

expressed fears of cancer spreading (n = 236.32%), uncertainty over the future (n = 232, 32%), feeling down/depressed (n = 174, 24%) and anxious (n = 166, 23%). 22% (n = 159) men stated unmet need for information on their disease status/activity.

Conclusion: Many men with prostate cancer have unmet need related to urinary symptoms, sexuality issues and psychological morbidity that varies according to their disease status and treatment. Men's quality of life could be significantly enhanced if these areas of unmet need are addressed. Clinical nurse specialists are well placed to assess and meet these important patient issues.

8083

ORAL

The use of a mobile phone based advanced symptom management system in the home monitoring and symptom management of chemotherapy related toxicities in patients with breast, lung and colorectal cancer: Patients' and clinicians' perceptions for supportive self care

L. McCann¹, R. Maguire¹, N. Kearney¹, M. Miller¹, L. Taylor¹, M. Sage², P. Gray³, M. McGee-Lennon³, J. Norrie⁴. ¹Cancer Care Research Centre, Department of Nursing and Midwifery, Stirling, United Kingdom; ²Kelvin Connect, Hillington Innovation Centre, Glasgow, United Kingdom; ³University of Glasgow, Department of Computing Science, Glasgow, United Kingdom; ⁴University of Aberdeen, Health Services Research Unit, Glasgow, United Kingdom

Background: The majority of patients with cancer are likely to receive chemotherapy at some stage of their illness. The toxic effects of chemotherapy can be serious/life threatening if not detected early (Kuderer et al, 2006). Furthermore, with the shift of care to the community, patients have to manage side effects without direct supervision from clinicians. The effective monitoring of symptoms in this group is therefore vital. The use of information technology may be used to remotely monitor symptoms in the community setting. A UK wide RCT evaluated the impact of a remote monitoring, mobile phone based advanced symptom management system (ASyMS©) on chemotherapy related toxicity in patients with colorectal, breast and lung cancer. This paper will present the perceptions of patients and clinicians who used the ASyMS© system as a medium for supportive self care.

Methods: This study recruited 112 patients from six UK sites. The intervention group (n = 56) used the ASyMS© system; the control group (n = 56) received standard care. Patients completed a symptom questionnaire on the mobile phone for 14 days for 4 cycles of chemotherapy. They received self care advice on the mobile phone on the symptoms that they had just reported. Symptom data was then sent to the server where an integrated risk model alerted clinicians in acute care via a 24 hour pager system of symptoms that were of concern/life threatening; they then accessed a secure web page with information on the patient's symptoms and intervened, triaging care to relevant services. A combination of semi-structured questionnaires and interviews were used to collect patient and clinicians' perceptions of using the ASyMS© system. SPSS 14 was used to analyse quantitative data descriptively. Nvivo was used to analyse the qualitative data thematically.

Results: Both patients and clinicians found the ASyMS© system helpful in the management of symptoms and felt it led to improvements in communication between patients' and clinicians. The ASyMS© system was considered to be an accepted medium for supportive self-care by patients and clinicians alike.

Conclusions: The results of this study indicate that both patients and clinicians had positive perceptions and experiences of using the ASyMS© system to monitor and manage chemotherapy related toxicity. The system has the potential to significantly impact on current and future clinical practice.

8084

ORAL

Doing good care – a study of palliative home nursing care

A. Sandgren¹, H. Thulesius¹, K. Petersson¹, B. Fridlund². ¹Kronoberg County Research Center, Kronoberg County, Växjö, Sweden; ²School of Health Sciences and Social Work, Växjö University, Växjö, Sweden

Background: Today, more and more people die in own homes and nursing homes, which fundamentally affect community nursing. The aim of this study was to develop a classic grounded theory of palliative home nursing care. The research question guiding the study was: What is the main concern for community nurses caring for palliative cancer patients and how do they resolve it?

