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POSTER

A study to examine staff stress in a children's hospiceK.A. Barnes. *Royal Free Hampstead NHS Trust, Department of Oncology, London, United Kingdom*

Purpose: With the growth of the hospice movement, there has been a growing recognition that staff working in this area of health care may be particularly susceptible to developing occupational stress. This study took place at a children's hospice to examine stress amongst staff.

Method: Forty staff at the hospice were invited to complete a questionnaire to evaluate the degree of stress-related symptoms experienced, the possible causes of stress and the factors that enabled the staff to cope with work-induced stress. The questionnaire contained both qualitative and quantitative questions. Seventeen members of staff returned the questionnaire (response rate 43%).

Results: Nine members of staff (53%) agreed to experiencing at least four of the stress-related symptoms in the preceeding year. A number of distinguishing factors were noticed about this group. They generally appeared to be younger, had spent less time working in palliative care, had higher absenteeism rates, were commonly experiencing unresolved grief and had undertaken training of less than two years or no training at all. Anxiety and physical exhaustion were the symptoms experienced most frequently.

The most common causes of stress were the inability to relieve the distress a child may be experiencing; conflicts within the staff group and communication difficulties between staff. Amongst the community staff, over identification with a family was a common cause of stress.

The sources of support considered to be the most valuable were the informal support derived from work colleagues; having family, a partner or friends outside the hospice and being able to pursue interests outside the workplace. The majority of staff did not use or value the staff support group. The staff with less than two years or no formal training did not value professional support outside the hospice and generally considered the hospice counsellor unhelpful or not relevant to them.

Conclusions: Providing care for the terminally ill child presents the caregiver with many challenges and in certain members of staff, may lead to the development of stress. By drawing attention to the various factors that may precipitate stress, the potential for its occurrence can be more easily recognised and the use of effective support systems encouraged to minimise the opportunity for its development.

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Palliative care consultations: the experience of a new service in the Netherlands

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Introduction: In the Netherlands palliative care teams (PCTs) offer consultation services to support professionals working in primary health care since the late nineties. In our region the service is offered by one Regional Palliation Team (RPT), set up by the cancer institute and a specialised nursing home, and four Local Palliation Teams (LPTs), two set up from nursing homes, one from a home care service and one from a hospice. These LPTs differ in historical background and social environment.

Purpose: To provide a detailed description of the professions which referred to the PCTs, the reasons for referral to the PCTs and the advises given, the data from all consecutive referrals to the PCTs in the period of March 2000-April 2001 were evaluated.

Methods: All referrals were registered on a standard form. After the period of registration the forms were collected and analysed.

Results: 246 referrals were registered, 67 from the RPT and 179 from the LPTs. Due to the working method, referrals to the RPT could only be handled by telephone, whereas for the LPTs it was possible to make a bedside visit. The latter was done in 122 cases (70%). One LPT with the most bedside visits (88%) was predominantly contacted by nurses (51%). The other LPTs were especially consulted by GPs (38-64%); the RPT was consulted as well by GPs (39%) as by nurses (45%). The most frequent reasons for consulting the PCTs were questions concerning physical signs and symptoms (35%). The RPT was also asked for advice in non-patient related questions (30%). The two LPTs connected with a hospice received many questions regarding admission to the palliative care unit (PCU), 35 and 71% respectively. The advises given by telephone by the PCTs included a change in medication (27%), explanation about the possibilities of care

at home or elsewhere (19%), and admission to the PCU (14%). Important aspects in bedside consultation were guidance in coping with the disease and in psychosocial problems (52%).

Conclusion: There is a significant need for consultation in palliative care especially by GPs and nurses. The character of the questions were influenced by the historical background and social environment of the PCT.

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POSTER

Pain and its control in Taiwanese cancer patients: A multicenter patient-oriented survey

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Purpose: To investigate the occurrence of pain in cancer patients and its management pattern in Taiwanese cancer patients.

Patients and methods: Patient-oriented questionnaire was given to unselected out-patients in cancer clinic in 15 hospitals across Taiwan in Feb, 2001. Four Questions are asked: 1) Are you having pain from your disease? 2) How severe is the pain? 3) Does your doctor give you medicines for your pain? 4) How is the pain controlled?

Results: There are 17 oncologists in 15 hospitals across Taiwan joined this survey. Totally there are 486 cancer patients surveyed. Patients characteristics: 263 Males(54.1%), Primary lesion: Lung(13.4%), Breast(20%), Head & Neck(11.9%), GI tract(25.1%). 306 patients had no metastasis. There are 257(52.9%) patients claimed to have pain from their cancer. There are no difference between patients with and without pain in sex, age, and primary lesions except more patients with head and neck cancer reported to have pain. The level of pain was mild in 29.2%, moderate in 35.4% and severe in 35.4% of patients. Only 149(58%) of these patients received medications for their pain. NSAIDs was used in 38.9% of patients, weak opioids 32.2%, strong opioids 42.3% and adjuvant analgesics 23.5%. For patients with severe pain (n=63), combination medication was used in 36(57.1%) while 10(16%) had NSAIDs and 11(17.4%) had strong opioids only. Combinations were used in 28% of patients with moderate and 25% of patients with mild degree of pain. The most commonly used weak opioid was tramadol(66.7%) and codeine(16.7%). The most commonly used strong opioids were MS-contin(33.3%) and fentanyl patch(27.0%). Regular morphine was still used in 14.3%. Adjuvant medicines including steroids, anti-depressant, anticonvulsants and laxatives, was used in 35(23.5%) patients. 29(19.5%) patients are very satisfied and 66(44.3%) are satisfied about their pain control. 43(28.9%) patients claimed to have improvement but unsatisfied about their pain control and 11(7.4%) patients felt no improvement.

Conclusions: Pain is still under-treated in Taiwanese patients with cancer pain in oncology clinic. Only 58% of patients with pain are treated. Long-acting opioids are used more commonly than regular morphine tablets. 63.7% patients treated got satisfactory pain control.

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POSTER

Educational value of radiation oncology palliative care rounds in the multidisciplinary cancer centre

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Background: Radiation Therapy (RT) plays a significant role in the palliation of cancer patients. A Rapid Response RT Program was developed to meet patients' needs and a continuing education (CE) program was developed to meet the educational needs of the multidisciplinary team members.

Purpose: To describe the development and evaluation of this CE program.

Methods: An interdisciplinary planning committee consisting of Radiation Oncologists, Radiation Therapists, Radiation Nurses, Pharmacists and trainees identified topics, speakers, learning objectives and formats. Monthly interdisciplinary Palliative Radiation Oncology rounds were instituted in September 1998. Since January 2000, attendees, using a standard 5-point rating scale addressing areas of content and practice relevance, have carried out formal evaluations.

Results: Between September 1998 and March 2001, 25 1-hour sessions have been conducted covering a wide range of palliative radiotherapy and other topics. Learning formats consisted of short presentations and interactive discussions, and comprised at least 25% of each session. The median number of participants was 23 (range from 15-35). Preliminary results suggest that participants perceive these rounds to have high educational value.