

Student Research Posters

Here is a selection of some recent research posters presented by our students.

STIGMA TOWARDS MENTAL ILLNESS IN PERSONS WITH MENTAL ILLNESS AND THEIR FAMILIES IN QATAR: CROSS SECTIONAL MIXED METHODS STUDY

Dr. Vahe Kehyayan, PhD, Dr. Ziyad Mahfoud, PhD, Dr. Suhaila Ghuloum, MD, Tamara Marji, MSc, Dr. Hasan Al Amin, MD



Study Objectives

- To explore the level of internalized stigma in persons with mental illness (PWMI) and their families
- To explore the lived experience of PWMI with their mental illness.
- To investigate the association between reported stigma/attitudes and participants' background characteristics

Hypothesis

In comparison to published studies in European and North American countries, the level of stigma in PWMI in Qatar will be higher.

Study Population

Patients	Family Members
Outpatient Program of Mental Health Service, Hamad Medical Corporation	Identified by PWMI

Materials

Scales used to collect data	Targeted population
Background Characteristics form (3 languages for PWMI and families)	PWMI; Family members
Internalized Stigma Mental Illness (ISMI) scale (3 languages)	PWMI
Family Member Internalized Stigma Scale (FISMI) (3 languages)	Family Members
One to one Interviews (English, Arabic & Urdu) (Qualitative interviews)	PWMI

Results – Quantitative - Patients

Figure 1: Distribution of Internalized Stigma Mental Illness Scores (ISMI Scale)

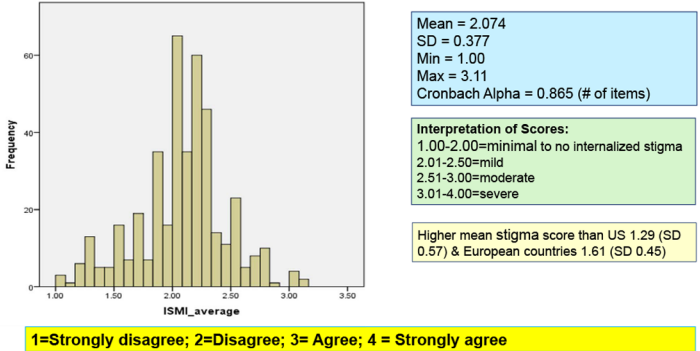


Table 1: Distribution of ISMI sub-scale mean scores

ISMI sub-scales	Mean	SD
Stereotype endorsement	1.97	0.45
Discrimination	2.03	0.5
Social withdrawal	2.22	0.52
Alienation	2.24	0.5
Stigma resistance	3.12	0.51

Table 2: Multivariate linear regression analysis (95% CI), (ISMI mean score = 2.074; $p \leq 0.05$)

- More than secondary education and monthly income greater than US \$2,746 were significantly associated with lower mean ISMI scores.
- Living with friends rather than family and low level of social support were significantly associated with high mean stigma scores.

Table 3: Multivariate logistic regression: (Used high stigma score cut-off > 2.5)

- Some level of education compared to no formal education was significantly associated with high stigma score (>2.5).
- Poor or fair social support compared to good support was significantly associated with high stigma.

Results - Qualitative Study - Patients

- Beliefs about causes of mental illness varied widely
- Beliefs not based on information directly received from healthcare professionals
- Reported causes included: magic, domestic abuse, physical trauma
- All agreed stigma towards mental illness existed
- Two were quite open about their illness and denied experiencing stigma
- One explicitly stated experiencing stigma due to mental illness
- Five used strict measures to ensure that their diagnosis was hidden to avoid experiencing stigma/discrimination such as avoiding social contact and social events

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Results – Quantitative- Family Members

