

Psychological Support for Queensland's Rural Breast Cancer Patients by Breast Care Nurses

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Aim To determine the value of Breast Care Nurses (BCN) in provision of psychological support for rural breast cancer patients.

Background Breast cancer is the most commonly diagnosed cancer of women in Australia. Psychological morbidity in breast cancer patients is common. Rural patients with the disease have added burdens of travel and accommodation, disruption to family lives, lack of treatment choice and difficulty in access to information.

Good practice care for patients includes not only appropriate medical treatment but also the provision of accurate information, psychosocial support and coordinated care. Breast Care Nurses provide continuity of support from diagnosis to completion of treatment. Although well established elsewhere, adoption of BCN has been slow in Australia.

Design A cross-sectional study of breast cancer patients in a regional health service district in Southern Queensland supported by two BCN positions. One position, in Toowoomba, provides support for patients up to 900 miles west; the other in Ipswich services a 50 mile radius.

Method Telephone interviews were held with 100 breast cancer patients after their surgery and chemotherapy and/or radiotherapy. Comparison was made with women who had been treated at the health service prior to the inception of the BCN role and for whom support had been offered by non specialised staff. A questionnaire offered 13 questions about the interaction of the BCN with the patient. The questions were grouped within categories of *Contact*, *Access*, *Co-ordinating Care*, *Information Needs*, *Psychosocial Support*, *Emotional Support* and *Practical Support*.



Findings The majority of participants had their first contact with the BCN either at diagnosis or within two days of diagnosis and considered this first contact to be at the right time. Thereafter the BCN met with patients during return visits to the hospital for treatment or assessment. Some participants sought more support and women were able to contact the BCN between their scheduled visits. Other than during their period/s of hospitalisation rural women who travelled up to 900 miles to the hospital were more likely to access the breast care nurse via phone.

Satisfaction with emotional support from BCN vs non BCN service

Before treatment	p = .038
During treatment	p = .202
After treatment	p = .035

Conclusions The results demonstrate that the BCN position was considered to be of great value to patients, especially to those from rural and remote environments for whom opportunities for post surgical support were previously very poor. The BCN was instrumental in providing psychological support for patients and there is a clear recommendation for continuation of the programme.

All but two women were *satisfied* or *very satisfied* with the emotional support that they received from the BCN pre, during and post treatment. It is of great significance that not one of the participants reported that they sought psychological support other than that provided by the BCN.

Rural patients said that the communication between them and the BCN was a vast improvement over the normal isolation experienced by rural families. Seventy seven percent stated that they would advise friends only to go to a hospital with a BCN.

Do you believe that the contact with the BCN vs non BCN service

Allowed you to show your real feelings	p = .023
Helped you cope or feel a little better about things	p = .043
Provided support for dealing with family issues	p < .001

