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