Figure 2: Family Members: Internalized Stigma (N=106) FISMI Scale

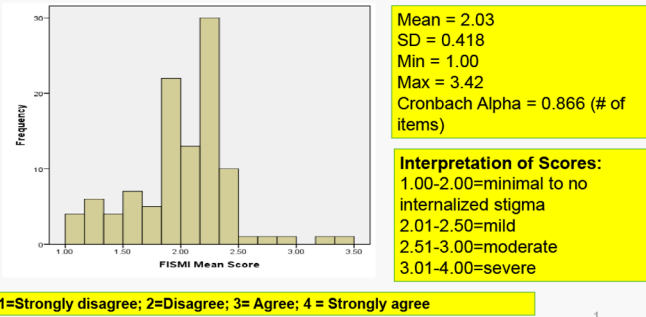


Table 4: Multivariate Linear Regression (using ISMI mean score = 2.03; $p \leq 0.05$)

- Currently married vs not married significantly associated with higher stigma
- GCC Arab, Other Arab, Asian, South Asian, African and Iranian vs European/American significantly associated with higher stigma
- College/University vs No formal education significantly associated with less stigma

Table 5: Logistic Regression (Used high stigma score cut-off > 2.0)

- Some college education vs less than college significantly associated with low stigma score.
- Currently married vs not married significantly associated with high stigma score.

Conclusions

- While the mean score for self-reported internalized stigma is mild, its experience is real with some patients having experienced moderate levels of stigma
- Possible reasons for low mean score may be:
 - High stigma resistance score
 - Actual stigma survey in itself may be stigmatizing
- Implications
 - Policy, practice, research
 - Prioritizing mental health; anti-stigma program
 - Practitioners discussing stigma with their patients
- Limitations:
 - Cross-sectional design prevents drawing causality conclusions
 - Convenience sampling limits generalizations

Acknowledgment

"This study was made possible by NPRP 270-3-050 grant # 270-3-050 from the Qatar National Research Fund (a member of Qatar Foundation). The statements made herein are solely the responsibility of the author[s]."



Problem Statement

Nurses' lack of knowledge and negative attitude has adverse effects on chronic pain management for patients with substance use disorders. Nurses face difficulties distinguishing between patients with chronic pain and patients with substance use disorders, which results in labeling these patients as drug abusers (Morgan, 2014). Nurses' negative attitude toward these patients may include stigma, bias, discrimination, and neglect in the provision of appropriate care (Eg. Ford, 2011). Nurses' knowledge and attitude are based on their beliefs, culture, social norms, educational background, and experiences; therefore, their nursing care is influenced by stigmatizing these patients. Moreover, there is no current guideline or education program available at HMC related to substance use disorders in chronic pain to support nurses' practice.

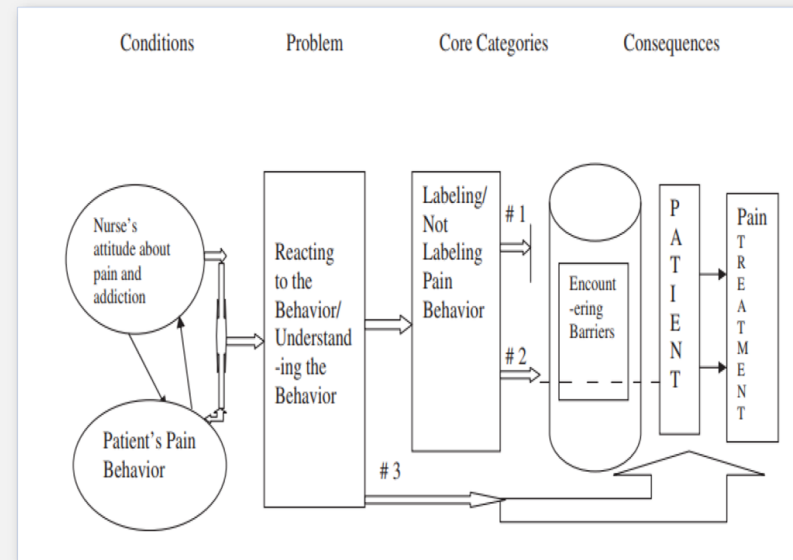
Impacts of Nurses' Lack of Knowledge and Negative Attitude on Patients

- ❑ Decreases quality of patients' care
- ❑ Ineffective chronic pain management and substance dependence
- ❑ Affects patients' psychological well being
- ❑ Alters therapeutic relationship (Stigmatization and discrimination)

Aim

To positively influence the nurses' knowledge and attitudes toward patients with substance use disorders in chronic pain to enhance the quality of nursing care for these patients

