

the perceived benefits of a psychosocial support programme using stress management techniques with family carers of people with cancer. This pilot programme teaches family carers how to look after their own needs while meeting the needs of their loved one. All areas of the cancer experience are explored including rehabilitation issues as well as issues around loss and death. This paper demonstrates the very positive results in developing coping responses and group support by the use of stress management techniques including relaxation and visualisation.

Poster session

Prevention and early detection

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POSTER

Iranian women's beliefs toward breast cancer screening: a qualitative survey

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Background: Breast cancer is the most common diagnosed cancer among women. In Iran, breast cancer patients are younger than their western counterparts. Although the cause of breast cancer remains elusive the early detection of patients seems crucial. Since knowledge and beliefs of the women toward the disease have an important role in early detection, this study as a part of a larger qualitative study was conducted to explore the general overview of Iranian women's beliefs about breast cancer screening.

Materials and Methods: In this qualitative study 70 women living in Tehran were enrolled through cluster randomization. The mean age of participants was 36 years (20 to 52) and except one all were married. They were divided into 11 focus groups for discussion. A guide questionnaire was extracted from individual interview sessions that had already been done with health professionals, medical specialists, social experts and religious authorities. Then focus group discussions were done by a female physician using this questionnaire. All discussions were tape-recorded and were transcribed to elucidate the major content themes encountered in the discussions. Grounded Theory method used to analyze the data.

Results: Most of the participants didn't have enough knowledge about cancer prevention methods in general; except for breast self examination which they had already been instructed in and as a matter of fact most of them mentioned that they did it properly. Their awareness about mammography was also biased. They believed that only obviously diseased women should undergo specified imaging methods. Therefore, they preferred not to do it in healthy condition provided that it is advised by a specialist. Likewise the majority of them were not willing to seek a doctor's opinion just for prevention. Their carelessness about breast cancer prevention may be partly due to their strong delusive belief that any type of cancers would not be cured, so early detection of these kinds of diseases would not effect the mortal outcome and is not a matter of concern to them.

Conclusions: Our study showed that health beliefs regarding breast cancer influence women's behavior toward breast cancer screening, especially in a developing country without a well established program for it. Besides, a considerable defect in women's beliefs regarding breast cancer screening was noted. Based on these findings; we suggest a larger quantitative study in order to clarify the subject more clearly.

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POSTER

Patient delay in seeking breast evaluation for self-discovered breast symptoms among Thai women

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Breast cancer is one of the most important women's health problems in Thailand. It is widely known that early detection and treatment of breast cancer enhances survival. Unfortunately, a considerable proportion of new breast cancer patients are diagnosed at an advanced stage, resulting from delay in seeking diagnosis and treatment. Increasing numbers of research studies have shown that a woman's decision to seek medical attention for breast symptoms is made within multiple networks of personal, social, cultural, and health care environmental factors.

The purpose of this study is to identify factors that influence Thai women in seeking breast evaluations after discovering symptoms. A descriptive, cross-sectional design was used in this study. A convenience sample of 150 Thai patients with breast symptoms was recruited from an outpatient

breast clinic at a regional hospital in northern Thailand. Negative binomial regression was used to assess for determinants of patient delay in seeking breast evaluations. Results revealed that delay ranged from 0 to 1461 days (4 years). The median delay time was 8 days. Approximately half of the women (51.3%) waited 10 days before seeking professional evaluations. Patient delay within one month was experienced by 22.7% of patients. Only 10% of patients delayed longer than three months. The results indicate that women who perceived their breast symptom as serious sought professional help earlier than others. Fears related to breast symptoms was positively related to their delay time. Breast symptoms associated with pain was found to have a significant effect on a shorter delay. Women who practiced self-treatment after discovering their symptoms delayed in seeking medical attention significantly longer. Those who perceived greater role demands in interfering with care seeking significantly waited longer. Finally, women who frequently sought medical care for any reason waited shorter periods of time before seeking care for their self-discovered symptom. The findings point to factors of delay behavior that need to be addressed in health education programs with a view toward optimizing the early detection of breast cancer and diminishing delay in seeking treatment. These determinants are important because they are potentially susceptible to change through educational strategies. Future research is needed to develop and test interventions based on the study's findings, which have implications for health care policy in Thailand.

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POSTER

How do women reason about choosing not to participate in population-based cervical cancer screening in Sweden?

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Objective: The aim of the study is to investigate the manner in which women who choose not to participate in a population-based cervical cancer screening program (PCCSP) reason about their decision.

Method: All women between 23 and 60 years of age, residing in Stockholm county council receive an invitation from the regional Oncological Center (OC) to attend PCCSP at regular intervals. Women who actively contacted OC to report that they do not wish to participate in PCCSP were the subjects for the study. Data was collected through unstructured telephone interviews with 11 women and fax messages from 86 women. Data analysis is inspired by interpretive description.

Results: Preliminary analysis indicates that two salient themes are related to the division of responsibility for health maintenance between the individual and society, as well as the manner in which women described being able to 'know' one's own body. Descriptions include not wanting to know if one has cancer, previous negative experiences in relation to screening that led to feeling self-exposed and insulted, beliefs that a healthy lifestyle could protect one from cancer and a standpoint that the screening program represents undesired societal control of private issues. A relationship with one's own gynaecologist was described as important and as one reason for not attending PCCSP. Reasoning was also influenced by conceptualizations of sexuality.

Conclusion: Cervical cancer screening can be viewed as a relatively simple routine check-up, but for the individual woman it may also involve a sensitive situation, with both the risk of a life-threatening sickness and an intimate physical examination. In order to improve PCCSP, it is important to highlight different perspectives on screening, and perspectives from women who have chosen not to attend are essential.

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POSTER

Nurse's role in prevention of lymphatic edema in patients with breast cancer

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Background: The lymphatic edema is one of the most common complications after breast surgery affecting up to 20% of women. Appearance of the lymphatic edema in the limb promotes inflammation, causes pain, and dysfunction of the limb. Preventing lymphatic edema is easier than to treat it. Until now the patient are educated and counseled by their physician during regular check-up and by the workers of the Estonian Cancer Association. In order to find out whether the instructions given by the nurse in preventing and recognizing the lymphatic edema are relevant and understandable to patients, we performed an inquiry among patients with breast cancer.

Materials and Methods: The instructional booklet was developed for patients with breast cancer to prevent lymphatic edema and distributed