

to patients before leaving the hospital. The usefulness of the instructional booklet was found out by using a structured questionnaire that included seven closed questions. The study was descriptive and quantitative. The questionnaire was given to 20 women (aged 33–78) from Tartu who had been operated in March and April 2005 in the Hematology and Oncology Clinic. All those women had been diagnosed with breast cancer. The questionnaires were answered after the regular check-up after the surgery, when the patient visited the hospital for seroma puncture.

Results: The instructional booklet for majority of the patients was understandable and included necessary information for patients about how to organize and cope with their everyday lives depending on the specifics of their diseases. 70% of the women who were questioned did not consider necessary to include the set of pictures that showed different exercises. They preferred the nurses or physicians to show the exercises and to practice them before leaving the hospital. In addition to the information available in the instructional booklet, the patients also had questions about the usefulness of massage. They asked whether the procedures like vein puncture on the damaged side of the body would be forbidden just on the regenerative period or during the whole life.

Conclusion: This inquiry concluded that patients do need qualified nurses to educate and consult them how to prevent and how to recognize lymphatic edema and how to cope with everyday life according to the specific needs of their diseases.

As a result of the inquiry an instructional booklet was developed for patients with breast cancer to prevent lymphatic edema.

1557

POSTER

A patients' introduction to chemotherapy

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People remember 10% of what they read, 20% of what they hear, 55% of what they hear and see.

Within the department of medical oncology of the VU University Medical Center every year an average of 485 patients are treated with chemotherapy. Currently, before receiving chemotherapy for the first time, patients are supplied with written and verbal information. This information explains all about procedures during their stay in hospital or outpatient clinic and what to expect at home during the days after receiving chemotherapy. In practice though, patients seem unable to retain all the information given. Also, a substantial part of our admitted patients originate from Turkey and Morocco. These patients are generally informed in Dutch and in most situations this information consequently needs to be translated for them by family members. A lot of these patients turn out to have questions afterwards as the translated information appears to be unclear or incomplete. So in our experience, both for native patients as for Turkish and Moroccan patients the effect of verbal and written information is limited. A search of international literature on this subject sustained this conclusion for patients around the world. Also, literature shows information will be retained most effectively when several senses are stimulated simultaneously and when recipients feel emotionally involved with the subject. People remember 10% of what they read, 20% of what they hear, 55% of what they hear and see. Therefore, using film as a medium to support verbal and written information could have several advantages. As it combines the use of images and sound, film can:

- explain complex issues in a short time;
 - stimulate reception, understanding and remembrance of information;
 - emotionally involve the audience;
 - be repeated immediately;
 - limit the possibility of incorrect interpretation;
 - visualise and prepare for future procedures, situations etcetera.
- Potential drawbacks of film as a medium for information transference are:
- high expenses of production;
 - the need for specific expertise.

Conclusion: Introducing chemotherapy to cancer patients by use of an educational film in addition to written and verbal information has added value in transference of information. Since our patient population consists not only of Dutch, but also of Turkish and Moroccan people an educational film about chemotherapy will be produced in all three languages.

1558

POSTER

The effect on teachers' beliefs and behaviours at breast cancer screening of two different educational methods intention of early detection of breast cancer

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Background: This research has been carried out comparing the effects of different educational initiatives on the beliefs and behaviours related to the practice of early diagnosis of breast cancer.

Material and methods: This theoretical study has been planned according to the principles of a mutual checking semi-experimental research idea. "Health Belief Model" on Breast Cancer Screening developed by Rosenstock at all and adapted by Champion, and proved its validity and reliability was accepted as foundation and applied to many groups. Ninety-three female primary school teachers who were working in Ordu during the time of the research agreed to join the research; fifty-one of them were model group and forty-two of them were video group. The teachers both in video and model groups were equalled from the point of view of their age, having had breast problems before, a history of breast cancer in their family or knowing how to do breast self examination (BSE). In order to collect data, question forms were used. This included Champion's Health Belief Model Scales of Breast cancer Screening and the control list regarding how to do BSE. The video group was asked to watch a 20-minute video film explaining breast cancer screening. On the other hand, BSE was demonstrated on a breast model to the model group. The teachers in both groups were given handouts and they were reminded by telephone what to do. The collected data were evaluated by computer by using the following tests: descriptive statistics, chi-square test, Mann Whitney U, Independent Samples t test, Paired t test, and McNemar test.