An Example of Literature Review Findings



Model of nursing attitude toward patients with substance use disorders in pain (Morgan, 2014)

Proposed Plan of Action

- ❑ Establish team of nurses, Clinical Nurse Specialists, Nursing Educators, Pain management experts, Psychiatrists, Psychologists and Organization leaders to develop quality improvement plan.
- ❑ Assess the needs of nurses who work with patients with substance use disorders in chronic pain.
- ❑ Conduct educational program to increase nurses' knowledge and improve their attitude in caring for patients
- ❑ Establish a standardized assessment instrument for recognizing patients with substance use disorders in chronic pain.
- ❑ Develop a guideline to assist nurses in providing quality of care for these patients.

Expected Results

- ❑ Reduce stigma and discrimination in nurses in caring for patients with substance use disorders in chronic pain
- ❑ Enhance nurses' competencies in recognizing patients with substance use disorders in chronic pain
- ❑ Improve therapeutic communication and interaction with patients
- ❑ Increase patients' satisfaction with nursing care
- ❑ Improve quality of pain management



<https://drug.addictionblog.org/the-stigma-of-drug-abuse-among-nurses/>

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- ❑ Morgan, B. D. (2014). Nursing attitudes toward patients with substance use disorders in pain. Pain Management Nursing, 15(1), 165–175. doi.org/10.1016/j.pmn.2012.08.004

* The Cultural Competency Learning Needs of Migrant Nurses

Introduction

Due to globalization and shortages in global workforce, nurses migrate to find suitable opportunities. In Qatar, nurses are primarily migrants. These nurses often have different values, customs, beliefs, and languages from their host country. Nurses need to be culturally competent to provide optimum nursing care. The Qatar National Health Strategy plans to improve staff training in order to improve healthcare outcomes.

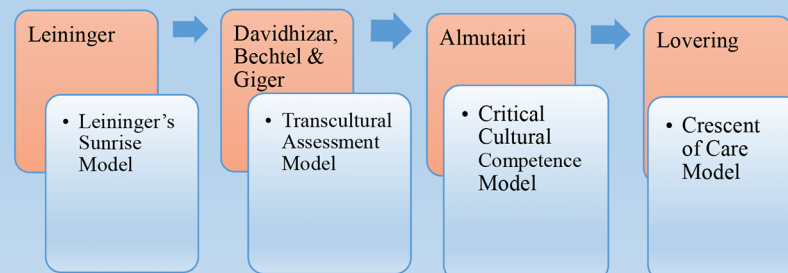
Definitions

- Culture: “knowledge, values, and behavioural patterns that people acquire as members of society”
- Competency: being skilled in these aspects of own and other cultures
- Cultural competency “covers cognitive, affective, behavioural, and environmental” awareness of own and other cultures.

Implementation of Cultural Competence

- Ethnocentrism vs. cultural relativism
- Unbiased & adaptable vs. stereotyping
- Lifelong endeavour
- Culture not static
- Individuals are unique

Select Models of Cultural Competency



* Accepted for oral presentation at the International Nursing Congress on “Innovative Avenues: Practice drives Education, Research, and Policy ” October 16 – 17, 2018 - Irbid- Jordan.

Aim

The aim of this project is to identify the needs of migrant nurses in the area of cultural competency. The findings will inform the design of a research study to assess migrant nurses’ cultural competency needs at HMC. The results of this review will also inform the development of an educational program in cultural competency for migrant nurses at HMC.



PICO Question

What are the learning needs of migrant nurses to improve their cultural competency?

Benefits

- Improves patient outcomes
- Improves cost effectiveness
- Improves compliance to treatments
- Decreases disparities in health care
- Improves job satisfaction, and professional growth of nurses

Methodology

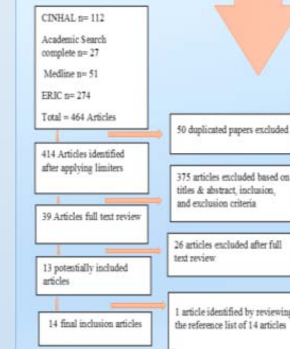
- 1.Database Search: CINAHL, Medline, Academic Search Complete ,and ERIC
- 2.Three limiters applied and 14 articles included
- 3.Mixed Methods Appraisal Tool used to evaluate articles
- 4.Each article categorized in matrix to extract themes

The Search

Key terms: cultural competence*, cultural awareness, cultural sensitivity, cultural diversity, foreign nurses, foreign nurse*, migrant nurse*, expatriate nurse*, international nurse*, international educated nurse*, overseas nurse*, foreign educated nurse*, development, staff program*, transitional program.

