

Exploring the preferences, perceptions and satisfaction of people seeking cancer information and support: implications for the Cancer Council Helpline

Anna Boltong • APD, BAppSci, MSc, MA, Grad Cert Educatn, PhD
Head of Cancer Information and Support Services, Cancer Council Victoria, Melbourne, VIC 3004

Monica Byrnes • RN, BAppSci, MAppSci
Manager Cancer Support, Cancer Council SA, Eastwood, SA 5063

Sandy McKiernan • RN, BAppSci, MPH
Cancer Information & Support Services Director, Cancer Council WA, Shenton Park, WA 6008

Nicola Quin • BBusAdmin, MIntBus, EMPA
Head of Division, Strategy and Support, Cancer Council Victoria, Melbourne, VIC 3004

Kathy Chapman • APD, BSc, M Nutr & Diet
Director, Cancer Programs Division Cancer Council NSW, Woolloomooloo, NSW 2011

Abstract

Background

Helpline services have existed in Cancer Councils for more than 20 years as an information and support service and gateway to a myriad of practical, informational and emotional support programs for people affected by cancer.

Aims

To explore public awareness and perceptions of the Cancer Council Helpline, including barriers and facilitators to calling this telephone service and user satisfaction.

Methods

An exploratory, mixed-methods study design was employed. In the qualitative phase, six focus groups were conducted with Helpline callers (n=14) and non-callers (n=28). In the quantitative phase, a community attitudes online or telephone survey was completed by people with a cancer diagnosis (n=128) and people who had friends and family with a cancer diagnosis (n=300).

Results

Low awareness of the service, as well as a widely held perception of not wanting or needing help, were found to be barriers to calling the Helpline.

Discussion

This research informed key elements of an identity refresh strategy for the Helpline, including public awareness and promotion with consumers and health professionals; and a name change for the service, including removal of the word 'help'.

Keywords Cancer information and support; helpline; supportive care.

Background

Unmet psychosocial needs are frequently reported by people with a cancer diagnosis and are highest during cancer treatment¹. A recent study found that over 90% of cancer patients report at least one unmet need². Similarly, almost all caregivers of people with a cancer diagnosis experience unmet needs³, with 50% continuing to experience unmet needs six months post patient diagnosis, and 30% two years post diagnosis⁴. Accessing cancer information and support delivered by telephone can help people

better understand their situation, improve the way they feel about it, and improve both confidence and interaction with their treating team⁵. Within the health care system, cancer helplines have a role in providing convenient, confidential information and emotional support to people affected by cancer, their family and friends, often as an adjunct to information received from medical teams or within their social networks⁶. Common reasons for calling cancer helplines include assistance with interpreting and understanding medical information received; emotional

support and reassurance; requests for written information; discussions regarding treatment options; and aspects of care in advanced stages of cancer⁷⁸. Although the internet is used with increasing frequency to access health information, evidence suggests that cancer helplines may be utilised more over websites for advice regarding “sensitive topics”⁹.

In Australia, Cancer Councils exist in every state and territory as part of a federated structure with Cancer Council Australia (www.cancer.org.au). Cancer Council Australia works with its members, the eight state and territory cancer organisations, to undertake and fund cancer research; prevent and control cancer; and provide information and support for people affected by cancer. Helplines are available in every state of Australia, and each state has its own suite of information and support programs and services with some national programs and some tailored to local needs.

