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Spirituality, positive/negative affect and coping as predictors of quality of life in cancer survivors

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Cancer remains a major health concern in western societies. Improvements in early detection techniques as well as the development of new treatments have increased the survival statistics for cancer patients during the past decades. But this improvement sometimes involves late physical and psychological effects that can deteriorate the quality of life. With a few exceptions, once a cancer patient, always a cancer patient.

The purpose of this research was to explore the effects of coping, spirituality, and positive and negative affect on quality of life in cancer survivors with multivariate type of cancer. The sample consisted of 426 cancer survivors recruited through medical follow-up in two hospitals of Porto-Portugal. Participants completed the EORTC Quality of life instrument (QOL-C30 – version 3), Brief COPE (Carver), PANAS, spirituality Scale, and the demographics questionnaire.

Using multiple logistic regression analysis, potential predictors of quality of life for cancer survivors were identified. Among the predictors considered were spirituality, positive affect, negative affect and coping. Our findings may assist health professionals to develop an individual approach of care during the trajectory of cancer survivors' life and to know the implications of cancer in multiple dimensions of quality of life.

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Does the participation in clinical trials allowed better information and communication with treating team in early breast cancer patients: Nurses' aspect

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Background: The policy of complete diagnosis and prognosis disclosure, instead of concealing them – has been recently introduced in Serbia for, at least, two reasons: patients' request due to much better information in general, and the requirements of informed consent when offering to participate in clinical trials.

Methods: The originaly created questionnaire was filled by 80 early breast cancer pts (BC pts), half of which participated in international clinical trials, remaining pts were on standard therapy. Groups were well balanced in regards to the level of education, marital status, childbirth history, time from diagnosis and previous/current treatment, while pts in clinical trials were slightly younger (mean 39.5 vs. 45.5 years, respectively).

Results: Majority of patients obtained the information from their surgeon (82.5%), usually a short time after the operation (72.5%), being satisfied with the data on disease and planned treatment in 97.5%, and on prognosis as well, in 77.5%. Due to the poor knowledge about the clinical investigations, 75% pts on standard treatment would not be willing to participate in. However, pts being included into clinical studies – were highly satisfied (100%) with the obtained information. On the question about contribution of medical nurse, as a member of the team, to the better understanding of disease and treatment – 62% and 85% answers were positive, in groups on standard and trial treatment, respectively. Majority of all pts (82.5%) are highly satisfied with the professional skills of medical nurses and their support during the treatment. In particular, the role of medical nurse was emphasized as very helpful, by pts participating in clinical trials, in regards to the understanding of informed consent (47.5%), of the study aims (60%), and the management of adverse events (57.5%). None of all pts had the feeling that any of her human rights was denied.

Conclusions: Although in a small patients sample, obtained results suggest that our pts are well informed on their disease, planned treatment and prognosis, but the satisfaction with the obtained data seems to be slightly better in pts participating clinical trails. Especially important is the high level of satisfaction with the support of, and communication with medical nurses in both standard and trial settings. However, the level of the knowledge about the clinical investigations in whole included population – seems to be still unsatisfactory.

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Continuity of care from the viewpoint of a breast cancer patient

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Backround: The purpose of this study was to investigate the continuity of care as the patient herself experience it. The research questions were (1) how the patient experineces the continuity of care and (2) how customer oriented the process is. The ultimate goal was to identify the problem and juction areas in the care.

Materials and Methods: A case-study approach was implemented. There were three participants in the study from one hospital district area in Finland. The whole care continuum was followed, meaning from the moment the woman heard that there is a doupt of disease to the moment that the disease has been treated. The data were collected ty interviews and half structured questionnaires. Altogether 48 half structured questionnaires and 9 interviews were completed by three study participants. They completed the questionnaires at every stage they were in contact with the health cae. Content analysis was used to analyse the qualitative data. The quantitative data were organized in tables and figures and it added new viewpoints for the qualitative data. The continuity of care was looked from the viewpoint of co-ordination flow, information flow and time flow.

Results: The co-ordination was experienced as good inside one organization but not from one organization to another. The information flow was the most problematic area. The patients expected more information from the physicians. The patients were demanded to be spontaneous and active in order that the information flow is successful. Patients needed to wait in different phases of the care continuum too much. On the other hand the waiting periods gave time to adapt oneself.

Whether the care was experienced as customer oriented was based on if the caring persons were the same during the process, how qualified the staff was and how the patient were treated. In the patient oriented care the patient's individual needs were considered.

Conclusion: The continuity of care could be improved in taking more the viewpoint of co-ordination flow, information flow and time flow into consideration.

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Promoting stabilising of life in families with cancer – A grounded theory research

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Background: The purpose of this grounded theory research was to develop a substantive theory to explain how families with cancer solve the main concern in their lives.

Materials and Methods: Data collected, consisting of 32 joint couple conversations of 13 families (n = 26) during different stages of cancer trajectory and observations of 26 hours of five families (n = 19) during a boarding course on psychosocial rehabilitation, and analysed according to the grounded theory methodology.

Results: The main concern of families living with cancer was stabilising of life through facing of hardships and assuming an attitude towards the future which patterned out in four processes. Detaching from the disease consisted of maintaining of hope, living trustingly, changing of the concept of self, progressing of recovery and continuing the habituated life. Stabilising of life involved fighting against the disease involved the stages of deliberating about falling ill, rebelling against the change in life, overcoming adversities, preparing for worse and ensuring the functionality. Adjusting to life with the disease comprised clarifying of facts, resorting to help, returning to life, intensifying of togetherness and maturing through hardships. Stabilising of life entailed submitting to the disease included life coming to a standstill, succumbing to fear, being burdened by concerns, life turning more difficult and getting caught in being ill.

Conclusions: This substantive theory of family survivorship offers possibilities to promote stabilising of life in families with cancer in nursing, nursing education, and nursing administration.

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Coordinating function of the study nurse in clinical trial with dendritic cell vaccination

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Background: In Denmark yearly more than 5000 patients (pts) are diagnosed with breast cancer, kidney cancer or malignant melanoma. For a part of these pts traditional treatment such as surgery, radiotherapy