Applying limiters:

- Published Date: 2010 – Scholarly (Peer Reviewed), English Language



Results

Four themes identified:

- **Communication:** language barrier, accent, gestures, and medical terminology
- **Religion & Spirituality:** role of Islam and spirituality in Muslim countries, gender role, care schedules and rituals, and end of life practices
- **Customs:** titles/names, gender, role of family in decision making and patient care, cause of illness, and treatment beliefs
- **Work environment:** concept of healthcare, healthcare system, role of nurse, and nurse autonomy

Conclusion & Recommendation

- Cultural competency of HMC nurses needs to be assessed in a research study.
- Results of study will inform design & development of cultural competency program for migrant nurses at HMC.

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Current Preceptorship Models Used in Nurses' Training and Preparation

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Background

The Primary Health Care Corporation (PHCC) is comprised of 23 Health Centers and one of its goals is to create excellence in its workforce.

Preceptorship has been effective in enabling the transition of new nurses to nurses who can provide safe and competent patient care, enhancing the quality of care, and increasing the retention of nurses⁽¹⁾ and should be considered in primary care to ensure a high level of training for nurses.

Method

Key words used:

Preceptor*, Baccalaureate, Graduate*
Nurs*, Program*, and Model*

The following databases used for this literature reviews included:

Cumulative Index to Nursing and Allied Health Literature (CINAHL), Ovid, Academic Search Complete, ERIC, and Pub Med/MEDLINE.

A literature review that focused on different models of preceptorship program was conducted which included.

Studies written in English.

Studies published between 2006 and 2017.

The quality of these articles was appraised using the Mixed Methods Appraisal Tool.

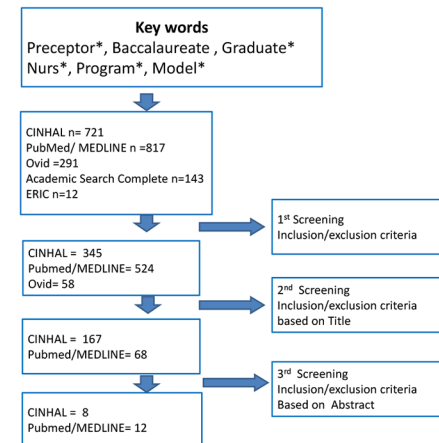


Figure 1. Search flow diagram.

Aim

To assess the effectiveness of models of preceptorship programs that can eventually be used as a guide for adoption in a preceptorship training program for nurses in Health Centers in Qatar.

Results

20 retrieved studies published between 2006 and 2017.

These were primary study resources including three approaches qualitative, quantitative, or mixed method research studies.

These studies were conducted in different countries and states, such as

- Unites States (n = 12), Taiwan (n = 5), Australia (n = 2), and Jordan (n =1).



Figure 2. Geography showing the studying country.

The impacts of these studies are categorized into four themes:



Figure 3. Identified results

The results showed the effectiveness of preceptorship programs:

Knag et al. (2015) found a mean reduction in turnover rate of new nurses by 46.5% following implementation of preceptorship programs ⁽⁵⁾.

Lee et al. (2009) found a mean reduction of 4.5% in turnover rate of new nurses in five years; and a decrease in the turnover cost by \$186,102 after conducting preceptorship programs⁽³⁾.

References

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Discussion

Preceptors' knowledge significantly increased after attending preceptorship programs ⁽²⁾.

Nurses gain knowledge in preceptorship which will enable them to be ready to act as a preceptor and enable them to provide feedback, evaluate new nurses in more appropriate manner.