Nationally, the Cancer Council Helpline is an important resource for cancer patients, their families and friends, health professionals and in fact anyone seeking cancer information or support. The Helpline is accessed by dialling 131120 from anywhere in Australia. The caller’s geographical location at the time of call will determine to which state’s Cancer Council the caller is connected. Staffed by specialist oncology nurses and other allied health personnel, the 131120 service is viewed as a core function of the state-based Cancer Councils to help overcome geographical and social barriers and ensure those needing information and support can access it. Donations to Cancer Councils enable the Helpline to operate across Australia. Despite increasing cancer incidence and survival rates in Australia, calls to Cancer Council’s Helpline have been steadily declining from nearly 70,000 in 2010 to the current level of approximately 55,000 per annum¹⁰. Possible reasons for this decline in telephone calls are low awareness of the service within the growing target population; diversification of cancer information channels; and evolving information seeking preferences, particularly with the proliferation of web-based content. There is now increased use of digital and online forums to access information and support via the internet and from social media; as well as better supportive care, including for survivorship, at the point of treatment and beyond; and a proliferation of cancer support organisations and forums, which provide more options for consumers to access timely information and support.

Aims

Cancer Council Australia sought to explore modifiable factors contributing to reduced calls and opportunities for more effective promotion of the Helpline service. In 2012 and 2013, a market research company was commissioned to undertake both qualitative (Part A) and quantitative (Part B) research to explore the following:

- Information and support needs of people affected by cancer (Part A)
- Preferences for accessing cancer information and support (Part A)
- Awareness and perception of the Helpline (Part A)
- Reasons for calling the Helpline (Part B)
- Service user satisfaction (Part B)
- Barriers to calling the Helpline (Parts A & B)
- Opinions on alternative names for the Cancer Council Helpline (Parts A & B).

Methods

This market research adopted a mixed-methods approach to addressing the research aims. An exploratory, sequential design consisting of an initial qualitative phase and building to a quantitative phase was used. A mixed-methods approach was chosen for this research in order to develop the research approach and to triangulate both qualitative and quantitative data. The integration of both types of data is thought to provide a research product to inform the Cancer Council Helpline marketing strategy in a way unlikely to be achieved through only one type of methodological approach.

Part A: Qualitative research

Focus groups (n=6) were conducted in Sydney and Perth during September 2012 by an independent and experienced market research company, accredited with the Australian Market Research Society, to explore the information and support experiences and views of people diagnosed with cancer. A semi-structured question route was used to guide the focus group discussions. An abridged version of this framework is shown in Table 1.

Criteria for inclusion were: i) age 35–65 years old; ii) fluent in English language; and iii) diagnosed or treated for cancer within the previous four years. For people who had not previously called the Cancer Council Helpline, recruitment company databases of people agreeable to participation in qualitative market research were interrogated for matches to the inclusion criteria. Potential participants were approached via telephone by an independent recruitment company who provided an overview of the market research exercise and invited participation. For focus groups aimed at previous Helpline callers, Helpline staff made the first approach to appropriate callers who used the service during the recruitment period, using a recruitment script and inclusion criteria to guide conversations. Callers gave verbal consent for their name and phone number to be passed onto the market research team.

Table 1: Semi-structured interview guide for focus groups

Questioning sequence
<p>Cancer and the diagnosis experience</p> <p>How did you feel when you were first diagnosed with cancer?</p> <p>Have your feelings about cancer changed since you were first diagnosed? In what ways? What prompted the change over time (support, information, treatment, outcomes, contact with organisations, charities, other reasons)?</p>
<p>Information and support needs at diagnosis</p> <p>How much did you know about cancer before your diagnosis?</p> <p>How important is information at diagnosis?</p> <p>What would you consider is the difference between information and support? What sort of information/support is needed?</p>
<p>Sources of information and support</p> <p>With so much cancer information available, how do you know what information to trust?</p> <p>Where did you go for information? How useful was it?</p> <p>What about specifically for support — where did you turn? What did you wish was available?</p>
<p>Attitudes and experiences with cancer support organisations</p> <p>Can you name any of the organisations that exist to support people with cancer? How do you feel about these organisations?</p> <p>Thinking specifically about Cancer Council, how would you describe what they do? Where does your understanding of this come from? What are they best known for? How do they differ from other charities or cancer organisations? What are their services?</p> <p>[If previously contacted the Cancer Council] Why contacted? What methods did you use to interact with the Cancer Council (Helpline, face to face, hospital information centre?) How was this interaction for you?</p> <p>[If not previously contacted the Cancer Council] Why was the Cancer Council not an organisation you thought to get in touch with? Have you heard of Cancer Council's 131120 Helpline? How would you describe this service?</p> <p>Did any of your doctors or cancer nurses suggest you call Cancer Council's 131120 Helpline? If they did, did you call? Why or why not?</p> <p>Do you consider the Cancer Council a credible organisation to offer a helpline to cancer patients?</p> <p>Would you be more inclined to get in touch with Cancer Council if there were other contact options (e.g. online, smartphone app, chat forums)?</p>
<p>Exploring the Helpline 131120 name</p> <p>When you hear the term 'Helpline', what is the first thing that comes to mind? Is the name a barrier to people calling? What would be a better name to describe the telephone service provided by the Cancer Council?</p> <p>[Activity]: Eight alternative names provided. Discuss options as a group. How do you feel about each name, what does it make you think of, why would it be a good name for the service? Why would it be bad? What are the preferred names?</p>

