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, cleanness 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.

1425 ORAL

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

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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 onkological 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.

1426 ORAL

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

G. Shingler[1], R. Balusu[2], R. Thomas[2]. [2]*Depart. of Oncology, Addenbrooke's Hospital, Cambridge;* [1]*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 where 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 where 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

1427 ORAL

Cancer rehabilitation: The development of a programme

A.G. Koppeian-Rensenbrink, B. Gijsen, 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 coöperation 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 fitnesstraining in a group,
- an exerciseprogramme in a group (psychomotor elements),
- a body-education programme in the water and
- thematic groupeducations and course-introductions.

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

1428 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.

1429 ORAL

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

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The concept of social support has been widely explored, and its important role in easing the cancer journey is acknowledged. As a result supportive services are increasingly being provided as an adjunct to physical treatment. Yet few studies have examined the ways in which this kind of formal support is offered, and the effect of structural factors on its delivery.

This paper seeks to explore the ways in which different professionals construct 'support' in cancer care, and thus their supportive role. It draws on qualitative data from interviews with specialist breast care nurses and complementary therapists working in a cancer care organisation. Using a dialogic analysis, the paper argues that each professional group constructs 'support' in different ways, and that this differential positioning reflects not only professional issues, but is highly influenced by structural and local conditions. It is suggested that such factors should be considered in the setting-up of formal support services.

1430 ORAL

Are patients with lymphoedema being given enough information to manage their own programme of care?

Gene Green. *Clinical Nurse Specialist Lymphoedema, Clatterbridge Centre for Oncology, Bebington, Wirral, L63 4JY, UK*

Purpose: Lymphoedema is a chronic condition which needs to be managed and controlled. It has been found that some patients cannot manage their swollen limb for long periods of time. Therefore, this pilot study was done to establish how many patients can manage their own care with the information given them at the present time.

Methods: New patients attending the lymphoedema clinic over a period of three months, will be asked to participate in this study. They will be questioned before and after their first attendance at the clinic. The conversations will be taped for reference at a later date. When they return to clinic in one month they will be asked the same questions, plus extra questions regarding their management and quality of life. This conversation will again be taped to aid the research to review the answers.

Results: The results of this pilot study will be presented at ECCO 9 in September 1997. If it is found necessary, a longitudinal study may be done to gain further insight into this area of information and compliance for the management of a chronic condition.

Conclusion: The conclusion will also be presented at the ECCO 9 conference.

1431 ORAL

"Cured of testicular cancer – Then what?". A pilot study describing issues of sexuality and self-concept among survivors of testicular cancer

P.V. Nielsen. *The Finsen Center, Copenhagen University Hospital, Denmark*

Background: The incidence of testicular cancer has increased all over the world during the last 5 decades. The cure rate exceeds 90% and it is therefore reasonable to pay some attention to this vast group of survivors. Their rehabilitation is poorly described and we do not know enough about how they are coping. This investigation high-lights issues such as sexuality, body-image, infertility and self-esteem.

Purpose: To optimize the quality of *nursing* (counselling) to these men, due to increased knowledge concerning the above mentioned topics.

Methods: In the light of the literature, statements from patients and experts, 5 qualitative interviews have been made as research. In the pilot study, 25 patients have filled in a questionnaire and participated in telephone interviews. The main target is here to develop a useful questionnaire for a large cross-section investigation in The Finsen Center. All the men have been offered optional analysis of the quality of their semen and a blood test to check out their level of sex-hormones.

Results: According to some of the men, they are suffering from a wide range of side effects to their treatment. Chemotherapy and radiotherapy is reported to cause a decidedly diminished libido, fatigue and fear of infertility. Some men have poor self-esteem and body-image due to orchidectomi. Fortunately many of the men are coping extremely well and are pleased with their quality of life.

Conclusion: Matters such as sexuality and infertility are encumbered with taboos. The pilot study confirms the need for further investigation.

1432 ORAL

How does sex life affect or change a ca-patients life?

Christa Arendt, Brigitte ten Venne. *Strahlenklinik Allgemeines Krankenhaus, Hagen, Germany*

Purpose: Can a reduced sex life be of importance to patients who are first and foremost occupied with the illness and the treatment of same? In which way can nursing assist in coping with this problem.

Methods: Our extensive experience and scientific studies reveal that the subject of a changing sexual behaviour is not brought up by the patient unless explicitly interrogated by the doctor or nurses. This discrepancy shows that discussing sexuality belongs to the taboos of modern society.

Results: Evoking the word "Cancer" or "Sexuality" leads to various reactions and evaluations. This is all the more true for the two topics combined. Nursing must be aware of the influence caused by the illness and suggest ways of assistance.

We have to be prepared to identify the crises and corresponding assistance of ca-patients including difficult subjects such as sexuality.

Conclusion: Although a cancer patient may well be limited in his ability to have sexual intercourse due to the effects of medical treatment it does, however, not mean that his sexuality ceased to exist.

1433 ORAL

Counselling to help people with gynecologic cancer to adjust to their illness

L. Väisänen. *Department of Nursing Science, University of Oulu, Finland*

Purpose: was describe the experiences of patients with gynecologic cancer concerning counselling intended to help them to adjust to their illness and the patients experiences of the effects of counselling on their adjustment to cancer. The research questions were addressed 1) What opinions did the patients have concerning the counselling given by the hospital staff, 1a) what things were included in the counselling, 1b) what were the counselling situations like? 2) How did the patients find themselves to have adjusted to their illness? 3) How did the patients find the counselling to have affected their adjustment to cancer?

Methods: The data were collected by presenting a structured questionnaire to patients wiht gynecologic cancer ($n = 70$) in the University Hospital of Oulu. The questionaire was presented to the patients three months after the diagnosis of cancer. The data were statistically. The results were presented as frequencies and percentages, using cross-tabulation and p-values.

Results: The cancer patients found they had been informed adequately of the possibilities of surgical and other treatment and the side-effects of treatment but not of the typical progress and recurrence rate of the disease, its effect on everyday life and the different support systems. The counselling situations were found to be characterized by helpfulness, safety, equality and expertise. In patients' opinion there should be more time available for counselling. The oldest patient, the widows and the patients with the lowest educational level reported most deficits in the quality of interaction. The cancer patients found counselling to have helped them to accept the side-effects and restrictions, to have promoted their desire to fight against cancer and their hopefulness towards the future to have alleviated the fear of pain.

Conclusion: The counselling of patients with gynecologic cancer should be developed to correspond better to the patients' needs. The informative counselling related to treatments meets the patients' needs for information and thus promotes their adjustment. Matter central to adjustment and independence include problems of everyday life. The therapeutic staff have a real possibility to support cancer patients' adjustment by finding solutions to these problems.

1434 POSTER

Care principles of chronic oedema management

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Chronic oedema, which includes lymphoedema, is not uncommon and can arise from many causes; it is a frequent and distressing side effect of cancer and its treatment. National initiatives have been proposed by the British Lymphology Interest Group (BLIG) to co-ordinate treatment of and specialist training in chronic oedema management. In order for practitioners to deliver effective chronic oedema management, they will be expected to exercise higher levels of decision making whilst making critical judgements, thus ensuring clinical competence. In doing so the practitioner will become a key