

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.

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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,