All focus groups were audio-recorded. Content analysis of the focus group data was performed by two market researchers. Key themes were identified and listed in response to the categories covered in the focus group question route and any subsequent categories that participants discussed. Focus group

data (passages of conversation) were allocated to the captured themes. A final list of themes and assigned data were agreed by two market researchers who facilitated the focus groups. These were verified by the primary author on listening to audio-recordings of the focus group discussions.

Part B: Quantitative research

Potential recipients of a 24-item open and closed question survey (estimated completion time of 10 minutes) were identified using databases of people registered to be approached to participate in quantitative market research. Inclusion criteria were: i) age 35–75 years old; ii) fluent in English language; and iii) diagnosed or treated for cancer within the previous five years, OR a direct family member or close friend of a person diagnosed with cancer within the previous five years. Surveys were administered online or via telephone according to participant preference. Data were analysed using descriptive statistics and frequency counts. Ethics approval was granted for this study by Cancer Council Victoria Human Research Ethics Committee.

Results

Part A: Qualitative research

In total, 28 non-callers to the Helpline (n=14 male; n=14 female) participated in four focus groups. An additional 14 people who had previously called the Cancer Council Helpline (n=5 male; n=9 female) participated in two focus groups. Details of the focus groups and participant characteristics are presented in Table 2.

Table 2: Characteristics of focus group participants

Date focus group conducted	Focus group type	Location of group	Participant Demographics
August 2012	Helpline non-callers	Perth metro region	Male: n=5 Female: n=2 Age range (years) 50–65
August 2012	Helpline callers	Perth metro region	Male: n=3 Female: n=5 Age range (years) 45–65
August 2012	Helpline callers	Perth metro region	Male: n=2 Female: n=4 Age range (years) 40–60
August 2012	Helpline non-callers	Sydney metro	Male: n=3 Female: n=5 Age range (years) 35–49
August 2012	Helpline non-callers	Sydney metro	Male: n=2 Female: n=4 Age range (years) 50–65
August 2012	Helpline non-callers	Sydney metro	Male: n=4 Female: n=3 Age range (years) 40–60

Information and support needs of people affected by cancer

Focus group participants described shock, worry and fear when first learning of their cancer diagnosis. They described the speed at which 'everything happens' including treatment decisions; the feeling of being caught in a foreign world (medical terms, hospital setting); and the additional pressure of dealing with the needs of family and friends. These factors often meant information could not be absorbed at that time. Participants could clearly distinguish between information ("The answers to your questions"; symptoms, side effects, statistics, prognosis, risks) and support ("Someone to listen to you"; "helping you to do something with the information"; counselling) and expressed a clear need for both information and support outside of their place of treatment.

