and facilitates the decision to have a prophylactic operation.
Finding contentment is the theme that deals with where the woman finds herself today, and gives expression to what has come of the process.

4228 POSTER

Homecare – a way to care for cancer patients

H. Limborgh Meyer[1], S. Brizzi[1], C. Albertoni[1], T. Fazzi[1], C. Pegollo[1], U. Formai[1], M. Pellistri[1], L. Paglini[1], L. Bartoli[1], M.G. Costa[1]. [1]*Carrara City Hospital, Homecare Servizio Territoriale, Carrara, Italy*

Background: Italy has a National Health Service for general homecare (diagnostic tests, medications, wound care, etc) and ADI that means Integral Home Care for chronic and cancer pts, a service carried out by physicians and nurses plus social and rehabilitation assistance. Home care is defined by WHO as the ability of providing, at the patients home those services and equipment that help maintaining the highest level of their wellbeing, health and body functions. Carrara in Tuscany, has 65.760 inhabitants and the incidence of cancer is high. Hospitalisation of cancer pts is rapidly decreasing due: 1) to hospitals cutting costs, 2) the strong desire of pts to be cared for at their home 3)the lack of hospices. Our team of 20 nurses covers five districts including mountain villages totalling 71.29 km^2 cares for pts with all kind of diseases. GOALS Our motto: "Working together towards a common vision, having the ability to direct each individual action towards a common goal". We identify pts needs, judge the likely terminal phase and the extent of care. We evaluate the pts and their families' appreciation of the care received.