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Children's reactions to parents with cancer

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Purpose: A prospective study to investigate children's adjustment to a parent's illness during and after diagnosis and treatment: to consider the link between the adjustment of the child and parent and: to assess level of support and needs of the family.

Methods: Semi-structured interviews are combined with standardised self-report measures. Data is collected from parent, child and school teacher at one year and at two years post diagnosis from a sample of 100 patients who have dependent children aged from 8–16 years.

Preliminary Results: From the interview data, descriptive accounts of children's positive and negative reactions during the first year of the parent's illness will be presented. The interview data highlights the potential role of both the school and the hospital regarding family adjustment.

Conclusion: Factors which could promote risk or resilience for children of cancer patients will be clarified next year, when the data set is complete.

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Caregiver burden among partners of cancer patients

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Purpose: Cancer is assumed to create a stressful situation not only for the patient but also for the primary caregiver. Caregiving may be perceived as a burden, or conversely as a challenge. Caregiver responses were evaluated among 78 partners of newly diagnosed colo-rectal cancer patients who have been undergoing surgery.

Methods: It is widely recognized that a multi- dimensional approach is needed to characterize burden associated with caregiving. In this study, the Caregiver Reaction Assessment Scale (CRA) was used to examine negative as well as positive responses to giving care.

Results: Five dimensions of caregiver reactions were identified: Impact of caregiving on health, finance, family support, daily schedules and self-esteem. Preliminary findings indicated that female caregivers tend to feel a stronger negative impact on their health. Low socio-economic status was significantly related to a higher impact on finance. Giving care to the patient was associated with an increased impact on daily schedule, regardless of the type of care. Furthermore, giving personal care also had an impact on partners' health, suggesting that this type of care is most burdensome. Caregiving related self-esteem increased over time, which may indicate the caregiver's adaptation to his/her situation.

Conclusion: These findings stress the importance of viewing the partner caregiver's reactions from a multi-dimensional perspective and they might contribute to the development of interventions aimed at reducing negative reactions to caregiving.

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Preventing affective disorder amongst partners of cancer patients

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Purpose: A problem-solving intervention is currently being offered to the partners of patients who have been referred to the psychiatric service and are diagnosed as having a major depressive or generalised anxiety disorder. The aim is to prevent the development of affective disorder amongst the partners.

Methods: 300 partners recruited to the study are being randomised to the intervention or control group and the two arms of the study are stratified for factors known to be associated with affective disorder. Partners who are randomised to receive intervention are offered a maximum of six intervention sessions with a social worker or a psychiatric registrar. The first session is an assessment in which the partner reviews his/her experience of the illness and identifies current difficulties. Future sessions are planned on the basis of this assessment.

The intervention focuses on current concerns and coping deficits. Particular attention is given to communication problems, whether with medical staff, with the patient, or with other confidants.

The intervention will be described and interim findings reported and discussed.

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Does your personality effect how you communicate with cancer patients?

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Purpose: Good communication skills are a vital part of cancer care. It is generally accepted that education and training helps improve communication skills but there is little knowledge of why some people improve more than others. Many suggestions have been put forward including personality but there is a dearth of research investigating this. A study was set up to investigate whether a nurse's personality is related to how they communicate.

Method: Fifty registered nurses undertaking a 26 hours communication training programme were invited to participate in the study.

Each nurse, before commencing the course, completed: a self report demographic questionnaire, an audio-taped nursing assessment and the sixteen Personality (16PF) questionnaire. Three months post-course each nurse completed an audio-taped nursing assessment. The audio-tapes were rated by 2 raters who had been used in several studies and tested for reliability and validity. The data were analysed using SPSSX. Statistical tests included Mann-Whitney U Test, Wilcoxon Matched Pairs Signed Ranks test and Spearman correlation co-efficient.

Results: Fifty nurses (100%) participated in the study. Preliminary results (analysis is ongoing) indicate that, in line with a previous study of breast care nurses (Tait 1994), the nurses personality profiles suggested that they were genuine and warm in their relationships with others. Those who were social, bold, adventurous and willing to accept a challenge showed the greatest improvements.

Conclusion: Preliminary conclusions indicate how nurses communicate could be related to their personality.

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Patients preferences for involvement in treatment decisions in palliative cancer care

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Purpose: The aim of this study was to evaluate the extent to which hospitalized patients with cancer and a palliative treatment goal wanted to be involved in decisions regarding their treatment.

Methods: Patients' preference for involvement in treatment decisions was evaluated using a self-administered questionnaire (categories: active, collaborative, or passive role). Fifty-nine patients with advanced cancer and a palliative treatment goal were compared to eighty-six patients with chronic non-neoplastic disease and one hundred fifteen non-hospitalized persons.

Results: Mean age for the patients with cancer was 58.6 years, for the patients with chronic non-neoplastic disease 58.2 years, and for the non-hospitalized persons 47.9 years. Only 9% of the patients with cancer wanted to play an active role in the decision making process whereas 73% preferred a collaborative role together with the physician, and 18% preferred a passive role. In comparison, 17% of the patients with non-neoplastic disease wanted to decide actively, 49% in a collaborative, and 34% in a passive way. The respective numbers of the non-hospitalized persons were 40%, 56%, and 4% (p-value = 0.001 for group difference after age stratification). Younger age, higher education, employment status and a higher Karnofsky index were significantly associated with the preference for an active role.

Conclusion: Most patients with advanced cancer want to participate in a decision regarding their treatment.

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The challenge of informed consent

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Purpose: Informed consent (IC) is the basic requirement for any diagnostic or therapeutic treatment. Consent is valid if the patient was adaequatly