

It is concluded that in motivating smokers to quit, restructuring addictive beliefs may be of limited importance, although it may be beneficial or even crucial in preventing relapse. Restructuring permissive beliefs

may have motivating and behaviour changing power by enhancing self-evaluation, in the present samples the one and most important predictor of intention and behaviour change.

EFFICACY OF ATTITUDINAL VS SELF-EFFICACY ENHANCING INFORMATION IN MOTIVATING SMOKERS IN DIFFERENT MOTIVATIONAL STAGES TO QUIT: A FIELD EXPERIMENTAL TRIAL

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In The Netherlands about 70% of the smokers are precontemplators; they are not planning to quit within the next six months. The impact of self-help interventions on the smoking rates in the population could be enhanced by developing interventions which are adapted to the specific needs of this large group. Several studies suggest that smokers with different plans or motivation to quit need different sorts of information in order to increase quitting. In the present experiment 1546 smokers were recruited to join the randomized field experimental trial. Four motivational groups, immo-

tives, precontemplators, contemplators and preparers were exposed to: 1) Attitudinal information or: 2) Self-efficacy enhancing information or: 3) Both sorts of information or: 4) No information. It was hypothesized that immotives and precontemplators would benefit the most from attitudinal information only. Two weeks after the pre-test, smokers in three experimental groups received computer generated personalized feed-back by mail. Three months after the intervention, the post-test questionnaires were sent. Four primary outcome measures were used: Intention to quit, stage transition, making a 24 hour quit attempt and seven days refraining from smoking. The results suggest that stage matched intervention for immotives need to contain attitudinal information and for precontemplators self-efficacy enhancing information, depending on the outcome, in combination with attitudinal information. Interventions for contemplators need to contain both sorts of information while interventions directing preparers need to contain self-efficacy enhancing information only.

INTEGRATED CARE FOR CANCER PATIENTS: FIRST RESULTS OF A DUTCH PROJECT IN TWO GENERAL HOSPITAL REGIONS

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In two general hospital regions (Twenteborg Ziekenhuis Almelo and Ziekenhuiscentrum Apeldoorn) a research-project is started to improve the quality of care which is provided to cancer patients. Quality of Care can be divided in three specific aspects, namely professional quality of care, organizational quality of care and relational quality of care. Professional quality of care is not an topic in this project. The aim of this research-project is to study the organizational and relational quality of care provided to cancer patients and finding ways to improve the quality of care. Important in this project is the active cooperation of the different organiz-

ations of providers of care (hospital, district nursing care and general practitioner). The project is divided in three phases. In the first phase a retrospective research under patients who have been treated with cancer in one of these two hospitals. In the questionnaire patients are asked to give an evaluation of the quality of the care they received both inside the hospital and outside the hospital. The second phase is a research under professionals to detect the problems they have regarding the organization of their professional activities and the professional relations they have with their patients and other professionals.

The third phase of the project we will design interventions to improve the organizational quality of care and to improve the relational quality of care.

The results of the retrospective study show that the patients are satisfied with most aspects, such as communication, continuity of the care, the coordination of the care which they received.

The second phase of the project started in January 1996.