diary were combined to inform and instruct cancer patients about pain and pain management. The verbal instruction takes 1 - 1,5 hours.

Results showed a significant increase in pain knowledge in patients who received the PEP and a significant decrease in pain intensity. Based on the results we started to implement the PEP in daily practice on nursing wards.

Methods: The aim of the PEP is to improve the pain knowledge and attitude of cancer patients with chronic pain. We wanted the PEP to be integrated in daily nursing practice. All nurses (47) on two medical wards were educated to implement the PEP. In addition, three nurses on both wards were trained as pain-counselors to educate and instruct patients. Pain was assessed in all patients by means of a numeric rating scale and a multidimensional pain assessment. Those patients with a pain duration of at least 1 month were eligible to receive the PEP.

To evaluate the implementation process, measures related to patient, medical and nursing outcomes were collected by means of interview from medical and nursing records.

Results: In total 87 patients received the PEP. Results showed that 74% read the entire pain brochure, 81% used the pain diary, and almost all of them mentioned the PEP as useful.

Of the 36 nurses, 78% reported an increase in pain knowledge, 65% considered they had more skills treating patients' pain using the PEP, and 80% considered the PEP as an important component of pain management. Because of lack of time many patients, who could be included, received no PEP. Physicians reported to have little insight in the effects of the PEP.

Discussion: Nurses showed increased knowledge on pain and pain management. Patients had no problems in using the PEP, they understood the instructions and applied them. However, a number of patients did not receive the PEP, because the nurses had difficulties in implementing the PEP into practice. Therefore, we are formulating a new procedure to improve the feasibility for nurses on the wards.

1398 ORAL

Nursing assessment in palliative care: what patients think of nurses' communication skills

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Effective communication must be a two way process (Audit Commission 1993) that engages both the patient and the nurse. Research suggests that in practice communication is less than adequate. To date studies on nurse-patient communication have focused on the nurses' role, and patients have rarely been asked for their views.

Aims: To evaluate patients' perceptions of concerns related to their illness and whether they feel able to discuss these concerns with the nurse. The study also aims to identify any relationship between scores for the nursing assessment and patients' level of satisfaction.

Method: A survey design was used to study the views of the patients and nurses. Data were collected by asking nurses to tape record an assessment interview with a patient. Following the interview the patient completed a self-report questionnaire. The audiotape was scored using The Communication Skills Rating Scale (Wilkinson 1991).

Results: Patients generally felt satisfied with the interaction and felt able to discuss their concerns. They were more likely to disclose physical rather than psychosocial concerns. Findings suggest that disclosure of concerns may be hampered if the patient perceives the nurse to be too busy or if patients feel that their concerns are not pertinent to the nurse. The relationship between patients' level of satisfaction and the rating score was difficult to evaluate effectively because of acknowledged problems with the measurement of patient satisfaction. All patients apart from one felt able to discuss their concerns. This finding may have been influenced by the fact that the nurses in the study had undergone communication skills training and were able to use their skills to obtain a good level of assessment. However, a small number of patients in the study still felt that there were certain concerns that they could not discuss. As patients feel that they benefit from talking about their concerns, it is important that nurses have some understanding of the reasons for non-disclosure. This may ensure that nurses use appropriate communication strategies to enable patients to talk about all their concerns.

Conclusion: Patients in the study were generally very satisfied with the nursing assessment. It is recognised that ascertaining an accurate reflection of satisfaction is problematic. The one patient who felt unable to discuss her concerns was still 'very satisfied' with the assessment interview overall.

1399 ORAL

Improving patient information in phase I cancer clinical trials

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Purpose: A particularly challenging area for the clinical research team involved in phase I trials in cancer is that concerned with information giving and informed consent. Patients are at a vulnerable stage in their illness, often experiencing increased levels of anxiety and are faced with trying to understand the difficult concepts associated with early clinical trials. An information booklet for patients was developed in an attempt to address some of these issues. This study reports on the results of the evaluation.

Methods: The booklet is written in a question and answer format. Examples of areas addressed include: What is a phase I trial? Who can take part? Are there any side-effects or risks involved? What if I say no?

The booklet was given to all patients prior to consent. A semi-structured questionnaire was administered, on the first day of treatment, to evaluate patient acceptability and effectiveness of the booklet. Areas investigated included the timing, content, value and volume of information presented.

Results: Sixty-six patients over a period of 30 months were given the booklet with 41 patients (62%) receiving the questionnaire. The booklet was generally well evaluated. All but one patient felt that it should be given routinely to all patients considering participation in a phase I clinical trial. 12.5% reported that the booklet had influenced their decision to enter a clinical trial. Amendments have now been incorporated into the booklet and these will be discussed in the presentation.

Conclusion: The booklet has been shown to be a useful addition to the information available for patients with cancer considering participation in phase I clinical trials. It is now given routinely in the oncology centre to aid the decision making process, enabling patients to give informed consent.

Interactive Symposium

1400

Empathy in oncological care - an asset or an obstacle?

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For more than 30 years empathy has been a well recognized concept in nursing. It is part of the relationship and communication between nurses and patients with their significant others. Empathy is understood to be appropriate and desirable (Morse, 1992) and is a basic asset in nursing care.

According to Rogers definition (1957) empathy is "... to sense the client's private world as if it were your own, without ever losing the 'as if' quality". Empathy unifies touch and person-to-person contact (Benner, 1984). Intuition, life-experience as well as higher education may enhance the ability to act and react empathically in supporting distressed patients and families. Empathy makes life in an otherwise highly technical and operationalized therapeutic environment more human. Listening, perceiving and feeling, as well as verbal communication and respect are dimensions of empathy (Reid-Ponte, 1992). In addition to sympathy and compassion, empathic communication skills have become an important part of the educational preparation in basic nursing and even more so in oncology training programs.

Misconceived empathy may be experienced as an obstacle in everyday care. Non-authentic empathy is related to symptoms of burnout. Fear to be too close to the patient is a reality for nurses since the first day of their