Preceptorship programs need to be supported by organizational leaders:

Organizational leadership including in-charge nurses, educators, and managers need to support the preceptor role through education, and recognition to ensure sustainability of successful preceptorship programs⁽⁴⁾.

Most of the studies showed positive correlation between preceptorship models and organization outcomes:

For Example, reducing the incidents rates of medication errors; patient, preceptor and orientee's satisfaction which lead to cost saving through staff retention.

Increased turnover rate of newly graduated nurses is a global concern in health care settings.

After conducting preceptorship programs, there was a significant improvement in staff retention that helped in worldwide nursing shortages⁽⁶⁾.

Recommendation and Conclusion

Preceptorship training adds value to nursing training. It has a significance impact in overall health care system based on the retrieved research findings.

Preceptorship programs consider as unique program which has an extremely goods outcomes. Therefore; We recommend assessment of current preceptorship models and selection of one which suits the local context for inclusion of training of newly hired nurses within Primary Health Corporation.

Adult Patients' Barriers Related to Cancer Pain Management: A Literature Review

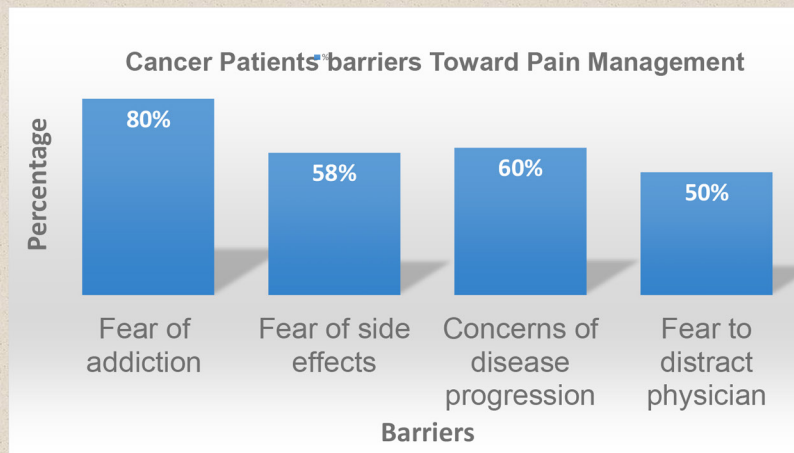
Hodan Mohamed Abdallah¹ RN MN (student), Fadi Khraim² Phd RN, and Atef Al-Tawafsheh Phd RN¹
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Introduction / Background

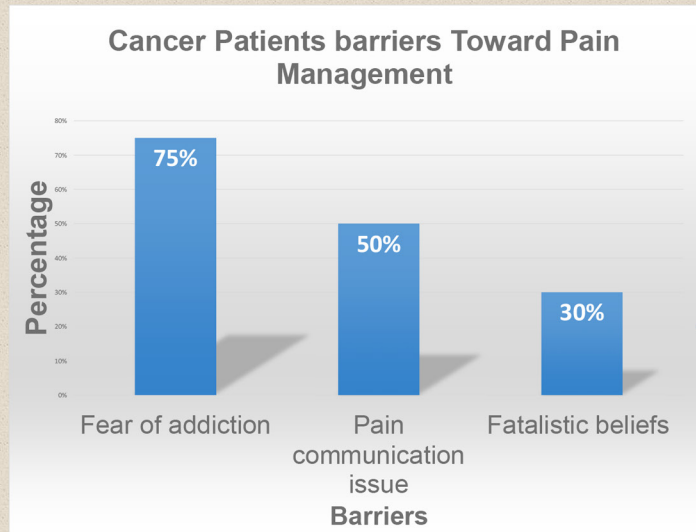
- ❑ Cancer is a worldwide burden that causes morbidity and mortality.
- ❑ 1,412 newly diagnosed cases of malignant cancer in Qatar in 2014.
- ❑ Cancer pain is the most common symptom among cancer patients and ranges in prevalence between 14 to 100%.
- ❑ In Qatar, a cancer pain clinic operates three days weekly to treat cancer patients in pain following the HMC Clinical Practice Guidelines- Cancer pain management.
- ❑ Despite these strategies, many cancer patient barriers related to pain management were identified in the literature that compromise the effectiveness of cancer pain management.
- ❑ Moreover, there is a lack of the assessment of patients' barriers related cancer pain management in the current cancer pain management guidelines at HMC.

