**Conclusions:** The women revealed signs for possibilities of others' actions and for the creation of new social instruments, evidencing signs of mobilization for the construction of a symbolic world more positive and rich in contributions.

1257 POSTER

### An exploration into the health seeking behaviour of men and women with cancer

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With the advances made in cancer therapies over the last 25 years the cancer paradigm has shifted from one of inevitable death to a focus on quality of life. One of the outcomes of these advances is a growing population with specific health promoting needs, who require assistance and encouragement to actively pursue a healthy lifestyle.

Several studies have shown that people with cancer do not equate their illness with being unhealthy. In fact, not only have these studies shown that health is possible in the presence of illness but that serious illness such as cancer can be the stimulus that encourages people to engage in health promoting behaviour. This is supported by other evidence which shows that maintaining a healthy lifestyle while experiencing cancer can enhance both the quality and quantity of peoples lives.

Consequently, the health seeking behaviour of people with cancer should be a concern of health care professionals throughout the cancer continuum. Despite a lack of research in this field there is a very strong case for exploring what people with cancer actually do to keep themselves healthy and how health care professionals can help to reinforce this healthy behaviour.

This study will use a qualitative methodology to explore the health seeking behaviour of 10 men and women with cancer. The results from this study will contribute to a growing debate about how important it is for health care professionals to promote healthy behaviour in individuals with cancer.

## Supportive care

1258 POSTER

### Counselling: a new door opens for cancer patients

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The caring relationship is as old as human beings. It is the meeting between two persons one of whom seeks in the other an answer to a specific need of advice and support.Good quality of life of our patients is such a complex thing that it is too often reduced to a simple administration of an analgesic or an antiemetic or any other pharmaceutical substance that will control the symptoms. Certainly, eliminating vomiting and reducing pain helps. But the quality of life of our patient may be equally low, because they feel isolated with their disease, because they feel psychological pain worse than physical pain, because they feel they are a burden on their family, because they do not see any future and because the illness is not responding to treatment any more. A good quality of life depends on many factors which together maintain the delicate balance between physical and psychological wellbeing. Our attention will be focused on these aspects, each patient is unique with their own life experience, their own family and their own emotions. Counselling can be placed in the gray area between health education and therapy. It is a new way of enabling a person to use their own resources to solve problems. Thus there is a need for a more human "psychology", more concerned with a state of unwellness than with disease, in order to concentrate on wellness, leading to a new self-confidence. Counselling is a profession which crosses over many existing professions and which involves not only psychologists but also health-care providers. If the listener is able to emphatise with the person seeking assistence, that person will feel listened to, understood and accepted. Counselling is resorted to by those who are sufficiently ill to need help and sufficiently well to be able to motivate themselves to find a solution for their pain. Counselling is more an art than a technique. It is an art because like all arts it inevitably uses technique but its outcome depends on sensitivity of the operator and on the ability to use the right technique correctly at the right time.

**Results:** The cancer patient in particular has need of such an art. Talking is the main instrument of relationship and through it counsellor and patient can begin to know each other and establish the mutual trusting rapport that is essential for a good recovery. The main goal of the counsellor is to be able to open themselves completely to the other person suppressing their own prejudices, fears, and personal problems, without asking inappropriate questions, without giving solutions. It is essential for the counsellor to get on the same wavelength as the patient is on, to the point of entering into empathy with them. Since this approach in general is relatively new to Italy and to Italian Cancer Nurses in particular; last year we held seminars with nurses to introduce them to counselling and help them to enroll for courses where the tecnique are tought.

1259 POSTER

### A presentation of the project: Adolescents' reactions when diagnosed with cancer

E. Mattsson, G. Ljungman, L. von Essen. *Department of Public Health and Caring Sciences, Section of Caring Sciences, Uppsala, Sweden, Sweden*

The project is a continuation of the project: Adolescents with cancer-their concerns and ways to cope. Adolescent, physician and nurse perceptions.

**Importance:** A. Identification of factors that influence psychosocial function among young people diagnosed with cancer during adolescence.

B. Increase the possibility to offer support to adolescents diagnosed with cancer who are at risk for psychosocial dysfunction.

**Background:** Today there is a limited knowledge about psychosocial function over time for adolescents diagnosed with cancer.

