

Psychosocial Services Provided to Cancer Patients and Nurses' Difficulties in Psychosocial Assessment and Intervention: A Nationwide Study

Kanser Hastalarına Sunulan Psikososyal Hizmetler ve Hemşirelerin Psikososyal Değerlendirme ve Müdahalede Yaşadığı Zorluklar: Ülke Çapında Bir Araştırma

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ABSTRACT

Objective: The study mainly aims to determine the current state of psychosocial services offered to cancer patients and the views of nurses regarding the ways to meet patients' psychosocial needs. Other aims to evaluate barriers to meeting patients' psychosocial needs and measure nurses' difficulty level of psychosocial assessment and intervention practices.

Methods: This multicenter, cross-sectional study was conducted with 1189 nurses providing direct care to adult cancer patients in 32 hospitals in 12 geographical regions of Türkiye. The data were collected by a survey prepared in accordance with the aims of the study.

Results: Three-quarters of the participants reported that their hospital has psychosocial support services while 67.7% stated that this service was provided by psychiatry consultation. Nearly half (49%) stated that all healthcare professionals are responsible for meeting patients' psychosocial needs, especially it is an integral part of their nursing duties. However, organizational conditions (48.2%-30.7%) are the most important barriers to meeting the psychosocial needs of the patients. Participants have difficulty mostly in assessing and intervening in psychosocial needs of patients mostly in "sexual problems" and "rejection of treatment", and least in "patients' reactions to illness". Also, the participants have more difficulty in assessing seven of the 19 psychosocial dimensions and intervening in five ($P<.05$).

Conclusion: This study may be contributed to better structuring of psychosocial services in Türkiye. It can also guide the planning of psychosocial care training. Institutional barriers need to be overcome, especially the nurse-patient ratio, and the psychosocial care capacity of nurses should be improved.

Keywords: Cancer, nursing, psychosocial oncology, survey

ÖZ

Amaç: Bu çalışma temelde kanser hastalarına sunulan psikososyal hizmetlerin mevcut durumunu ve hemşirelerin hastaların psikososyal gereksinimlerini karşılama yollarına ilişkin görüşlerini belirlemeyi amaçlamaktadır. Ayrıca hastaların psikososyal gereksinimlerinin karşılanmasının önündeki engellerin değerlendirilmesini ve hemşirelerin psikososyal tanılama ve müdahale uygulamalarında zorluk düzeylerinin ölçülmesini amaçlanmaktadır.

Yöntemler: Türkiye'nin 12 coğrafi bölgesinden seçilen 32 hastanede, erişkin kanser hastalarına doğrudan bakım veren 1189 hemşirenin yer aldığı çok merkezli, kesitsel bir çalışmadır. Veriler, araştırmanın amacına uygun olarak hazırlanan anket aracılığıyla toplanmıştır.

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Bulgular: Katılımcıların dörtte üçü hastanelerinde psikososyal destek hizmeti sağlandığını ve %67,7'si bu hizmetin psikiyatri konsültasyonu ile verildiğini bildirmiştir. Yaklaşık yarısı (%49) tüm sağlık çalışanlarının hastaların psikososyal gereksinimlerini karşılamakla yükümlü olduğunu, özellikle hemşirelik görevlerinin ayrılmaz bir parçası olduğunu belirtmiştir. Ancak organizasyonel koşulların (%48,2-%30,7), hastaların psikososyal gereksinimlerinin karşılanmasında en önemli engel olduğu bildirilmiştir. Katılımcıların en çok "cinsel sorunlar" ve "tedaviyi reddetme", en az da "hastaların hastalığa tepkileri" konusunda hastaların psikososyal gereksinimlerini değerlendirmede ve müdahale etmede zorluk yaşadığı ortaya çıkmıştır. Ayrıca katılımcıların 19 psikososyal boyuttan yedisini değerlendirmede ve beşine müdahale etmede daha fazla zorluk yaşadıkları belirlenmiştir ($P < .05$).

Sonuç: Bu çalışma Türkiye'de psikososyal hizmetlerin daha iyi yapılandırılmasına katkı sağlayabilir. Aynı zamanda psikososyal bakım eğitiminin planlanmasına da rehberlik edebilir. Hemşire-hasta oranı başta olmak üzere kurumsal engellerin aşılması ve hemşirelerin psikososyal bakım kapasitesinin geliştirilmesi gerekmektedir.

