with educational sessions and training with the relevant medical oncologists will provide them with a thorough knowledge of the diseases and therapies. They can now demonstrate real expertise in their field and they are able to make independent decisions as each representative at the MCC.

Poster Presentations

Nursing Oncology − Impact of Cancer on Patients and Families

4194 POSTER

Sometimes It's Cancer − an Educational Programme to Promote Early Presentation in Teenagers With Cancer Symptoms

S. Smith[1], L. Case[1]. [1]*The Christie, Young Oncology Unit, Manchester, United Kingdom*

Objectives: Cancer is the most common cause of non-accidental death in teenagers and young adults (TYA), however delayed diagnosis is common in this population. TYA's are not educated within schools about classic symptoms and do not recognise important signs of teenage cancers. Previous health campaigns have been successful in influencing early help-seeking behaviour in cancer patients The 'Christie Crew' is a TYA Service User Group who wanted to educate young people in the common signs and symptoms of teenage cancers to improve early help-seeking behaviour in young people in order to contribute to a more timely diagnosis of cancer.

Methods: The group have produced a 10 minute cancer DVD and education pack to be used in schools which has been piloted and evaluated. The DVD is age appropriate for those aged 11−18 years and highlights individual stories regarding the signs, symptoms and experiences of diagnosis. A poster campaign has also been developed by the young people to raise awareness in the wider community.

Results: The education pack has been delivered in over 280 schools in the Northwest of England. Evaluation and feedback has been analyzed and the DVD/ Education pack have been modified. Sometimes Its Cancer is an age appropriate resource which encourages young people to recognise classic symptoms. The local project was presented to the Department of Health and was approved for national roll out.

Conclusion: Raising awareness of common cancer symptoms is an urgent priority in this age group. Sometimes Its Cancer is now being implemented and is part of wider national research study to examine whether a change in young peoples knowledge and behaviour occurs following the implementation of the programme. Sometimes Its Cancer is an example of how working in partnership with young people can result in national success and influence changes in healthcare and health promotion.

4195 POSTER

The Project of Sense Making a Part of Illness: Exploring the Lived Experience of People With Cancer

B. Quinn[1]. [1]*St George's NHS Hospital, Oncology, London, United Kingdom*

This presentation begins from the premise that being able to participate in the search to make sense of life is an important aspect of being human. Using an interpretative phenomenological approach, and guided by the philosophy of Martin Heidegger and the works of Viktor Frankl, this study used semi-structured interviews to explore the lived experience of this sense making process in the lives of fifteen people who had experience of cancer. Although previous studies have explored aspects of the search for meaning in illness, this study attempts to focus closely on, and offer an in-depth exploration of, this searching activity and what it can teach us about the personal story of illness.

For the participants in this study this searching process moved beyond reflection to one that engaged the whole person. It was a search that led each person in this study to question aspects of their taken for granted world, including the realisation and challenge of not being in control of parts of their lives, and of attempting to cope with this reality. This search involved making sense of the personal experience of cancer which includes but extends beyond the bio-medical aspects of disease. The presentation will illustrate that the search to find meaning in illness, including the experience of pain and loss does not occur in isolation but is influenced by many other life issues which also may be re-visited in the light of illness. Amidst the activity of searching, many important relationships exist which may offer support but may also cause distress.

Paying attention to this sense making activity may help in directing the focus away from the idea of 'the patient' and by providing a useful account of what might be demanded if we take the idea of 'person centred care' seriously. Having explored the search for meaning in illness and having illuminated the sometimes overlooked personal story behind cancer, this presentation will offer practical insights into better understanding and responding to the personal story of illness.