**Aims:** To investigate:

A. Adolescents' reports of depression, anxiety and wellbeing over time from diagnosis.

B. Whether adolescents' reports of depression, anxiety, wellbeing, intensity of distress, use of strategies to cope with distress and physical/medical function predict depression, anxiety and health related quality of life.

C. Whether reports of health related quality of life from young people diagnosed with cancer during adolescence differ from a group of healthy young people.

D. Potential negative and positive consequences of being diagnosed with cancer during adolescence.

**Design:** Aim A: Longitudinal
Aim B: Longitudinal and comparative
Aim C: Comparative
Aim D: Explorative

**Study group:** – Young people diagnosed with cancer during adolescence who are treated or have been treated at the university hospitals in Lund, Uppsala and Umeå.

– Healthy young people with a distribution of the variables age, sex and geographic area comparable to that for the group of young people diagnosed with cancer during adolescence.

**Instruments:** Physical and Medical condition
- Karnofsky Index
- Diagnosis and prognosis

Anxiety and Depression
- Hospital Anxiety and Depression Scale (HADS)

Intensity of distress and Strategies to cope with distress
- A structured interviewguide constructed by the researchers

Well-being and Health related quality of life
- SF-36

Consequences of being diagnosed with cancer during adolescence
- Semistructured interview questions

1260 POSTER

### Swedish mothers and fathers of a child diagnosed with cancer - a look at their quality of life

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**Background:** Evidence on differences between mothers and fathers of children with cancer with regard to quality of life is inconclusive. Some studies report mothers to be more at risk for negative outcomes than fathers, whereas others find no differences. Purpose: Quality of life was investigated among Swedish mothers (n=118) and fathers (n=83) of children on (n=57) and off (n=68) cancer treatment.

**Methods:** Parents completed the self-report measure The Göteborg Quality of Life Instrument, measuring a) burden of 30 symptoms organized in seven scales: depression, tension, head, heart-lung, metabolic, musculo-skeletal and gastrointestinal-urinary symptoms, and b) experience of wellbeing with regard to 18 items organized in three scales: physical, social and mental wellbeing.

**Results:** Fathers reported higher mental wellbeing than mothers and more mothers than fathers reported symptoms of depression. Within the same family, mothers (n=70) reported lower mental wellbeing and more depression, gastrointestinal, urinary and metabolic symptoms than fathers (n=70). Parents of children on treatment (n=92) reported lower social and mental wellbeing and more symptoms of depression than parents with children off treatment (n=101).

**Conclusion:** The findings suggest that fathers experience a better quality of life than mothers and that parents of children off cancer treatment enjoy a better quality of life than parents of children on treatment.

1261 POSTER

## Cancer patients existential questions - a qualitative interview study with hermeneutic analysis

B. Westman. *Karolinska Hospital, Oncology Consultingteam Radiumhemmet, Stockholm, Sweden*

**The aim** of this study was to require for more knowledge about what kind of existential questions are actualised in connection with a cancer diagnosis, what patients reflected upon and what support they got from the nursing staff regarding these questions.

**The method** constitutes a qualitative content analysis as interpreted by Føllesdal, Walløe and Elster (1993). As theoretical frame of reference applies analysis language emanating from Jeffners stipulated life of philosophy definition was used. Ten breast and prostate cancer patients that had received curative treatment were interviewed.

**The results** showed that the cancer diagnosis caused the patients to reflect upon three main categories: their life, the illness and death. Questions raised were about the meaning of life, the threat of suffering and death, the importance of relations and health and body image. Loss of life values that were important, such as health and sexuality could lead to loss of meaning of life. The patient who could see the illness as a part of the pattern they saw for their whole life was more successful in dealing with the existential questions. The support that was given to the patient came mostly from their family and friends. The patients reported few conversations with nursing staff about existential questions. Not all patients required that kind of support. Despite this they felt supported by the professional attitude from the nursing staff.

**Conclusions** that could be drawn are: Five of the patients had an attitude of life that could give them support in dealing with the illness. All patients had different views of life and for some of these patients the cancer diagnosis gave a new understanding about what is valuable in life. For others the illness was seen as something purely negative. Some patients said that other situations in life, rather than the cancer diagnosis, made them consider of the meaning of life.

