4209 POSTER

Using Multimedia Information to Improve Outcomes for Lung Cancer Patients and Carers

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Background: To ensure the information provided by The Roy Castle Lung Cancer Foundation is accessible, aids informed decision making about lung cancer treatment and healthcare; and helps to reduce treatment related anxiety.

Materials and Methods: A complete audit: basline audit questionniare completed by 61 lung cancer patients and carers who had not received multimedia lung cancer information. Service development followed by re-audit questionnaire completed by 63 lung cancer patients and carers who had received Living with Lung Cancer multimedia lung cancer information.

Results: The baseline audit revealed a huge problem with lung cancer patients feeling pre-treatment anxiety, partly due to the "unknown" of what treatment would involve. Even after receiving written information booklets, 80% of lung cancer patients felt pre-treatment anxiety, with 74% having problems with fully understanding the treatment being offered. Almost 90% felt that this problem would be helped with the provision of a lung cancer DVD.

Service Development: The Foundation produced a multi-lingual DVD. The DVD aims to improve the lung cancer experiences of both patients and carers from diagnosis by providing practical and emotional advice and visual information.

Reaudit: The re-audit showed overall improvements to lung cancer patient outcomes gained from watching the DVD. Of greatest benefit was using visual information to help people picture in their mind what treatment would involve. Listening to other people's lung cancer experiences helped almost three quarters of people feel a bit more optimistic about the future and helped two thirds of those involved in relieving treatment related anxiety.

Only 34% of people felt optimistic about their future after reading lung cancer information booklets in the baseline audit. This increased to 73% of people feeling more optimistic about their diagnosis after hearing other people's experiences by watching the DVD.

86% of people reported that hearing about other patient's experiences of treatment and how they got through it, in the DVD, would encourage them to stay with their treatment plan and not give up. Furthermore, 70% felt viewing the DVD helped them to appreciate what is involved in planning their treatment and reported that it encouraged them to accept it.

Conclusions: The results of this study indicate that for many the provision of information booklets alone is not the most effective way of informing lung cancer patients and carers. The Living with Lung Cancer DVD is significantly more effective at helping patients and carers interpret and understand lung cancer treatment and care. It is also a very effective tool for helping to relieve diagnosis and treatment related anxiety, along with the feeling of isolation commonly felt by people diagnosed with lung cancer.

4210 POSTER

Spouses of Women With Newly Diagnosed Breast Cancer, Their Information- and Support Needs

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Background: The majority of women diagnosed with breast cancer turn to their husbands for support. It is well documented that the health of these spouses is influenced negatively by the cancer diagnosis, and that the risk of depression is increased. Before this study, we did not have focus on the spouses as individuals also in need of information and support.

Aim: The purpose of the study was to identify the information and support needs of spouses to women newly diagnosed with breast cancer. An increased understanding of their needs will help to determine specific interventions intended to improve the clinical nursing practice for this group. An improvement that, according to the literature, also can be of benefit to the breast cancer-stricken wife.

Method: The author conducted a literature search in the electronic databases PubMed and Cinahl. 11 specific research words were used in combination. 6 articles published from 2000–2007 were identified and analysed.

Results: Spouses especially need information concerning the treatment, possible side effects, spread of disease and prognosis. They would also like information written specifically for them. Regarding support it is most important for them to be offered counseling about their cancer-related feelings and experiences, to encounter compassion and to be able to play an active, participatory role when attending the clinic.

Conclusion: I find that spouses' need for information and support are well documented in the literature. Furthermore, the results show that these needs and involvement are of great importance and that their absence can create fear, frustration, sadness and a feeling of powerlessness.

Clinical nursing improvements: As a result of the findings, several improvements have been made in our clinic for the benefit of the spouses and other close relatives. Among these are:

- Active involvement when attending the clinic, and awareness of individual needs for information and support.
- Editing of the clinic's pamphlets to improve their usefulness.
- Documentation and visibility in the nursing journal.
- A teaching session for the nurses concerning men and communication, including gender- specific differences and reaction patterns.

4211 POSTER

The Experience of Leukaemia: a Thematic Synthesis of the Literature

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Background: The impact of haematological malignancies, such as leukaemia, on patients' lives can be profound. The better these impacts are understood, the better health care provision can be as interventions based on patient experience tend to be more effective. A systematic review including a thematic synthesis of qualitative evidence on patients' experience of leukaemia was conducted. Guided from the methods described by Thomas & Harden (2008), the qualitative thematic synthesis aimed at exploring how patients experience living with leukaemia.