Findings based on the Literature Review

Different studies reported cancer pain barriers among participants. Results shown in percentages.



(Christo & Mazloomdoost, 2008).



(Saifan, Bashayreh, Batiha & AbuRuz, 2015)

Improvement Interventions

Team

Physicians, nurses, clinical nurse specialists, Psychologists, Physiotherapists, social worker, religious experts, organization leaders, and patients and families.

Recommended Interventions Based on Literature Review

- ❑ Deliver holistic health care (physical, psychological, emotional, and spiritual) for patients and families.
- ❑ Assess patients and their families' beliefs, concerns, and wishes about cancer pain and its management.
- ❑ Document findings and communicate within MDT.
- ❑ Empower patients and their families through involving them in care plan.
- ❑ Provide patients group support to exchange experiences and information.

- ❑ Provide continues and regular discussion about pain, available pain management, and side effects.
- ❑ Enhance spirituality to increase coping strategies and correct religious fatalistic misconceptions.
- ❑ Provide different sources of education with multi languages (individual or group presentations, pamphlets, and web-based materials).
- ❑ Monitor patient pain report closely.
- ❑ Observe patient behaviors toward pain management.
- ❑ Assess patient compliance with analgesic therapy.

Recommendations for the Clinical Practice Guidelines

- ❑ Include assessment of patient related barriers in the recommendations of the assessment section.
- ❑ Emphasize the importance of regular assessment of patients and caregivers



Source: https://www.onhealth.com/content/1/pancreatic_cancer

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HEALTHIER COMMUNITIES, BRIGHTER FUTURE: RITZ CARLETON, DOHA, QATAR, 17-19 NOVEMBER, 2017

Primary Care Nurses' Perceptions of the Clinical Information System (CIS) In Qatar

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BACKGROUND

During the last decade, the state of Qatar has experienced rapid economic and population growth and associated epidemiological changes. Systems for surveillance, statistics, and disease registries exist which are enhanced by new technologies. In 2014, Primary Health Care Corporation (PHCC) migrated from paper to electronic documentation. Nurses are the largest work force in PHCC and changes in the way they used to document their work will have a significant impact on their practice¹.

OBJECTIVE

To assess primary health care nurses' perceptions related to CIS utilization, quality and user satisfaction.

METHODS

A cross-sectional pilot study was conducted using a previously validated tool that includes 34 items². Using a random sampling technique, 90 nurses from six **health centers** in Qatar were invited to participate and 89 surveys were completed.



KEY RESULTS

Sociodemographic: female(80.9%), born outside of Qatar (96.6%), married (78.7%), bachelors degree (77.5%), 30-40 years of age (47.2%).

Survey:

- **Overall**, PHCC nurses have positive perceptions related to the utilization, quality and user satisfaction with the CIS.
- Nurses perceive that the CIS provides them with accurate, clear, **and** current information
- Nurses believe that the CIS was an important system for their **health center**.
- However, responses to an open-ended question at the end of the survey indicated that some participants are facing challenges such as CIS downtime and patient confidentiality.

CONCLUSIONS

The findings of this pilot study provide useful baseline data to help understand primary care nurses' perceptions of CIS. Although nurses had positive perceptions regarding the system, the study also revealed challenges worth examining using qualitative methods.

KEY IMPLICATIONS

PRACTICE

- The findings could help decision makers at PHCC to establish supports to overcome the challenges nurses face with CIS.

POLICY

- The findings can inform policy makers at PHCC of the need to raise awareness of the current policies related to patient confidentiality which will help to minimize nurses' concerns

RESEARCH

- The findings suggest the need for future qualitative or mixed methods research that may provide an in-depth understanding of nurses' perceptions related to CIS.