Materials and Methods: In all, 33 interviews with community nurses were coded and analyzed according to classic grounded theory. Secondary analysis was also done for 3 focus groups and 37 interviews with nurses

and physicians. At the same time we analyzed field notes and memos from informal interviews, participant observation and documents.

Results: Doing Good Care emerged as the pattern of behaviour through which nurses deal with their main concern, their desire to do good. When nurses fail in doing good, they experience a feeling of letting the patient down, which can lead to frustration and feelings of powerlessness. The theory Doing Good Care involves three caring behaviours; Anticipatory caring, Momentary caring and Stagnated caring. Anticipatory caring emerged as the optimal way of giving palliative care and means positioning future and doing ones best or even better than necessary. In Momentary caring nurses are doing best momentarily and in Stagnated caring nurses are doing good but from the perspective of what is expected of them. The nurses can hover between the three different care types depending on the circumstances and that they use different Emotional survival strategies in three different caring types. Which caring behaviour they choose depend on external or internal factors such as the organization, resources, personality, emotional competence, knowledge, but also the nurses' personal life situation. Emotional energy drains elsewhere may also affect the caring behaviour and this energy loss decreases the emotional competence and is most common in Momentary caring and Stagnated caring. Momentary caring can result in good palliative care, but this is contingent on the individual nurse who gives the care. Stagnated caring on the other hand may cause a distance or a cold shield towards the patients and relatives and with this shield it can be difficult to create trust.

Conclusions: We suggest that healthcare providers increase the status of palliative care and facilitate for nurses to give Anticipatory care by providing adequate resources and recognition.

8085

ORAL

An exploration of perceived control, self efficacy and involvement in self care during treatment for cancer

L. Kidd, N. Kearney. University of Stirling, Cancer Care Research Centre Department of Nursing and Midwifery, Stirling, United Kingdom

Background: The past decade has seen many changes in the use and delivery of chemotherapy for patients with cancer, including the use of more complex treatment regimens, the shift from acute to community and outpatient based care and a growing interest in the use of oral chemotherapies. Such changes create implications for patients' involvement in self care. This mixed methods, longitudinal study aimed to explore perceptions and experiences of being involved in self care and perceptions of control and self efficacy amongst patients receiving chemotherapy for colorectal cancer.

Materials and Methods: Thirty one patients undergoing chemotherapy for colorectal cancer participated in the study. Quantitative data on perceptions of control, self efficacy and degree of involvement in self care was collected using questionnaires (Illness Perception Questionnaire-revised and the Strategies Used by People to Promote Health) and prospective self care diaries with the full sample at the beginning, middle and end of patients' 6-month course of treatment. Qualitative data on the meaning of self care, degree of involvement in self care and influence of perceptions of control and self efficacy were gathered using semi structured interviews with a sub sample of patients (n = 8) at the beginning and end of patients' treatment. The data were analysed and integrated in accordance with Tashakkori and Teddlie (1998)'s guidance for integrating qualitative and quantitative findings in a mixed methods study.

Results: The findings revealed that self care held a range of meanings to patients and that they carried out a wide range of different physical and emotional self care strategies at the beginning and end of their treatment. There were no statistically significant changes in patients' perceptions of control and self efficacy at the beginning, middle and end of treatment, although there was a statistically significant positive association between perceptions of treatment control and degree of involvement in self care. The qualitative findings also revealed that patients with higher perceptions of personal control believed in the importance of self care, had a greater desire to be involved in self care and used a greater range of self care strategies. Patients with lower perceptions of personal control believed that self care was less important, that they had no control over the adverse effects of treatment and used fewer self care strategies.

Conclusions: The findings from this study are valuable since they offer a greater understanding of the meanings that patients undergoing treatment for cancer ascribe to their self care and their perceptions and experiences of being involved in self care and their perceptions of control and self efficacy during their treatment.

References

Tashakkori A and Teddlie C (1998) Mixed methodology: Combining Qualitative and Quantitative Approaches London Sage.