Results: At the results of the education given to the video group, susceptibility, perceived self-efficacy of breast self-examination, and perceived benefits of mammography increased to relative before education given them. In addition the teachers in video group also improved in their knowledge of BSE. At the results of the education given to the model group, susceptibility, perceived self-efficacy of breast self-examination, and perceived benefits of mammography increased to relative before education given them. In addition the teachers in model group also improved in their knowledge and ability to perform BSE. As a result, it has been determined that there is no difference between the beliefs of both groups.

Conclusion: This study showed that both video and model methods of education were effective in changing health beliefs regarding breast cancer screening and in the same level increasing knowledge and practice of BSE.

Tuesday, 1 November 2005

Teaching Lecture

1559

INVITED

The use of complementary medicine: European survey, current status and implications for nursing

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Complementary and Alternative Medicine (CAM) is increasingly used by cancer patients. Limited information, however, is available from European cancer patients, and indeed there has been no study using a comparative methodology across countries. The proponents and opponents of CAM are many, and CAM is one of the most debated topics in health care ever. The presentation will introduce the concept of CAM and how it is viewed in our society and will identify some of the current trends around it. The results of a descriptive study which was carried out in 14 European countries concurrently assessing the use of CAM by cancer patients (n = 956 patients) will then be presented. Accordingly, at least one-third of the patients are using CAM. CAM covered a wide and heterogeneous group of about 56 different therapies, and although many benefits were reported, some side effects were also present. Improvements in psychosocial well being and increasing hope, as well as dealing with side effects were common reasons for using CAM, although benefits reported did not match very well initial reasons for using CAM. The presentation will then move to cover some of the key issues around the highly debated CAM use (ie. appropriateness of trial designs, difficulties in randomising or blinding therapies, placebo effects and so on). Finally, the small, but increasing,

amount of effective CAM interventions will be briefly examined, linking all above with the implications for nursing practice and research.

Proffered papers Nursing research

1560

ORAL

Supporting the family: a feasibility study to develop and evaluate a nursing intervention

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Background: Cancer engenders complex emotional and social reaction both in the patient and those close to them. Families may provide crucial support, yet their own distress may be as great as that of the patient. National guidance in England and Wales recommends services to support family and carers. However, it remains unclear exactly what the family's needs are, or how health care professionals might address them. This feasibility study aimed to develop and evaluate an effective and acceptable supportive nursing intervention for families and carers of people with lung cancer.

Methods: Family members of 20 people with lung cancer (n = 25) received an individualised supportive intervention from a Clinical Nurse Specialist (CNS). This involved an initial semi-structured 'assessment of needs and experiences' interview which allowed participants to articulate their concerns and explore how they were affected by their loved one's cancer. At the end of the interview a tailored plan of on-going support addressing informational, emotional, social and practical need was drawn up. To evaluate the intervention: family members completed 4 questionnaires assessing need, quality of life and emotional well-being at baseline and three months later. A semi-structured telephone interview was undertaken three months from the inception of the intervention to determine the participant's views. The CNSs kept a log of the frequency and nature of all contacts and undertook two taped reflective sessions about their experiences during the study. A final taped focus group with the CNSs will be conducted to allow detailed discussion on the process, outcomes and utility of the intervention.

Results: All participants have completed the initial assessment and collection of data at the 3 month point is ongoing. The nurses have completed two taped reflective sessions. Preliminary content analysis of the nurses' data suggests the key components of the intervention include acknowledgement, listening, information, monitoring, continuity and facilitating access to the healthcare team/system. The taped interviews with the family members reveal they have felt supported through a combination of emotional support and information.

Conclusions: Preliminary analysis indicates that a supportive intervention for families of people with lung cancer can be delivered by experienced nurses. In this feasibility study we have distinguished the active components of the intervention.