Anahtar Kelimeler: Kanser, hemşirelik, psikososyal onkoloji, anket

INTRODUCTION

With advances in cancer treatments, the course of the disease and the prognosis of cancer have changed, and patients diagnosed with advanced cancer can live relatively longer. However, long cancer experience and anticancer treatments cause patients to suffer from a wide range of problems including physical, psychological, emotional, and practical problems.¹ Systematic review studies reported that the highest unmet needs of patients and their relatives were 1-89% psychosocial, 10%-84% emotional support, and 6-100% information needs.² In addition to the negative impact of unmet needs on patients' well-being, evidence of a close correlation between the unmet psychological needs of patients and poor clinical outcomes is increasing.³ Studies also state that psychosocial care services should be integrated into routine care,⁴ but debates regarding appropriate methods and preferred time points continue.⁵ Psychosocial services vary from country to country.⁶ Grassi et al.⁷ suggest that in order to improve psychosocial services, each country should carry out studies to develop a model which may provide the best service in the context of its own circumstances.⁷ There is little information about Türkiye's status in this respect.

The question of who should provide psychosocial support in oncology services is also still uncertain. Daem et al.⁸ reported that cancer patients seek psychosocial care from primary care teams such as nurses, rather than needing a mental health professional such as a clinical psychologist.⁸ Previous studies is stated that nurses are in an ideal position to evaluate the changes in the mood of the patients and to provide psychological support.⁹ From the time of diagnosis to terminal care, oncology nurses spend significant amounts of time attending to patients' needs; they also witness various difficulties patients face in the process.¹⁰ Therefore, a better understanding of nurses' standpoint is important in meeting the psychosocial needs

of cancer patients and their families. On the other hand, studies indicate that nurses have difficulties in providing mental and emotional support to cancer patients and their families,^{11,12} but it is not known which psychosocial problems they have difficulty in assessing and intervening. For this, it is necessary to understand the difficulties of nurses in providing psychosocial care.

AIM

This nationwide study using a Turkish sample has a threefold aim: The first is to determine the current state of psychosocial services offered to cancer patients and the views of nurses on how psychosocial needs should be met. The second is to evaluate barriers to meeting the psychosocial needs of patients. The third is to measure the nurses' difficulty level of psychosocial assessment and intervention practices.

METHODS

Study design

Part of a larger Turkish project titled "Determining the Psychosocial Care-Related Needs of Oncology Nurses", the present study reports the status of available psychosocial services offered to cancer patients in Türkiye, as well as the difficulty level in assessment and intervention of psychosocial needs. This study is a descriptive, cross-sectional, multicenter study.

Sample and Setting

The participants of this study were nurses providing care to cancer patients in hospitals located in 12 geographical regions in Türkiye and these regions were assigned based on the Turkish Statistical Regional Units Classification.¹³ The list of university, state, and private hospitals in each region was compiled and 32 hospitals with the highest number of patients and nurses were selected. The study was carried out in 12 universities, 11 state and 9 private hospitals since

there were no private hospitals in three regions and no state hospitals in one region. The total number of nurses working in outpatient and inpatient oncology clinics was 1389 and this information was obtained from the nursing services managers of these hospitals via telephone. All registered nurses providing care to adult cancer inpatients and outpatients irrespective of the duration of employment in these hospitals were eligible to participate in the study. Nurses who were on leave, working with non-cancer patients, and who were not working in direct patient care such as nurse managers and educators were excluded from this study. The study completed with 1189 registered nurses which meant a response rate of 85.6%.

Instruments

The data were collected by means of a questionnaire that included determining the demographic and professional characteristics of the participants, the psychosocial services in the hospital, the barriers to meeting the psychosocial needs of the patients and their families, and the level of difficulty in psychosocial assessment and intervention practices. The literature was used to develop the survey.¹⁴⁻¹⁶ In addition, researchers (NY, PG) had an average of 18 years of psychosocial oncology experience by providing counseling, psychoeducation to cancer patients, and consultancy, and training (courses, certificates, etc.) for nurses working in oncology. In this process, the researchers decided on the final form of the survey by discussing the survey questions, possible answers, readability, and structure of the survey.

The first part of the survey included seven questions concerning demographics (age, gender) and professional characteristics (educational status, duration of working as a nurse, type of hospital, the unit where they worked, duration of working with cancer patients, and shift).