References:

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The Needs of Female Breast Cancer Survivors after Completion of Primary Treatment

A Review of the Literature



Farzana Badshah, Dr. Kathleen Benjamin, Dr. Sadia Munir, Dr. Janet Rankin

Introduction

- Breast cancer is the most common cancer affecting women's health all over the world.
- The incidence of breast cancer is high in GCC countries. Breast cancer is diagnosed among women a decade earlier in these countries compared to western nations.
- In Qatar, breast cancer constitutes more than 35% of all female cancer cases. The highest incidence is in the age group between 45 to 49.
- Early detection and effective treatment means that many women diagnosed with breast cancer become breast cancer survivors (BCSs).
- Limited information is available about the life of BCSs in GCC countries. As well, there is lack of guidelines, support programs, and dedicated clinics for BCSs.
- Research has recently focused on needs assessment of BCSs.
- Benefits of needs assessment include identification of BCS's needs after initial treatment, provision of more tailored care based on individual requirements, and provision of support in the management of everyday life.

Purpose

The overall purpose of this literature review was to gain a better understanding of the needs of female breast cancer survivors (BCSs).

Method

A search of the Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, Web of Science, and Middle Eastern & Central Asian Studies electronic databases was conducted. Key search words included *Surviv**, *Breast cancer OR Breast neoplasm**, and *Needs*. Articles were selected based on inclusion and exclusion criteria. The selected articles were appraised using the Mixed Method Appraisal Tool.

Findings

The review of literature indicated that the needs of the female BCSs can be categorized in four quality of life domains as described in Ferrell et al.'s (1997, 1998) model. These four domains are physical, psychological, social, and spiritual well-being. The review findings also contained healthcare resources and health informational needs examined in the articles which are not categorized in the quality of life model.

Physical Well-being

BCSs had many physical concerns and needed support. Fatigue was the foremost physical concern. There was lack of information about the physical changes and continuity of care after completion of treatment. BCSs who experience many physical symptoms had more needs. Support was also needed in improving physical activity.

Psychological Well-being

BCSs had significant psychological concerns. The most prevalent concern reported was fear of recurrence. Psychological concerns were prominent in the first two years after treatment. BCSs with more psychological distress had more needs. BCSs indicated a need for professional psychological support.

Social Well-being

BCSs highlighted needs in social relations, employment, and financial issues. BCSs expressed a decrease in support from healthcare workers after completion of treatment. BCSs indicated importance of support and care from family members. BCSs had more concerns related to sexuality after the completion of treatment.

Spiritual Well-being

Spiritual needs of BCSs were the least studied domain in the reviewed articles. The articles indicated that BCSs exhibited less needs in this domain compared to other domains. Strong faith and an intimate relationship with God were primary needs in spirituality. There was a lack of information about spirituality in care provided to BCSs.

Healthcare Resources

BCSs had more needs related to ongoing access to healthcare resources. BCSs needed a key healthcare person to contact regarding concerns. No standard follow up system is available for BCSs in the reviewed articles. BCSs need to be fully informed about the treatments and resources available in healthcare and in their community for them.

Health Information

BCSs needed information regarding a variety of topics such as psychological concerns, body image, and sexuality. Information needs were dependent on the duration of survival after treatment, age of BCSs, and level of education. BCSs needed an information package for their family. BCSs also indicated the information should be provided at appropriate times after the completion of treatment.

The reviewed studies have examined many factors that influence the needs of BCSs. Some factors were well studied and others need more exploration. Some well studied factors were age of breast cancer survivors at the time of diagnosis, type of treatment received and time since treatment. Factors which need more exploration include social factors such as parenting children during and after breast cancer, having support from a partner, and type of living arrangements.

Discussion & Recommendations

- Body image of women after their breast cancer treatment causes many concerns. However, body image is not acknowledged in the quality of life framework. A more comprehensive model to elaborate the needs of BCSs is required.
- Further research is needed to explore the correlations between social characteristics and needs of BCSs; needs of BCSs who underwent reconstruction surgeries; and spiritual needs BCSs.
- Reviewed research was conducted in secular societies. There is a need for research in faith-based countries like Qatar.
- Qatar needs a comprehensive breast cancer survivorship program involving all healthcare sectors.
- BCSs population in Qatar is young and need extensive support programs.
- Need assessment tools should be included in assessment of BCSs in their follow up appointments.

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