1561

ORAL

Older people's perceptions about information, decision making and treatment following a diagnosis of cancer

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Background: Several studies have identified inadequacies in the care and treatment received by older patients with cancer as opposed to their younger counterparts. These include under diagnosis, ineffective symptom management and lower survival rates in older people with cancer. Despite these problems, there is little research on older peoples' perspectives regarding their cancer diagnosis and treatment. This study aimed to identify and describe the experiences of older people with cancer, regarding their diagnosis and treatment for cancer, and to develop a clinically meaningful framework for practice with such patients.

Materials and Methods: A purposive sample of 41 patients in total, were recruited from a specialist cancer centre (n = 24) and a care of the elderly unit (n = 17). Single, semi-structured interviews were conducted in

the hospital with each patient. Patients' cognitive and physical status, at the time of interview, were assessed using standardised clinical measures (the Mini-Mental State Examination and the 20-point Barthel Activities of Daily Living Index). Socio-demographic and medical information were noted from casenotes. Data were analysed using framework analysis.

Results: The analysis identified key themes in relation to older people's experiences of a cancer diagnosis and treatment, including: trust in health professionals, information and understanding, treatment expectations, experience of side effects, hopefulness and despair. Trust in health professionals was a core belief, which appeared to underpin the whole experience of cancer for older people. On the basis of these themes, a framework, consisting of strategies for clinical practice and decision making has been developed.

Conclusions: The findings highlight the issues that should be considered by those working with older people with cancer, which has led to the development of strategies for strengthening service delivery. Such findings have important implications for clinical practice and leadership, future research and the educational needs of health professionals.

1562

ORAL

The early diagnosis of severe sepsis in the person with cancer: a study exploring the use of nursing knowledge and intuition

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Central to this doctoral research study is the belief that cancer nurses working in the general ward setting often recognise the early changes that may signify an acute deterioration in the patient's condition. This belief is based on many years of clinical experience receiving referrals from ward nurses, and increasingly so in the last four years during work with the Cancer Critical Care Outreach team. There can however be a gap between this recognition and an appropriate multidisciplinary rescue strategy. An important part of this study is the attempt therefore to explore this knowledge and the reasons for this gap and where it may be based on lack of confidence or lack of knowledge to increase both using dedicated teaching sessions on every ward area.

This study is being undertaken at a time when there are growing challenges for the ward nurse who has to navigate a complex array of professionals, agencies and patient and family needs, with increasingly sicker patients on their general wards who are more likely to deteriorate more quickly and this is all with a background of acute nursing shortage (Cohen et al 1994, Wilkinson 1995, Meleis 2005). There are also growing technological changes particularly in cancer care, and an increase in the public's expectation of their care. Finally people with cancer in common with other people experiencing chronic illness are often well educated in their disease, it's monitoring and treatment, this can be seen as a challenge or as an asset, but is often daunting for the nurse or doctor who is new to cancer care (Paterson 2001, Korig 2002, Tattersall 2002, Wilson 2002).

The study is a mixed methods study including the use of face to face qualitative interviews and pre and post intervention tests for over 300 nurses. 400 patients are also recruited to another arm of the study which involves testing for an immunological predictor of severe sepsis – Procalcitonin.

The results of this doctoral study will be presented and recommendations made for changes in practice and for future research.

1563

ORAL

Peripherally inserted central catheters and implanted ports. A retrospective analysis of the complication rates and evaluation of associated costs

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Background: Reliable central venous access is necessary in the management of patients receiving chemotherapy. Institutions differ in terms of venous access device used.

Peripherally Inserted Central Catheters (PICCs) have become a popular choice as they are more readily inserted and are generally regarded as safe. Implanted ports present with fewer complications and can be left in place long after treatment is finished.

The aims of the study were to: (1) examine and compare the complication rates of Peripherally Inserted Central Catheters and Implanted Ports in patients receiving chemotherapy for solid tumours and (2) evaluate the associated costs.

Methods: A retrospective review of case files from 114 subjects with solid tumours with a total of 138 PICC line or implanted port was conducted. Subjects were selected from two major cancer institutions in Ireland.