

patient unit of 12 beds. In order to enable nurses to monitor and improve the quality of nursing care, the measurement tool should be used without much interference for daily routine. Moreover, it should give nurses immediate feedback on the quality of their work. So far, modules have been developed and implemented on the nursing wards with regard to: personal hygiene of the patient, cleanliness of patient surroundings, infection prevention, nursing documentation, medication supply, nutrition, communication, and continuity of care. The first results of the modular system are promising and have an impact on both the nursing wards and the nursing management. In our presentation we will discuss the modular system and give data regarding its feasibility and reliability.

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ORAL

The theoretical nursing model applied to the care of breast cancer patients

S. Lauri, C. Sainio. *Department of Nursing; University of Turku, Finland*

Purpose: The theoretical model of the care of cancer patients was constructed on the basis of existing knowledge. The purpose of this study was to test the model in nursing practice.

Methods: The study was implemented by using action research method. A concrete care programme based on the theoretical model was planned for the oncological and surgical clinics and it was carried out in 1994–1995. The data were collected using questionnaires. The sample consisted of 96 surgical breast cancer patients. The same patients answered also after their oncologic treatment.

Results: The results showed that the theoretical model worked reasonable well. During the different stages of the treatment, the patients considered important to receive knowledge. The information helped the patients to better understand their situation and to alleviate their anxiety and fears. They received also a capacity to understand their own situation, to talk openly about their problem and to look after themselves. The results highlighted also those areas in which the patients did not receive sufficient information.

Conclusion: The theoretical model constructed for the clinics seems to provide an accurate description of reality and to work fairly well.

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ORAL

Where do patients seek additional information after a diagnosis of cancer – A multicentre survey?

G. Shingler¹, R. Balusu², R. Thomas². ¹*Depart. of Oncology, Addenbrooke's Hospital, Cambridge;* ²*Primrose Oncology Unit (POU), Bedford, UK*

Purpose: To evaluate the number patients who seek information outside the Oncology Clinic and from what source. To assess whether sex, age and ethnic group influences the need for additional information.

Method: 300 questionnaires were given out by hand over a 3 wk period in the Oncology Outpatients of Addenbrooke's, Northampton Hospital & The POU. It asked to indicate which additional sources of information were sort after their consultation with the Oncologist. It also asked their ethnic background, age & sex.

Results: 210 questionnaires were returned (70%), 55 relatives, 155 patients. 140 (67%) felt the information they had received could have been improved. All 210 (100%) sort additional information, 13% TV, 25% newspapers or magazines, 36% support groups (eg BACUP), 20% friends, 15% the internet. There was no significant difference between the amount & sources of information sort between Males v Females, <60 v >60 yrs, but there was a difference in relatives v patients (34% v 18%) & ethnic v non-ethnic groups (41% v 19%).

Conclusions: All patients & their relatives with a recent diagnosis of cancer seek additional information after diagnosis particularly within ethnic groups & relatives. Support group written information is the most common source and availability to this literature will now be expanded. In view of the 15% who used the internet we are installing an internet access point in our unit. In view of the 13% TV we are offering treatment related information on video.

Rehabilitation

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ORAL

Cancer rehabilitation: The development of a programme

A.G. Koppeian-Rensenbrink, B. Gijzen, J. Gootzen, B. van Beijsterveldt. *Comprehensive Cancer Centre Limburg (CCCL), The Netherlands*

Purpose: Cancer is considered more and more as a chronic disease and "survivors" need appropriate support at their rehabilitation. The CCCL recognised this need and started to develop, in cooperation with two rehabilitation centres, a health-oriented programme for cancerpatients.

Methods: In November 1996 the first pilot started with 18 cancerpatients (in remission). During 13 weeks they attended:

- an individual aimed fitness training in a group,
- an exercise programme in a group (psychomotor elements),
- a body-education programme in the water and
- thematic group educations and course-introductions.

In week 0, 6 en 13 all participants were tested on variables as fatigue, quality of life, kinesiophobia etc.

Results: In september about 60 patients will have participated in this programme and results will be available. We hope to find out whether this programme has short-/long-term influences on fatigue, quality of life, medical consumption and absence through illness.

Conclusion: The first participants were very enthusiastic about this health-oriented programme, but we can't draw any hard conclusions at this time. A documentary is being developed and will certainly help to give a realistic impression of the programme.

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ORAL

Therapeutic massage following mastectomy: A qualitative study of women's experience

Mary Bredin. *Macmillan Practice Development Unit, Centre for Palliative Care Studies, Royal Marsden Hospital, London, UK*

Purpose: It is well established that surgical treatment for breast cancer is commonly associated with altered body image (ABI) problems; however few studies have assessed the efficacy of psychosocial interventions in alleviating these problems. In this study women's experience of massage in the treatment of ABI was investigated using a qualitative methodology.

Methods: Three mastectomy patients were identified as suffering clinically significant and persistent body image problems. They received six sessions of therapeutic massage from a female nurse. The sessions included talking through issues raised by the body work and each woman was encouraged to articulate her experience, thoughts and feelings about her changed body image. The women's experience was evaluated using a semi-structured interview on completion of the therapy. General findings and specific quotes which encapsulate individuals' experience will be given.

Results: Each woman reported positive experiences of the massage. Changes which they attributed to the intervention included: greater acceptance of rejected body-parts, coping better, feeling less self-conscious, improved sleep patterns, reduced anxiety, and being able to talk about feelings. According to their accounts, the intervention appeared to meet at least some of their needs to disclose (literally as well as figuratively) the private sense of loss and difference they felt. From the nurse masseuse's perspective the use of massage introduced a clinically very useful extra dimension which allowed subjects and feelings to be 'touched on', held, and met beyond words.

Conclusion: While no generalisations can be made from so small a sample, statements the women made about their ability to adjust to a changed sense of both body and self suggest that massage should be further evaluated as one means of helping women adapt to an altered body image following breast surgery.

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ORAL

A comparison of different constructions of 'support' by specialist nurses and complementary therapists

S. Morris¹, M.B. McIlmurray². ¹*Institute for Health Research, Lancaster University;* ²*Royal Lancaster Infirmary, Lancaster, UK*

The concept of social support has been widely explored, and its important