4196 POSTER

Psychosocial Support of Cancer Patients Having Children at Home − the Role of Oncology Nurses

J.A. Teule[1], Y.E. Zelders-Steyn[1], G.A. Huizinga[2]. [1]*Hanze University Groningen, Nursing, Groningen, The Netherlands;* [2]*Wenckebach Institute University Medical Center Groningen and University of Groningen, Nursing, Groningen, The Netherlands*

Background: Several research findings have shown that cancer in a parent may be a significant stressor for children en adolescents. Parental cancer brings insecurity into family life. Oncology healthcare providers should be aware that parental cancer has an impact on all family members. Cancer patients having children at home may need more psychosocial support from these healthcare providers. This study examined whether oncology nurses feel capable for this task.

Material and Methods: A qualitative study using semi-structured interviews with oncology nurses was performed. Interviews were audio-taped and transcribed verbatim. Data were analyzed by content analysis.

Results: Twelve female oncology nurses from different care settings participated. They experienced psychosocial support as a core part of oncology nursing care. The psychosocial support for cancer patients with children at home was primarily led by their own assumptions (e.g.: 'small children don't suffer from parental cancer' or 'it has the most impact on the family when the mother is ill') and by the degree they felt personally involved (e.g.: 'when the patient has children in the same age range as my own'). The oncology nurses offered psychosocial support only when a parent raised concrete demands or showed obvious signs of psychosocial problems. They suggested that the psychosocial support for parents with cancer could benefit from a more systematic approach. However, they lacked knowledge and appropriate skills to offer tailored support. All respondents indicated that they needed additional training concerning the psychosocial impact of parental cancer on children and adolescents, in particular concerning grief. Furthermore, they perceived a knowledge deficit with regard to family communication about cancer, information resources for these families, and referral possibilities when professional help is needed.

Conclusions: Oncology nurses perceived the psychosocial care for cancer patients having children at home as a nursing task, but seemed to provide this care in a non-systematic way. They lacked appropriate knowledge and skills to offer tailored psychosocial support for this patient group and expressed the need for additional training.

4197 POSTER

Hellenic Nurses' Patients' and Their Caregivers' Caring Behaviours in Cancer Care

C.H. Karlou[1], E. Papathanassoglou[2], I. Kaklamanos[1], E. Patiraki[1]. [1]*National and Kapodistrian University of Athens, Nursing, Athens, Greece;* [2]*Cyprus University of Techology, Nursing, Lemessos, Cyprus*

Background: Caring is a complex concept that is context and culturally defined. Previous studies in other countries compared caring behaviors perceptions between oncology nurses and patients. However caregivers perceptions have not been investigated yet. The purpose of this descriptive, exploratory study is to compare caring behaviors as perceived by nurses, patients and their caregivers in cancer care in Hellas.

Methods: Convenience sampling was used to recruit 72 nurses, 138 patients undergoing chemotherapy and their caregivers from three oncology centres in Attica area. Nurses and patients were from the same ward, while the caregivers were identified by the patients as their primary ones. Data were collected from January-August 2010 using the validated in Greek language Caring Behaviour Inventory (CBI) consisted of 24 items scored in a six point Likert scale. CBI-24 has four subscales: F1 Assurance of human presence, F2 Knowledge and skill, F3 Respectful deference to others, and F4 Positive connectedness. Collected data were analyzed using SPSS software version 17.0. Level of statistical significance was set at $p < 0.05$.

Results: Subscale F2: knowledge and skill was perceived as the most important by nurses (mean = 5 ± 0.7), patients (mean5.2 ± 0.7) and their caregivers (mean 5.2 ± 0.7). The other three subscales were rated in the same order (F1: Assurance of human presence,. F3: Respectful deference to others, and F4: Positive connectedness) by all the studied groups The three top items (Knowing how to give shots, IVs, etc., Giving the patient's treatments and medications on time, Managing equipment skilfully) were the same in the three groups. There was not statistically significant difference between patients and their caregivers scores in all subscales. Nurses scored significantly lower in subscales F2: knowledge and skill, F1: Assurance of human presence, and F4: Positive connectedness, compared to patients. Moreover caregivers scored significantly higher in all subscales than nurses.

