

informed and could freely decide. It seems important to evaluate the quality of current information practice.

Methods: Pts undergoing bronchoscopy were investigated by standardized interviews about contents and circumstances of the information they got before they gave IC. Furthermore they were asked whether they would like more or rather less information and they were tested with the State-Trait-Anxiety-Inventory. Between Jul 94 and Feb 95 we evaluated 80 pts.

Results: Generally the legal requirements were met, although out of administrative reasons some pts were informed shortly before the bronchoscopy. 77 pts (96%) were satisfied with the information given and only 3 pts would have wanted more. However, 33 pts (41%) could not remember one single of nine mentioned risks of the procedure and 19 pts (24%) did not even remember that they were not allowed to eat and drink shortly after the investigation. Additional information with a video was perceived as informative but inducing anxiety.

Conclusion: Informing patients about medical procedures is a complex communicative challenge. We suggest that valid IC requires to prove that the information given actually reached the patient.

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Evidence of work-induced stress among oncology clinical and non-clinical health care personnel in Glasgow and the West of Scotland

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Purpose: Many members of health care staff are in daily contact with anxious and/or depressed and despairing patients/relatives. Such frequent interactions can lead to misunderstanding, role ambiguity and feelings of inadequacy and failure. Total breakdown through burnout and enforced absence from duties may well ensue. The need to identify and quantify such effect, is being attempted in a sample of clinical and non-clinical health care personnel working in Glasgow and the West of Scotland.

Methods: A self-report method has been adopted, using the Maslach Burnout Inventory, the Eysenck Personality Questionnaire and an 'in-house' questionnaire, designed to elicit data on work-related, self-perceived psychologic, intrapsychic and interpersonal demands and needs.

Results: These to date, show some evidence of on the one hand, high positive correlation between for example, poor job satisfaction, workload pressure, feelings of being undervalued, low self-rating of competence in dealing with patients/relatives' problems and on the other, emotional exhaustion, depersonalization and impaired personal accomplishment.

Conclusions: "Care for the care givers" constitutes an urgent service need. These and other data to be reported, have important particular and general implications for the QL and overall efficacy of health care staff, as well as for their continuing optimal fulfilment of role and delivery of service.

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The role of child life intervention in pediatric radiation oncology

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Purpose: A pilot program utilizing a child life specialist in the radiation oncology department was designed in response to the increased use of conformal techniques which require greater precision and longer treatment times. A preparation program was designed to ensure patient cooperation and decrease the need for daily anesthesia in young patients.

Methods: The preparation program included: 1) Assessment of the needs of each child. 2) Introduction of the child to the radiation therapy (RT) procedures by familiarizing the child with equipment, staff, environment 3) Achieving motion control using individualized techniques. The intention of this design was to promote a high degree of cooperation with a focus on children between the ages of 3 and 6 because this age group has traditionally required anesthesia.

Results: Between 3/96-1/97 the JCRT has treated 96 pediatric patients. Of these 96 children, 34 children were between ages of 3 and 6 years old. 85% of the children completed their RT without the need for anesthesia.

Conclusion: We found that a child life program within a pediatric radiation oncology practice will decrease the need for anesthesia in patients age 3 to 6 years old and this intervention decreased the overall treatment time for the patients and increased the efficiency of the department. The multi-disciplinary team approach and the quality of life benefits to the patients and their families will be discussed.