1262 POSTER

## Evaluation of the results of a multi disciplinary intervention with patients with colorectal cancer

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**Background:** Studies have demonstrated that an early psychoeducational intervention helps patients and their families in becoming active partners in the treatment process, improves their coping abilities, ameliorates their quality of life, and increases confidence in recovery chances. In order to relate to the many patients' needs from a holistic perspective, we constructed a multi-disciplinary short-term intervention (MDSTI). Patients were invited to an initial intake outpatient session with a physician, immediately followed by a meeting with a social worker and a nurse where further explanations were given, and psychosocial needs assessed. Interaction with patients was then maintained throughout treatment, allowing for an ongoing communication and assistance channel. The aim of the current presentation is to prsesnt the findings and conclusions of a qualitative evaluation of the MDSTI.

**Method:** Research sample included 20 new patients accepted for treatment for colorectal cancer during January 2003 (MDSTI group), and a second group of 20 patients who were accepted to treatment before the MDSTI was implemented (a control group). Self-report questionnaires (BSI, PAIS, a socio-demographic questionnaire and a medical data collection form) were administered among the MDSTI group patients at baseline (prior to the initial meeting T1) and following 8 weeks (T2). Patients at the control group filled the same questionnaires only once after having completed 8 weeks of treatment in the gastrointestinal unit (T2).

**Results:** We found women reported more severe anxiety (p=.004) and somatization symptoms (p=.011) than men. Findings showed that following 8 weeks of treatment, patients in the MDSTI reported a significant improvement (p>.05) in most distress symptoms: depression, anxiety, somatization, obsessive-compulsive tendencies, hostility, and phobic anxiety. Patients in this group also developed a more positive orientation towards their physicians and the treatment they received, when compared with the patients in the control group.

**Conclusion:** An ongoing multi-disciplinary intervention reduces stress, increases coping and encourages an improved atitude towards the medical staff and treatment.

1263 POSTER

## Nursing staff's experiences of the problems concerning practical, emotional and informational support given for families of patients with cancer

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**Background:** The results reported in this paper are drawn from a larger study aimed at describing and explaining the support provided by nursing staff to the family members of patients with cancer. The purpose of this component of the study was to explore the problems related to practical, emotional and informational support.

**Material and methods:** The structured questionnaires were sent to 225 nurses working in five central hospitals in Finland. A total of 166 nurses participated. The response rate was 74%. The problems related to support were asked by open-ended questions. The analysis of the responses relied on the method of content analysis.

**Results:** The analysis of open-ended questions is unfinished at present but will be completed before the conference. During the presentation the major categories and subcategories formed from the data and examples of original responses will be introduced to the audiance.

**Conclusions:** The knowledge of the problems related to the support given for the family members of patients with cancer create opportunities for the development of nursing practice in hospitals.

1264 POSTER

## Meeting the needs of male partners of women with breast cancer: An exploratory study

M. Shewbridge. *Guy's and St Thomas NHS Trust, Hedley Atkins Unit, London, United Kingdom*

**Background:** A diagnosis of breast cancer can have a devastating effect on a woman, her partner, family and friends. Despite extensive nursing research into the psychosocial distress and information and support needs of women with breast cancer, there are very few studies examining the impact on their male partners.

**Materials and methods:** The aim of this exploratory study was to increase health care professionals knowledge and understanding of male partners information and support needs in order to develop the supportive care services appropriately. Data was collected through five semi-structured tape recorded interviews and then analysed thematically.

**Results:** The study demonstrated that the male partners concerns and information/support needs changed throuhout the 'cancer journey'. During the interviews there was a sense of the male partners 'sharing' the women's experiences. The partners highlighted a need to maintain normality within their relationship and their home life but described changing roles and responsibilities. The study demonstrated differing knowledge levels relating to treatments.

**Conclusion:** The study gave an insight into the male partners perceptions of their experiences and their information/support needs. There were striking similarities between the partner's concerns and those recognised in the literature relating to women. The study indicated areas that need to be addressed. Most importantly, it demonstrated that there is a need for further studies to be undertaken to truly understand the complexity of the needs of the male partners of women with breast cancer.