Conclusions: Despite nurses, patients and their caregivers encouraging agreement of caring behaviours, these findings reflect a mainly technical orientation of care. There is a need for further consideration from nurse educators, researchers and clinicians.

4198 POSTER

Coping With Side Effects From Cancer Treatment in Everyday Life − a Study of Patients' Experiences

B. Pedersen[1], D.P. Koktved[1], L.L. Nielsen[1]. [1]*Aalborg Hospital, Oncology, Aalborg, Denmark*

Background: The aim of this study is to deepen our understanding of how patients cope with side effects from cancer treatment in everyday life.

Patients receiving cancer treatment experience side effects and need individualized information and guidance in order to manage treatment-related adverse events in everyday life. However development in cancer treatment and the societal demands for efficiency may limit the possibility for individualized support.

Material and Methods: We interviewed nine patients from March to July 2009 to explore their experience of coping with side effects in daily life based on information and guidance from nurses. The informants were chosen strategically according to sample on age, sex and diagnosis. The analysis was inspired by Kvale's three contexts of interpretation, supplemented by Lindseth and Norberg's method for the interpretation of interview texts.

The project observes all regulations concerning research ethics according to The Nordic Nurses Federation, is notified to "Data Protection" and observes the demands for safekeeping data.

Results: The patients strive to maintain a normal life and struggle to preserve their identity but the side effects can take over the control. Patients do not always possess the knowledge of how to handle the side effects and adaptation to the institutional efficiency can lead to lack of confidence and feelings of responsibility and guilt concerning coping with these side effects. They want the nurses to get behind the surface to discern their different needs and use different methods to avoid pitfalls in the information and guidance.

Conclusion: Lack of information and guidance based on the perspective of the patients can lead to unnecessary suffering. In spite of the societal demands for efficiency the nurses must strive to find a way to support the patients individually in controlling the impact from side effects on everyday life and to create a feeling of normality.

4199 POSTER

Early Psychological Intervention in Cancer Patients: Effects on Emotional Distress

M. Pagliuchi[1], C. Botta[1], I. Martellucci[1], P. Correale[1], G. Fruscoloni[1], A. Celestra[2], A. Basile[1]. [1]*"S. Maria alle Scotte" Siena University Hospital, Department of Oncology, Siena, Italy;* [2]*"S. Maria alle Scotte" Siena University Hospital, Focal Point, Siena, Italy*

Background: Cancer patients often present a relatively high frequency of anxiety and distress, which adversely affects not only their well-being and quality of life, but also their compliance to specific oncological treatments. Experimental evidence suggests that cancer associated psychological suffering is often underestimated. In this context, it has been hypothesized that an early psychological diagnosis followed by adequate suitable and timely interventions, could provide significant benefits for them and their families, and improve their adherence to the medical treatments and chemotherapy thus improving the effectiveness of the cures. This study was aimed to investigate the possibility to prevent a high emotional distress in cancer patients and to improve their adherence to the treatments by providing an early psychological intervention.

Material and Methods: This is an explorative prospective mono-centric study carried out on 200 metastatic cancer patients with different histologies, who received early psychological intervention and the first chemotherapy course between January 2009 and January 2010. We monitored 46 patients [27 with non-small-cell-lung cancers(NSCLC), and 14, 3, 1 and 1, with colon, breast, kidney and stomach cancer, respectively] by administering the Hospital Anxiety and Depression Scale (HADS), at baseline and before each chemotherapy course. This scale recognizes a score of 7 as cut-off of positivity.

Results: At the end of the follow-up, a full compliance was recorded in 95% of the whole patients' population, with no patient who abandoned the cure out of cancer progression or presented formal complains. It was recorded a high mean anxiety score at baseline, which decreased significantly after two treatment courses, to remain stable until the end of the chemotherapy (7.51 vs 4.71 vs 4.93; $p = 0.006$). These patients also presented a positive depression score at baseline, which showed a minimal increase after the first treatment course, to minimally decrease afterward (7.13 vs 7.33 vs 6.08; $p = 0.38$). The most relevant results were observed in a group of six NSCLC patients who started with high depression levels which significantly decreased after five chemotherapy courses (8.00 vs 5.00, $p = 0.017$).