Preferences for accessing cancer information and support

The internet was a clear 'go to' source of information, particularly for younger people. Participants would often use information found on the internet to generate discussion with their doctors, especially in the context of clarifying things they had read. Despite using the internet frequently, there was a sense of an over-abundance of information, as well as challenges in finding relevant material and trustworthy sites. These factors sometimes led participants to avoiding online cancer information. One participant commented: "I stopped looking at the internet — I found it scary and made things worse for me".

Differences in information and support seeking needs, behaviours and attitudes were expressed by callers and non-callers to the Helpline. People who had previously called the Helpline tended to have complex queries and wanted more help making decisions or were seeking a second opinion. Often they called because they found it difficult to access information in the form they wanted elsewhere. Some participants described factors such as disappointing interactions with their doctors or rushed consultations where explanations were felt to be limited, as contributors to their decision to call the Helpline. Others said that being prompted by a nurse, doctor or friend encouraged them to call.

Helpline non-callers displayed more stoic attitudes and appeared more self-reliant ("I just got on with it") or did not want too much information. In the non-caller focus groups, the theme of more positive doctor-patient interactions was apparent. Additionally, non-callers were not prompted to call the Helpline by their doctor or nurse.

Awareness and perception of Cancer Council and its Helpline

Participants' impressions of Cancer Council focused mostly on the provision of information (easy-to-understand brochures and booklets, especially on types of cancer) and other aspects such as fundraising and research. There was less recognition of support for cancer patients or carers or the Helpline service itself. For example, when cancer patients were asked what

Cancer Council was best known for, common responses regarded organisational priorities such as cancer prevention; research on specific cancer types; and specific campaigns including Daffodil Day and Slip Slop Slap. No participants mentioned the Helpline when unprompted.

Reasons for not using the service among Helpline non-callers were no prompting or encouragement ("My doctor never told me about them, in fact nobody did"); lack of awareness or understanding of the service ("There's lots I don't know about them and what they have available"); support available from elsewhere ("I had enough support from the breast cancer nurses"); or not needing help as such ("I didn't need help so I didn't think I needed to contact them"). There was a misconception among some non-callers that the Helpline was staffed by volunteers, students, retirees or survivors and some felt unclear about the level of training or qualification of the Helpline staff ("Are they qualified?"; "Are they trained?"). Non-callers thought that the service was aimed at those having more problems coping with their cancer than themselves ("It's for people in real need of help") and who were experiencing crisis situations ("It's like a lifeline for people with cancer").

Those who had called the Helpline described positive experiences with regards to information ("They gave me the answers I was looking for") and support ("I found someone who would listen when I was down or when I just needed to talk to someone. They included my husband too which was important for him"). The particular way in which information was delivered (unhurried, simple and easy to understand) was also highlighted by some participants ("It's information in a supportive way"; "They gave me a lot of time and were never in a hurry").

An element of surprise was apparent when callers realised the range of information and services accessible via the Helpline which then changed their perceptions and views of the service ("Until I called them, I didn't realise they had so much practical support and assistance").

Opinions on alternative names for the Helpline

Participants responded most positively to the proposed name "Cancer Information and Support 131120" for its clarity of communicating what the service does and its positivity and detracted from 'those in need'. Other options were rejected for their impression of counselling (CanSupport 131120) or sickness (Call a Cancer Nurse 131120) or because they were perceived as impersonal (Cancer Information and Resources 131120). Importantly, participants thought the preferred new service name would inspire people to call.

Part B: Quantitative research

Of 509 eligible participants, 428 completed a survey (84% response rate). Sample group characteristics are presented in Table 3.

Table 3: Characteristics of survey respondents

Demographics	n (%)
Sex	
Male	167 (39)
Female	261 (61)
Age (years)	
35-44	120 (28)
45-54	116 (27)
55-64	111 (26)
65-75	81 (19)
Location of residence	
Metropolitan area	270 (63)
Rural area	158 (37)

Of the entire sample, 30% (n=128) were people who had received a cancer diagnosis and 70% (n=300) were friends or family members of someone who had received a cancer diagnosis.

