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

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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

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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

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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

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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.

Results: Depressive symptoms were more prevalent ($B = -0.248$, $p < 0.001$) among those factors that predicted patients' quality of life.
Conclusion: The timely identification and treatment of depressive symptoms in colorectal cancer patients would be very important for developing a strategy to manage psychological dysfunction in these patients.

4202 POSTER

Drawings as a Mirror of the Couple Relationship

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Background: Many studies show that a good relationship between a patient and his caregiver can help to improve the coping strategies that the cancer patient uses to cope with his disease and its multiple consequences (Bodenmann 2006, Kaiser, 2006).
The purpose of this research was to verify this hypothesis and subsequently to identify the factors that may be predictive of a supportive relationship, and in particular if the habit of the pair to perform tasks together and be actively involved in the path of patient care can help them to increase their cooperation and improve the patient's coping.
Materials and Methods: Our sample consisted of 50 patients undergoing chemotherapy (21 males, 29 females, mean age 55 years, range 23−74), and their caregivers (19 males, 31 females, 35 spouses, 12 children, 3 brothers or sisters, average age: 59 years, range 18−75).
To assess the tendency of each partner to consider himself as an active participant in the care of the patient we asked each couple to represent their relationship by means of a drawing, and we distinguished sketches made by one person from those made together.
In order to detect the predominant coping strategy, the Italian version of Mini-Mac (Grassi, 2005) was used.
Results: In 81% couples both partners applied themselves to achieve the same drawing (cooperative pairs), while in 19% sample one partner (in 91% cases the caregiver) expressed an attitude of complete disinterest for the task requested (non-cooperative pairs).
In 79% cooperative couples the coping strategy was combative while in the non-cooperative couples, 52% cases, a less functional coping strategy was evident.
Conclusions: Our results showed a high prevalence of combative coping in cooperative couples accentuating that cooperative couples were composed of partners who usually share the tasks assigned to them in the context of patient care.
These findings suggest that the direct involvement of the caregiver, in patient care, can help to increase the level of cooperation between the members of the dyad and hence stimulate the patient's coping strategies.

4203 POSTER

In-depth Analysis of Information Seeking Behaviors and Decision Making Process of Parents of Children With Cancer

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Background: Taking care of a child with cancer is a complex process for parents. Information seeking behaviors and decision making situations of parents are important factors for coping with problems effectively.
Purpose: This study aimed to explore information seeking behaviors, perceptions and experiences of decision making process of parents of children with cancer by employing in-depth interviews.
Methods: Qualitative research design was used to assess information seeking behaviors, perceptions and experiences of decision making process of the parents of children with cancer. In-depth interviews consisting of semi-structured five open-ended questions were applied to 15 parents of children with cancer. The interview schedule was compiled based upon review of the literature. Sessions lasting 1 approximately 1 hour were conducted in quiet and private areas and a recorder was used in order to record sessions. Interviews were transcribed verbatim.
Results: Five main issues emerged. The first issue was about information needs of the parents, the second issue was related with the sources of information. The third issue involved difficulties encountered in seeking information, the fourth issue involved decision making process and the last theme was about expectations from the health team. It was found that parents received information about their children's illness first from medical doctors and nurses. Other information resources for parents were internet, friends and parents of other children who were staying in the hospital. Parent were mostly seeking information about their child's illness, prognoses, treatment, side-effects and caring. Parents expressed that they were mostly directed by health care providers during their decision making process and they expected written information accompanying to oral information from health care providers.
Conclusion: Adequate and systematic information regarding illness, treatment, prognosis and child care given by healthcare professionals throughout the illness process is assessed to be compulsory. In addition, individual guidance and spare time are key components to help parents participating in their children's decision.

4204 POSTER

The Role of the Family in Influencing Women's Decision-making About Taking Part in Breast Cancer Clinical Trials

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Many clinical trials recruit fewer participants than the original recruitment target and so interest in patient's perspectives on trial recruitment is increasing as efforts to improve trial participation continue. Studies looking at factors that can influence cancer trial participation have raised several key issues including patient's views about the trial interventions, the extra time required to attend additional trial appointments, and fears of randomisation. However many of these used quantitative survey methods developed from health professionals' perspective with little sociological research addressing the patient's perspective.
Qualitative interviews with 9 women, 3 included their husband in the interview, were carried out, in order to discover what key factors influenced their decision. All interviews were transcribed and analysed using a grounded theory approach. By exploring women's reasons for participating or not in a breast cancer trial, this study gives some insight into the importance of the family members to the women when making what becomes a shared decision about trial participation.
The results show that the most important factor that influenced a woman's decision about trial participation was her family members' views and opinions. For some women their relatives' view of whether or not they should participate in the trial was more important than their own. Even if the view was the opposite of their own they would still accept the choice that their family member opted for. Key motivations for trial participation were altruistic and there was a belief that taking part would help future treatments, although this was balanced by the need to avoid personal harm when taking part. There was a lack of understanding relating to the trial process and participation which underpinned some of the women's decisions.
This study shows that a major factor unexposed before is the influence of family, and raises the issue of the importance of the family members in cancer trial decision-making and the need to explore this further to meet patients' needs. It seems that this has either not been prompted in the structured surveys or not raised. Indeed all the recommendations from the studies looking at barriers to participation (McDaid et al 2006) recommend more information is given to the patients, and yet information does not seem to be the requirement of the patients, but, the need to involve key people in the family in the information giving process may be useful to increase trial participation. This is moving away from physician patient shared decision-making into the social arena of the patient and their everyday life, which is where they live with their decisions, therefore involving the key family members better reflects a patients needs and women's decision making about breast cancer trials enrolment.

References

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4205 POSTER

Review of Relation Between Social Support Levels of Individuals Established Cancer Diagnosis and Their Reactions Against Cancer

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Purpose of research is to review the relation between social support levels of individuals established cancer diagnosis and their reactions against cancer.
Tool and Method: The research has been planned as a descriptive research. The research has been implemented in GATA Medical Oncology BD. and Hematology BD. clinic and polyclinic. In the data collection stage of the research "Reaction Manner Scale To Cancer (RMSC)" has been used to determine the reactions of individuals who were established cancer diagnosis, "Multi-Dimensional Perceived Social Support Scale (MDPSSS)"