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Measuring attitudes of oncology health professionals towards elderly people with cancer

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Background: Prioritisation in health care services is becoming a reality. Within cancer care, a plethora of papers point to poor referrals, inadequate diagnoses and undertreatment of elderly people with cancer. This suggests that implicit prioritisation with regard to age may exist, just not necessarily at a conscious level.

Purpose: To establish the attitudes of oncology health professionals working within a tertiary cancer centre towards cancer and the elderly.

The Study: An exploratory information gathering study is proposed to investigate this little researched topic. The descriptive survey design selected facilitates clearer delineation of the phenomena of cancer in the elderly before causality can be inferred. Attitudes will be measured using structured questionnaires. The results are anticipated to show that health professionals working within oncology hold negative attitudes towards cancer and the elderly. These results will be available by September.

Conclusion: If the care of elderly people with cancer is to be improved, basic assumptions held by oncology health professionals must be explored. Such exploration is critical for cancer nurses for if they are to act as patient advocates, they must first have respect for older people and question the motives for treatment and care employed within contemporary cancer care. The results from this study should increase the understanding of attitudes held and guide future educational interventions and positive interventions to ultimately improve the care of elderly people with cancer

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Information needs of newly diagnosed cancer patients

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Introduction: Many papers have been published outlining the information needs of cancer patients but the majority tend to focus on those with a specific cancer site, particularly gynaecological and breast carcinomas. Published studies also do not focus in the initial consultation with the consultant.

Purpose of the Study: The purpose of the study was to explore the information needs of newly diagnosed cancer patients attending 'cancer clinics' within a cancer unit regardless of their primary site.

Methodology: 16 non participant observations of the interactions between the consultant and patient and his/her relatives were carried out, the data these was issued to provide the basis of the interview schedule for semi structured interviews. 33 interviews were carried out with patients 4–6 months post diagnosis. The interviews were tape and transcribed and Burnards 14 stage model for thematic content analysis was used to analyse the data. The paper will focus on the methodology employed by the study and present the data currently available. The author will also discuss emerging implications for medical and nursing practice.

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The development of an instrument to assess patients' experiences of side effects of cytotoxic chemotherapy

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This project aims to design an instrument for the routine assessment of patients' experiences of the side-effects of chemotherapy treatment.

Cytotoxic chemotherapy in the treatment of cancer is associated with a wide range of side-effects. Side-effects may substantially impair patients' quality of life, in some cases leading patients and/or physicians to reduce dosage or cease treatment completely. Research suggests that it is not simply the occurrence of side-effects but rather the difficulty in managing them that contributes to non-compliance. The management of patients' side-effects is made more difficult by the lack of a comprehensive, validated, clinically useful instrument specifically designed to allow nursing staff to systematically monitor the symptoms patients are experiencing. The systematic assessment of symptoms has been found to be associated with reduced symptom distress over time.

The instrument being designed will assess the severity of symptoms associated with intravenous cytotoxic chemotherapy, and the extent to which patients are bothered by their symptoms. The psychometric properties of the instrument are being tested using established techniques. A sample of 200 patients receiving chemotherapy at two district hospitals in the U.K. will be randomly selected into three groups, each testing a different psychometric property of the instrument. The instrument is designed to be completed by the patient during their visits to hospital for treatment. It is hoped that the instrument will allow the routine clinical assessment of the symptoms patients are experiencing and assist in the management of chemotherapy related side-effects.

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Prevalence and distress of taste loss after radiotherapy of head and neck

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Purpose: loss of taste can be a distressing side effect of cancer therapy. Little research has been done on the prevalence of loss of taste and taste function restoration after radiotherapy of head and neck. In this study prevalence and distress of taste loss were investigated with patients pre and post radiotherapy of head and neck.

Methods: Four groups of patients of the radiology department of the university hospitals Leuven were compared for differences in prevalence and distress of taste loss in the periods before, 2, 6 and 12–24 months after radiotherapy. The total sample consisted of 73 patients. Loss of taste was measured through the simplified taste test of Mossman et al (1978). Distress was measured with the Adapted Symptom Distress Scale.

Results: Prevalence of taste loss was significantly different in the successive periods ($p < 0.0001$). The largest amount of taste loss was measured in the period 2 months after radiotherapy. Twelve to 24 months after radiotherapy taste functions for sweet, salt and bitter were restored again. This was not the case for sour. Distress also significantly differed between the successive period. Radiation dose did not to influence the prevalence of taste loss.

Conclusion: Two months after radiotherapy of head and neck patients suffer taste loss most intensly. One to two years after radiotherapy sour taste function is still not fully restored.

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Validation of a French version of the Piper Fatigue Scale (PFS)

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Purpose: The need for a valid and reliable multi-dimensional instrument in French to enable nurses and clinicians to assess intensity and changes in cancer-related fatigue (CRF) and evaluate efficacy of intervention strategies on patient outcome, prompted us to translate the Piper Fatigue Scale (PFS) and assess its psychometric properties in a population francophone.

Instrument. The revised PFS is a 22 item self-report instrument with four subscales: behavioral/severity, affective, sensory and cognitive/mood.

Method: The PFS was translated using a procedure of translation and retranslation and tested on 20 bilingual subjects. Correlation coefficients were measured between the item scores of the English and French version of the PFS. The French version of the PFS was adjusted and then completed by 229 adult cancer patients with solid tumours under-going treatment by chemo-, radio-, hormono- or immunotherapy. A factorial analysis and a multi-traits analysis were used to assess the reliability and the dimensional structure of the translated version of the PFS.

Findings. Cronbach's alpha correlations ranged between 0.82 and 0.91 for the various subscales, thus indicating good subscale reliability. Item internal consistency was good with 100% of item-scale correlations greater than or equal to 0.4. Item discriminant validity checking showed 3 items to be insufficiently discriminating. Itemscale correlations greater than or significantly greater than the correlation of the item with other sub-scales were 98% and 59% respectively. The Cognitive/Mood dimension appeared to group 2 separate dimensions. Convergent validity, tested by correlating the PFS with a Visual Analogue Scale measuring fatigue and with the OMS Physical Performance Status Scale, revealed significant relationships.

Conclusion: A five subscale model of the PFS is proposed containing 19 items to increase performance of the French version of the PFS comparatively to the 4 subscale model of the original PFS.