Methods: A systematic search strategy was developed comprising of two separate search strings: i) leukaemia (either chronic or acute) and ii) qualitative methodology. Each string included a combination of free-text terms, thesaurus terms and broad terms. The search strategy was run in seven electronic databases (Medline, CINAHL, PsychINFO, EMBASE, BNI & Archive, SSCI and ASSIA), adapted respectively for each. To enhance the retrieval of all relevant reports we conducted additional reference, journal and author searching and contacted the experts on the field. All qualitative studies in adult patients with leukaemia, published in peer review journals between 01/1990 and 10/2010 were included in the final sample.

Results: The search yielded 11,186 articles. Following a screening process and removal of duplicates, 44 articles were retrieved and examined in full by two independent researchers, resulting in the final sample of ten original papers. Reports were appraised for quality using three tools: i) a reading guide proposed by Sandelowski & Barroso (2008), ii) Hawker's checklist and iii) the typology of classifying the findings of the studies by Sandelowski & Barroso (2008). The initial stages of the thematic synthesis were aided by the use of computer software NVivo©. The first stage included free line-by-line coding leading to the second stage were data were organised in a range of descriptive themes, such as information needs, interpersonal relationships, coping strategies and hope. The final synthesis stage resulted in the development of one analytical theme, a person's path to build a renewed self.

Conclusions: Results from this thematic synthesis are indicative of the impact of leukaemia on patients' lives; yet, several limitations exist. Increasing knowledge in this field is warranted to assist in the development of key interventions for individuals diagnosed with leukaemia.

4212 POSTER

Review of Subjective Caregiver Impact − Experience and Needs of Informal Caregivers of Adults/older Adults With Cancer

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Background: The number of older adults with cancer is steadily growing and treatment for cancer has largely shifted to the ambulatory care setting. Informal caregivers provide the main support for older people with cancer treated in this setting. Snyder (2005) developed a model depicting informal caregiver impact when supporting/caring for someone with cancer. The model identifies four domains impacted by undertaking the role of informal caregiver: emotional; spiritual; social/role; and physical. This model was used to frame this systematic review. The authors first sought to appraise and synthesise contemporary literature related to the experience of informal caregivers of people with cancer with particular emphasis on caregivers of older people with cancer. Second, the saliency of Snyder's model in light of the current literature was determined.

Materials and Methods: The electronic data bases Medline and Health Source: Nursing/Academic Edition were searched and 59 research articles reporting on quantitative, qualitative or mixed-method studies identified that fitted the inclusion and exclusion criteria. The research reports were appraised using standardised forms and their results systematically extracted for a narrative synthesis.

Results: The findings are congruent with those of Snyder (2005), indicating that informal caregivers experience deep impacts within the emotional, social/role, physical and spiritual domains. Possible new impacts emerged from the literature reviewed: caregivers are reported, for example, to perceive an increased sense of altruism or to deny and suppress their own feelings. Other impacts reported were role overload and a sense of role captivity. Additionally, results of the current review suggest some overlap between impact domains described by Snyder's model. The review highlighted also the paucity of evidence in relation to caregiver impact in the physical and spiritual domain, as well as pertaining to the assessment of caregiver needs in general and of caregivers of older cancer patients in particular.

Conclusion: To be able to provide necessary support to informal caregivers of older cancer patients, nurses need to be knowledgeable about the experiences and needs of these caregivers. Further studies investigating specific impacts and needs of caregivers of older people with cancer are needed. Moreover, the results of the review warrant development and testing of the subjective caregiver impact model in future studies.

4213 POSTER

Breast Cancer Patients' Treatment Related Knowledge in the Field of Empowerment

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Background: The aim of patient education is to increase patient's knowledge and competence about her health problems and cure. With knowledge and competence, the breast cancer patient can be empowered with her health problems and be enabled to participate in decision about her care. The essential part of empower process is knowledge. In the model of empowerment by Leino-Kilpi *et al.* [1] the knowledge is the basic element to empower. There is developed a theoretical approach to empowerment which includes bio-physiological, functional, experiential, ethical, social and financial dimensions of empowerment. The purpose of this study is to report the results of descriptive study that evaluated the breast cancer patients' treatment related knowledge about breast cancer after treatment process.

Material and Methods: Between years 2008–2010 79 breast cancer patients in South-Western health District of Finland were surveyed with 'Knowledge test for breast cancer patient', which is a twelve item 'yes/no/don't know' questionnaire. The main research variables were the 6 subscales of empowerment dimensions. The data was collected one year after breast cancer diagnosis. It was possible to have 2 points from each subscale.