Reasons for and barriers to calling the Helpline

In the two-year period prior to completing the survey, only 3% (n=11) of respondents had called Cancer Council's Helpline. This was predominantly to clarify information already received, to seek more detail on a topic — including to request information regarding the evidence base or research findings to substantiate advice previously received. Those who were aware of the Helpline (n=128; 30%) were most likely to have first heard about the service from advertising or promotion rather than from a doctor or nurse (Figure 1). Of the entire sample (n=428), only 4% could recall having a clinician recommend they call the Helpline. More than half of respondents (n= 218; 51%) indicated they were more likely to call the Helpline if it was recommended to them by a clinician. Reasons provided for not having called are shown in Figure 2 and predominantly stem from a lack of perceived 'need'.

Service user awareness and satisfaction

The most common response to the question, "What services would you say the Cancer Council Helpline provides to those with cancer and their family and friends?", was "I don't know" (n=94; 22%). Only 4% of respondents (n=17) could name the Cancer Council Helpline phone number. Of those who had called the Helpline, most (n =10; 91%) were more than satisfied with the service with 73% (n=8) reporting they would be likely to call again.

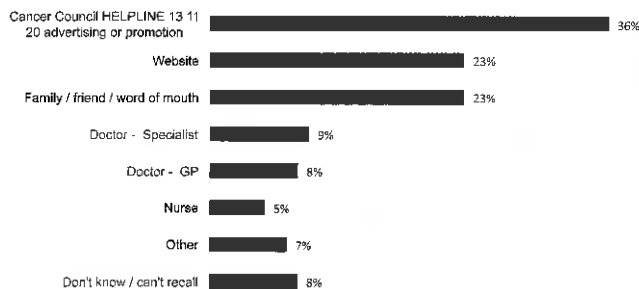


Figure 1: How those aware (30%) first heard about Cancer Council Helpline 131120

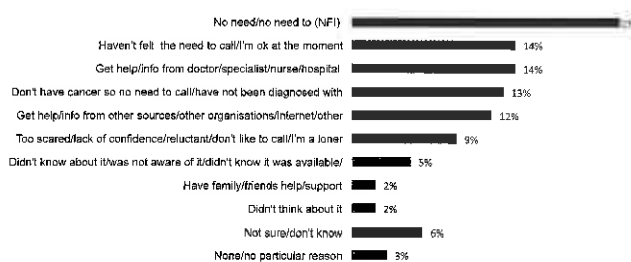


Figure 2: Reasons for not calling Cancer Council Helpline 131120

Opinions on alternative names for the Helpline

Of six possible names for the Helpline service put forward in the survey, the title "Cancer Information and Support 131120" was preferred by 43% of the sample (n= 90), with a mean liking rate of 7.7 where 1 = *Don't like at all* and 10 = *Really like*.

Discussion

Both qualitative and quantitative components of this research support the following key findings that underpinned a Helpline rebrand campaign for Cancer Councils in late 2014:

1. Awareness of the full range of Cancer Council information and support programs and services could be improved.
2. The credibility and professional staffing of the 131120 service should be reinforced.
3. The word 'help' supports misconceptions about the nature of the service.
4. Health professional endorsement of the 131120 service is likely to promote service engagement.

Provision of supportive cancer care via nurse-led cancer helplines

Addressing unmet psychosocial needs in people affected by cancer and their carers is important to promote optimum physical, emotional and social functioning¹. Phone-based supportive care models are increasingly being framed and

implemented as a cost-effective method of addressing informational, emotional and practical needs of people affected by cancer and their carers^{12,13}. Although a recent systematic review of the effectiveness of cancer helplines¹² suggested that more intervention studies are required to determine effect on wellbeing, two randomised controlled trials have provided evidence of the psychosocial benefit of helplines. Livingston *et al.* (2006) showed that outcalls from Cancer Council's Helpline supported positive thinking, thinking through things and talking with doctors in a sample of 100 men diagnosed with colorectal or prostate cancer. Samarel demonstrated benefit of reduced mood disturbance and loneliness in 125 women with breast cancer¹⁴.

