

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.

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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

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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 empathise with the person seeking assistance, 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 technique are taught.

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POSTER

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

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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

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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.