Results: Patients received test average 8.87 point knowledge of the twelve possible points. The range of the right answers was from 4 to 11. The mean from all subscale was 1.48. Patients knew best bio-physiological (1.87), ethical (1.63), and experiential (1.51) dimensions of empowerment related knowledge. Patients had less knowledge related to functional (1.41), financial (1.37) and social (1.09) dimensions of empowerment.

Conclusions: Patients knew best facts related to medical care but they didn't know what kind of help they could have from healthcare professionals or how to act to maintain their health. The results shows that patients need more education in all dimensions of empowerment.

References

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4214 POSTER

Parental Experiences of Information Within Paediatric Oncology

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Background: Information is the key factor for parents of children with cancer in order to create knowledge about their child's disease. By having information, the parents sense of chaos can be reduced and a feeling of control and normality can be created. There are however often obstacles to the acquisition of information, and the process has been described as similar to learning a new language.

The purpose of this study was to describe parents' experiences of acquiring and using information to create knowledge about their child's cancer during the course of the illness.

Material and Methods: 14 parents of children with cancer were invited to participate in focus group interviews. After an initial qualitative content analysis of the interviews, we conducted an individual interview with one parent from each of the four focus groups. This data extended the analysis with individual accounts of the themes.

Results: *Feeling acknowledged as a person of significance* had three sub-themes. Feeling safe and secure in spite of uncertainty, was when the information was well provided despite the emotional stress and chaos. Having one's hopes supported was about that the health care professionals conveyed positive, reassuring information. Getting relief from other families' experiences was important since other families acted as real-world examples.

The theme *Feeling like an unwelcome guest* was accentuated in later phases of the treatment and also had three sub-themes. Parents felt abandoned at important milestones such as at the first discharge or finishing treatment. Feeling forced to nag for information gave some parents a troubled conscience. Finally feeling burdened by the obligation to inform others was a paradoxical situation when parents had to keep the health care professionals informed instead the other way around.

Conclusions: Clinicians should pay extra attention to parents at later stages in treatment and especially at important milestones such as treatment cessation by applying information meetings grounded in the parents' own needs.

4215 POSTER

Review of Relationship Between Anxiety–Depression Level of Patients and Their Informal Caregivers Who Staying in a Hospital

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Purpose of research is to review of relationship between anxiety-depression level of patients and their informal caregivers who staying in a hospital.

Tool and Method: The research has been planned as a descriptive research and has been implemented in GATA Medical Oncology/Hematology clinic. For the purpose of the data collection in the research "Data Collecting Form" has been used to determine intructory information of patients and their informal caregivers, "Hospital Anxiety Depression Scale" (HADS) has been used to determine the anxiety depression states of patients' informal caregivers. SPSS 15.0 packaged software has been used in evaluating of data.

Findings: Average of age of 60 patients in scope of the research is 34.70±17.40. Of the patients; 80% (n = 48) is male, 56.7% (n = 34) is single, 46.7% (n = 28) is high school graduate, 70% (n = 42) is unemployed and 56.7% (n = 34) resides in center of city and lives with their mother and father. Average disease period of the patients is 2.68±3.43 years. 40% (n = 23) of the patients has been administered chemotherapy treatment and 33.3% (n = 20) of them has been administered chemotherapy + radiotherapy treatment. Average of age of informal caregiver is 48.08±9.88 and of the caregivers; 68.3% (n = 41) is female, 58.3% (n = 35) is primary school graduate, 63.3% (n = 38) resides in center of city and 70% (n = 42) is unemployed and all of them is married. 53.3% of informal caregivers stays together with "their children" and average 25.32±28.56 days as attendant in hospital. 76.7 of caregivers (n = 46) has been responsible for a patient care before. 56.7% (n = 34) of them suffers from a health problem. Although total anxiety point average and depression point average of patients are 7.85±4.55 and 7.38±4.81 respectively, total anxiety point average and depression point average of caregivers are 9.56±5.10 and 12.00±5.43 respectively. A meaningful and positive relation has been found between both anxiety (r= 424, p = 0.018) and depression (r= 428, p = 0.017) total point averages of patients and caregivers.

Conclusion: As per validity results of HADS in Turkish, cutoff score for anxiety subscale as 10/11 and cutoff score for depression subscale as 7/8 have been informed. According to this fact, those who received scores above these scores have been considered at risk in terms of anxiety and depression. Based on our findings, being low of anxiety and depression point averages from limit values has been considered as a positive result. But anxiety and depression point averages of informal caregivers have been found above limit values. Existing of a meaningful and positive relation between anxiety and depression point averages of patients and informal caregivers undertaken important responsibilities for care of the patients brings to mind that anxiety and depression that may experience in the