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 experenced 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