Conclusions: These results suggest that an early psychological intervention could reduce the emotional distress and improve patients' adherence to treatments. It can rapidly reduce their anxiety and may also help the physicians to control their depressive status on the long term.

4200 POSTER

Quality of Life in Cancer Disease − the Role of Coping With Stress and Temperament Traits

A. Laskowska[1]. [1]*University of Warsaw Warsaw Military Institute, Psychology, Warszawa, Poland*

Background: Biopsychosocial paradigm is becoming an important method of treating humans In medicine. Treating a patient as biopsychosocial entity (having a separated mental structure and living in individual social context) may bring many advantages to the therapy itself and widely understood medical or nursing care and for the patient himself.

The aim of presented study was to find an answer to the question whether and how temperament traits and ways of coping with stress connected with the diagnosis and treatment of cancer disease influenced the life of the patients.

Materials and Methods: One hundred people (50 males and 50 females) were examined. They were hospitalized because of the diagnosis of breast or colorectal cancer.

The quality of life was examined with Short Form − 36 Questionnaire (SF-36). Coping Inventory for Stressful Situations (CISS) form was used to examine styles of coping with stress. Formal Characteristic of Behaviour − Temparament Inventory (FCB-TI) was used to examine temperament traits.

Results: The outcomes of this study suggest that indyvidual coping styles is what determines quality of life in cancer disease very strongly. Regression analysis shown statistically important negative correlations between the increase of emotional style and all quality of life indicators except pain symptoms and health rating in physical sphere. Avoidant coping style had negative correlations between health rating in mental sphere and some of the QoL components. There also were statistically important positive correlations between the intensification of Concern for Task style and the general health rating, general mental health and mental health sphere rating. "Emotional" traits of temperament (emotional reactivity, perseveration) influenced the quality of life on statistical tendencies level.

Conclusion: Research results indicate an important role of styles of coping with stress and some importance of temperament in adaptation in the disease, its determinant being for the purposes of the research, the quality of life of the person. The knowledge of the quality of life level during the disease and its correlation with mental structure of the patient can provide valuable information to the medical personnel and help understand the patient better. As a consequence it can provide advantages to the patient himself. It has been widely known that psyche plays an important role in the proces of recovery.

I would like to thank to the Warsaw Military Institute for allowing me to conduct the research.

4201 POSTER

Health-related Quality of Life Predictors in Colorectal Cancer Survivors

G. Doga[1], R. Papadopoulos[2], D. Kelly[2], O. Aslanidis[3], F. Anagnostopoulos[4]. [1]*Sts Anargyri Cancer Hospital, Nursing, Athens, Greece;* [2]*Middlesex University, Health Science, London, United Kingdom;* [3]*Agios Savvas Hospital, Medical, Athens, Greece;* [4]*Panteion University, Psychology Department, Athens, Greece*

Background: The purpose of the present study was to evaluate predictors (clinical or demographic) of colorectal cancer patients' health-related quality of life during follow-up.

Material and Methods: A cross-sectional research design was used in order to address the objectives of the study. The population of interest was 145 colorectal cancer patients who had survived at least one year from the time of initial diagnosis. Health-related quality of life data, demographic information including age, gender, residence, income, education, as well as the communication with partner and depressive symptoms were gathered directly from the patients. In addition, disease and treatment-related data including stage at diagnosis, time since diagnosis, treatment choice, and recurrence were collected from medical records. Research instruments used were: the Functional Assessment of Cancer Therapy − Colorectal (FACT-C), Centre for Epidemiologic Studies Depression Scale (CES-D), and the Enriching and Nurturing Relationship Issues, Communication and Happiness questionnaire (ENRICH). A hierarchical logistic regression was performed for data analysis.