Briefly, the rebrand strategy designed to increase service use included: i) a service name change to "Cancer Council 131120" with the accompanying descriptive line, "for information and support"; ii) developing a marketing strategy to increase community awareness of Cancer Council's telephone-based support and information service; and iii) a communications campaign to increase health professional engagement and referral to the service.

Improve awareness of the full range of Cancer Council information and support programs and services

As well as providing information, emotional support and referral options, Cancer Council Helplines are the conduit for a range of psychosocial programs and services, including peer support, which are shown to be effective in reducing psychological distress¹⁵, as well as practical programs that may include financial support and counselling, known to be sought by both patients and their carers³. It is often not until a person makes contact with a service that they become fully aware of the range of supports available. This notion of 'you don't know what you don't know' was supported in the current study as participants learned about specific services that were available — these were identified as having been potentially useful earlier in their cancer journey had they have known of them. Knowing more about what is actually on offer gives people greater clarity about why to call the service. This is relevant to both consumers and health professionals, given the suggestion that clinician endorsement of cancer helplines encourages service uptake by people affected by cancer.

Reinforce the credibility and professionalism of the 131120 service

Success of phone-based supportive care models are contingent on the perceived credibility of the health professional

moderating the service⁶, including credentials and therapeutic communication competence¹⁶. A core component of the 2014 Helpline rebrand campaign was reinforcing, via conspicuous promotional material, that the information and support service is staffed by suitably qualified, specialist personnel. Prominent branding included the slogan *Cancer Council 131120: Patient support you can trust*, depicted an oncology nurse and was accompanied by testimonials provided by prominent supportive care oncology clinicians.

The word 'help' is unhelpful

The market research data support a change of name for the Helpline as it showed that the perception of not wanting or needing 'help' is a barrier, preventing calls being made to the service. A name change may increase the likelihood of calling the service.

Engagement with clinicians

Recent research suggests that receiving a health professional's recommendation for a service at a salient point in their care can increase uptake of these services; however, few clinicians regularly refer patients to cancer information and support services¹⁶, with many also lacking awareness of what Cancer Council information and support programs and services can provide to patients¹⁷. The engagement of health professionals with the evidence-based nature and range of programs and services provided via the 131120 service, as well as the clinical credibility of those programs, is absolutely critical to the uptake of support services. Cancer Council continues to pursue strategies that engage medical, nursing and allied health professionals to recommend that their patients call 131120 at diagnosis, during or after treatment or when asking for information in general. Previous research has shown that only 4% of patients called an information service when simply handed a pamphlet⁸ so more targeted referral mechanisms are needed.

Study limitations

In interpreting the findings of this study, self-selection bias needs to be considered as a potential limitation. Although study participation was voluntary and individuals were not targeted for inclusion, those that did participate might be classified as 'engaged' with their own health care or the care of someone close to them. Participation assumes a level of health literacy as well as a command of the English language. The inclusion of participants who were up to five years post diagnosis may not have captured the views of those with potentially highest unmet psychosocial needs at the time of immediate diagnosis in the cancer support context. Conversely, those with robust health

and social support networks may have been less interested in participating in the study, or of using the Helpline. As suggested in a recent systematic review of the benefits of cancer helplines²², certain population types, including people affected by more debilitating cancer types, may have more to gain from telephone-delivered cancer information and support and therefore have greater expressed improvements in psychosocial outcomes.

The time period between initial cancer diagnosis and participation in focus groups or surveys asking about initial reaction to diagnosis for some participants was up to five years. As such, recall bias may be a factor with regard to conditions surrounding diagnosis or follow-up treatment, including information-seeking behaviours, especially if informational needs and support experiences have changed over time. Questions about information seeking are still thought to be relevant, despite this time period. For context, information-seeking behaviours were still prominent in survivors for a mean of 10.5 years since cancer diagnosis in a study that examined differences between 'seekers' and 'non-seekers' of cancer information¹⁹.

