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 process of treatment and care is a case with which is required to deal in common in both groups. It is suggested that patients and caregivers are directed to evaluate regularly “their anxiety and depression states” and to receive professional support where necessary.

4216 POSTER

The Examination of the Companion’s Care Burden Providing the Care to the Cancer in Patients

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The aim of the study is to identify the care burdens of the companions staying for cancer inpatients and to find out the factors which affect the care burden.

Material and Method: The study was planned as the for the definitor. It was conducted in GATA Medical Oncology and Heamatology Clinic. “ Data accumulation form” was used for identifying the background information on the companion and “The scale of caring burden (SCB)” was used for detecting the care burden. These were performed for documenting data in the study. The scale has Likert-type evaluation which varies from 0 to 4 as never, seldom, sometimes, often or almost always. At least 0 and at most 88 points are able to be got from the scale. The items presenting in the scale generally include social and emotional are as and if the point of scale is high, this indicates that the experienced distress is high. SPSS 15.0 package programme was used fort he evaluation of data.

Findings: The mean ages of the companions who participated in the study are 48.21±9.86 and 67.9% of them are female (n = 38). All of them are married. 67.8% (n = 38) of them has a primary education. 64.3% (n = 36) of them live in the downtown and 71.4% (n = 40) of them work. There is at least one person that 64.3% of the companions are responsible for caring other than the patient whom he/she companied. 57.1% of them have a health problem (n = 32). 78.6% (n = 44) of them were responsible for the patient care previously and 75.0% (n = 42) of them are the persons of them are the persons who are responsible fort he care of the patient after discharged. The length of the hospital stay of the companions is mean 25.93±29.48 days. SCB total point average of the companions is 31.82±10.34. There is a statistically significant difference in SCB total point average of the companions according to their educational status. (X2=11.83, p = 0.003).

In the analysis performed, it was found out that the difference between the groups was caused bye “primary education” and “ Unicersity graduation”, and that SCB total point averages of the ones having the primary education were significantly higher than the ones having university education. ($p < 0.05$). There is a statistically significant difference in SCB total point averages of the companion according to the other sociodemographic characteristics ($p < 0.005$).

Conclusions: When “The scale of burden” is high, it indicates that caring burdens of the individuals and the distresses experienced are high. In our study, the scale of total point averages of the companions are 31.72±20.47. The average point of care burden of the companions is generally low. This result indicates that the distress caused bye the caring is low in the companions. When the experienced distresses are low for the companions who are important in the caring period of the patients. This is evaluated as a pozitive result.

Poster Presentations

Nursing Oncology − New Developments

4217 POSTER

Adherence to Oral Oncolytic Medication − Can This be Improved?

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Introduction: In the last 10 years a shift has taken place in the treatment of oncology patients. In the past, a large part of patients were treated with intravenous medication. Nowadays, increasingly oral oncolytic medication are used. The literature indicates that also these patients have difficulty for adherence to this treatment. It risks under treatment with an increased risk of recurrence. In the Netherlands, it is assumed that 30% of oncology patients are not taking their medication as prescribed. Adherence is forgetting or not properly taking medication. Therefor an important question is, by what factors are patient adherence to their treatment?

Method: One hundred patients of the St. Antonius Hospital treated with oral oncolytic medication were asked to complete a questionnaire. The questionnaire consisted of personal characteristics, type of medication, start date, education level, the structure of the treatment and questions about the role of self-management in certain situations by the use of the Long Term Medication Behavior Self-Efficacy Scale. In addition, an interview took place with nursing consultants, medical specialists and a pharmacist, about the items they told when the patient starts with oral oncolytic medication and the adherence.

Results: The response to the questionnaire was 76%, eventually, 70% was usable for analysis. The results of the questionnaires showed that personal characteristics, medication, education level or structure of the treatment did not affect adherence. The self-management with regard to side effects is the influencing factor for adherence, with a signification p 0.001 about the group they told that they are adherence with non-adherence. Interviews with eight workers showed that the subject of adherence was regularly addressed during patient contacts. In the end, caregivers said that the patient is responsible for taking his medication properly and treatment.

Conclusion: Side effects of oral oncolytic medication affect the adherence of patients unfavorably. Caregivers regularly discuss adherence, but believe that the patient is ultimately responsible for his treatment. Further research will take place to find interventions that help patients to better handle side effects, which can increase adherence to the treatment.

4218 POSTER

Introducing Volunteers Into Chemotherapy Day Units: a Mixed Method Evaluation

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Within many USA Cancer Centres, the presence of volunteers is an important factor for patient experience. The purpose of this study was to evaluate a pilot project of introducing a volunteer role to support cancer patients and their families in Chemotherapy Day Units.

The study sought to answer the following questions:

- Did the volunteers training programme meet the needs of the volunteers and prepare them for their role?
- How did the volunteer programme impact on patients’ experiences and satisfaction with care?
- What benefits were realised and challenges encountered from the perspective of stakeholders involved?
- What structures and processes are necessary to ensure the volunteer programme maximises its effect on future patient care?

This mixed methods (Creswell & PlanoClark 2006) evaluation was exploratory and spanned one year. Data collection included:

1. A prospective audit of patients’ experiences and satisfaction with care undertaken at baseline and end of the pilot project
2. Questionnaires and interviews with volunteers at the end of the project
3. Interviews with staff and stakeholders at the end of the project.

Findings: The evaluation revealed the introduction of volunteers in cancer services was successful for patients, staff and volunteers. The training programme met the volunteers’ needs, prepared them for their role, but also fostered feelings of being supported and part of a team (Sadler & Marty 1998 Wilson et al 2005). The patient survey and staff interviews revealed volunteers enhanced patients’ experience and satisfaction with care. The evaluation has shown how a “neutral” person can have a positive impact on patient care. Much of the volunteers’ time was spent talking to patients and providing companionship which was appreciated by patients and carers. Staff and stakeholder interviews revealed benefits in terms of “bridging the gap” between the healthcare team and the patient and family.

Implications for cancer services:

- Introducing a volunteer service on a wider scale would contribute to and enhance patient centred care.
- It does have resource implications but the benefits seem to out way the costs.
- Involvement of clinical staff is imperative.
- Use of existing resources reduces cost.
- Need to have strategies to increase uptake of the volunteer service
- Volunteer service needs to be very visible