Future directions

The effectiveness of Cancer Council's Helpline identity refresh strategy will be evaluated using national and state-based datasets reporting changes in caller numbers and uptake of services.

Recommendations for further research

Repeated research regarding cancer information and support needs and preferences; awareness and perception of the Helpline, and reasons for calling the Helpline could in future utilise purposive sampling in order to garner views from people with specific clinical or demographic characteristics. Conducting similar research with people identifying as culturally and linguistically diverse (CALD) may provide useful insights into the specific information and support needs, and experiences, of CALD populations. Examining the use and perceptions of Cancer Council's interpreter service, which provides cancer information and support in languages other than English via qualified interpreters is recommended.

Little is known about the information and support needs of people who are informed about, but elect not to call, cancer helplines. Research that leads to clearer user profiles and stratified pathways of care and referral to community-based cancer information and support such as cancer helplines is advocated. Gathering data from people who elect not to call the 131120 service after being given information about it, may eliminate any halo effect that the current research design may have supported.

Ongoing evaluation of the impact of telephone-based cancer information and support services on patient outcomes should be undertaken in order to contribute to the evidence of effectiveness of such services beyond service use and customer satisfaction. Not only will better evidence support ongoing quality maintenance and enhancement, but, importantly, should drive greater numbers of people affected by cancer to this valuable service.

Practice recommendations

The current research reinforces that health professionals and consumers should have access to information on the full range of available cancer information and support programs and services. Cancer Councils should continue to work with clinicians to develop referral pathways tailored to specific patient information and support needs. Education and promotional activities will be targeted accordingly and evaluated. A process of tailored information and support on prescription is currently being trialled as a method of integrating routine referral to cancer information and support services in the clinical oncology environment. This work is being undertaken in a practice-research partnership between Cancer Councils and clinical oncology services in a range of clinical contexts at multiple stages of the cancer treatment trajectory, in both rural and metropolitan-based health services. The outcomes of this research should inform practice in the clinical setting.

Diversification of communication channels for cancer information and support, such as digital and social media channels, may increase service accessibility and be perceived to offer a further level of convenience and anonymity among some consumers. These communication channels should be promoted widely to both health professionals and consumer groups in order to optimise patient choice.

Acknowledgements

The authors wish to acknowledge the contribution of market research company Two Blind Mice in the study design, data management and reporting.

References

1. Harrison J, Young J, Price M, Butow P & Solomon M. What are the unmet supportive care needs of people with cancer? A systematic review. *Support Care Cancer* 2009; 17(8):1117–28.
2. Ugalde A, Aranda S, Krishnasamy M, Ball D & Schofield P. Unmet needs and distress in people with inoperable lung cancer at the commencement of treatment. *Support Care Cancer* 2012; 20(2):419–23.
3. Lambert SD, Harrison JD, Smith E *et al*. The unmet needs of partners and caregivers of adults diagnosed with cancer: a systematic review. *BMJ Support Palliat Care* 2012.

4. Girgis A, Lambert SD, McElduff P *et al.* Some things change, some things stay the same: a longitudinal analysis of cancer caregivers' unmet supportive care needs. *Psychooncology* 2013; 22(7):1557–64.
5. Jefford M. Community supports for people affected by cancer. In: Elwood JM & Sutcliffe SB (eds). *Cancer Control. USA: Oxford University Press, 2010. pp. 205–20.*
6. Ekberg K, McDermott J, Moynihan C, Brindle L, Little P & Leydon GM. The role of Helplines in cancer care: Intertwining emotional support with information or advice-seeking needs. *J Psychosoc Oncol* 2014; 32(3):359–81.
7. Dean A & Scanlon K. Telephone helpline to support people with breast cancer. *Nurs Times* 2007; 103(42):30.
8. Ross T. Prostate cancer telephone helpline: Nursing from a different perspective. *Br J Nurs* 2007; 16(3):161.
9. Hardyman R, Hardy P, Brodie J & Stephens R. It's good to talk: Comparison of a telephone helpline and website for cancer information. *Patient Educ Couns* 2005; 57(3):315.
10. Byrnes M, McKiernan S, Quin N, Stahl K & Chapman K. Cancer Council Helpline: How many people use this information and support service and why not? Melbourne: Cancer Nurses Society of Australia 17th Winter Congress, July 2014.
11. Snyder C, Garrett-Mayer E, Brahmer J *et al.* Symptoms, supportive care needs, and function in cancer patients: How are they related? *Qual Life Res* 2008; 17(5):665–77.
12. Clinton-McHarg T, Paul C, Boyes A, Rose S, Vallentine P & O'Brien L. Do cancer helplines deliver benefits to people affected by cancer? A systematic review. *Patient Educ Couns* 2014; 97(3):302–9.
13. Shaw J, Young J, Butow P, Chambers S, O'Brien L & Solomon M. Delivery of telephone-based supportive care to people with cancer: An analysis of cancer helpline operator and cancer nurse communication. *Patient Educ Couns* 2013; 93(3):444–50.
14. Samarel N, Tulman L & Fawcett J. Effects of two types of social support and education on adaptation to early-stage breast cancer. *Res Nurs Health* 2002; 25(6):459–70.
15. White VM, Young M-A, Farrelly A *et al.* Randomized controlled trial of a telephone-based peer-support program for women carrying a BRCA1 or BRCA2 mutation: Impact on psychological distress. *J Clin Oncol* 2014; 32(36):4073–80.
16. Eakin EG & Strycker LA. Awareness and barriers to use of cancer support and information resources by HMO patients with breast, prostate, or colon cancer: patient and provider perspectives. *Psychooncology* 2001; 10(2):103–13.
17. Beesley VL, Janda M, Eakin EG *et al.* Gynecological cancer survivors and community support services: referral, awareness, utilization and satisfaction. *Psychooncology* 2010; 19(1):54–61.
18. Broadstock MJ & Hill D. Evaluation and impact of promotion of a cancer helpline to cancer patients through their specialists. *Patient Educ Couns* 1998; 32(3):141–6.
19. Mayer DK, Terrin NC, Kreps GL *et al.* Cancer survivors information seeking behaviors: a comparison of survivors who do and do not seek information about cancer. *Patient Educ Couns* 2007; 65(3):342–50.

Odour Problems?

We Can Help

**FUTURE ENVIRONMENTAL SERVICES PROVEN ODOUR CONTROL FOR:
CONTINENCE, WOUND, PALLIATIVE CARE, STOMAL PATIENTS.**

***HOS-GON-NO-SMELLS!** *Nursing Homes, Prevents odours that upset staff, relatives & residents.*

***HOS-COLOGY-NO-SMELLS!** *Oncology, Palliative Care, for Fungating & Necrotic tissue.*

***HOS-TOGEL-NO-SMELLS!** *Aged Care, Oncology, Palliative Care, Laboratories, Theatres.*

***HOS-TOMA-NO-SMELLS!** *Ostomy. On the "Stomal Appliance Scheme". Spray packs available.*

***HOS-TOMA-NO-GAS!** *Prevents gas build up, neutralises mal-odours and prevents bacteria.*

***HOS-TOMA-LUBE!** *Prevents 'pancaking' while it neutralises odours and prevents bacteria.*

For Information, Literature, Starter Packs, Material Safety Data Sheets, or place an order, please contact

FUTURE ENVIRONMENTAL SERVICES

PO Box 319, Blairgowrie, Victoria. 3942. Australia.

Tel: 03 5985 2828

Fax: 03 5985 5881

E-mail: health@futenv.com.au

TOTALLY AUSTRALIAN OWNED

Web: www.futenv.com.au