The second part of the survey included six questions and possible answer options about the current state of psychosocial service and barriers. For example, "Is there a unit that provides psychological help/support in the hospital where you work?", "Who is primarily responsible for meeting the psychosocial needs of the patients and their families?", "What are the barriers to meeting the psychosocial needs of patients and their families?" etc.

The third part of the survey included 19 items to determine the level of difficulty in psychosocial assessment and intervention practices. Items included patients' reactions to and perceptions of illness, as well as patients' feelings of fear, anxiety, anger, guilt, and hopelessness. The survey also included questions concerning patients' need for information, body image, interpersonal relations, sexual problems, delirium, and the psychological needs of family

members. Responses were recorded on a Likert-type scale scored between 1 and 4 (1. I have no difficulty, 2. I have little difficulty, 3. I have significant difficulty, 4. I have great difficulty). Cronbach's Alpha value was 0.945 for the psychosocial assessment difficulty section and 0.958 for the psychosocial intervention difficulty section.

Data Collection

Ethics committee and institutional permissions were obtained before the study was conducted. A nurse (who had research experience and sufficient communication skills, and who could spare time for data collection, etc.) was selected as the interviewer from each hospital that allowed the nurses to take part in the study. The interviewers were trained (inclusion-exclusion criteria of the study, informed consent, questions in the questionnaire, etc.) and they were contacted when necessary. Survey papers were delivered to the participants by cargo, and they sent the collected survey results by cargo. Data collection was carried out between April-August 2017.

Ethical Consideration

The study was initiated after the approval from Koç University's Ethics Committee (Protocol number: 2016.162 IRB 3.092) and after written permission from participating institutions and informed consent of participants were obtained.

Statistical Analysis

In the analysis of data, SPSS for Windows (version 24 software) (IBM Corp., Armonk, NY, USA) program was used. For descriptive statistics, numbers, percentages, means, standard deviations, or minimum and maximum scores were used according to the data type. The difference between the psychosocial assessment and intervention difficulty level was evaluated with the Wilcoxon Signed-Rank Test. $P < .05$ was interpreted as statistically significant.

RESULTS

A total of 1189 registered nurses completed the questionnaire, the mean of their ages was 32.75 ± 8.53 (18-63) and were largely female (86.6%). More than half (53.7%) of the participants had a baccalaureate degree, 20.9% associate degree, 18% vocational high school degree, and 7.4% were graduates of master/doctorate programs. Approximately half (44.9%) of the participants worked in university, 35% in state, and 20.1% in private hospitals. Most (47%) were working at oncology/hematology inpatient units, 27.1% were outpatient chemotherapy/radiotherapy units, 10.1% were bone marrow transplantation units, 15.8% were general units including oncology patients. The average working time as a nurse is 136.17 ± 104.98 (1-540) months.

Table 1. Characteristics of Psychosocial Services in Hospitals and Participants' Views

Variable	n	%
Status of psychosocial services		
Present	659	71.6
Not present	530	28.4
Manner of offering psychosocial services *		
Psychiatric consultation is requested	805	67.7
Referred to psychologist	396	33.3
Psychological help is recommended for the patient and relatives	324	27.2
Referred to psychiatric nurse	140	11.8
Referred to the department of consultation liaison	61	5.1
Nothing is done on this issue	30	2.5
Status of meeting psychosocial needs		
Not met	208	18.4
Partially met	640	56.7
Sufficiently met	241	21.4
Completely met	39	3.5
Primary responsibility for meeting psychosocial needs of patients lies with*		
All health workers	569	49.0
Attending physician	383	33.0
Attending nurse	246	21.2
Psychologist	165	14.2
Psychiatrist	128	11.0
Psychiatry nurse	93	8.0
Belief that psychosocial care is the duty of the nurse		
I believe	1008	88.0
I do not believe	46	4.0
Undecided	92	8.0

*More than one response was obtained from the participants.

Table 2. Barriers to meeting the psychosocial needs of patients and their families

Barriers*	n	%
Shortage of staff / High number of patients	534	48.2
Workload	489	44.1
No demand by the patients and their families	416	37.5
Time pressure	341	30.7
Perspective and expectation of the institution (not attaching importance to psychosocial care)	227	20.5
Feeling of inadequacy	185	16.7
Perspective and expectation of the team (lack of effort placed on holistic approach to patients)	162	14.6
The belief that psychosocial care is unnecessary because it will negatively impact the patient	64	5.8

* More than one response was obtained from the participants

The mean duration of working with cancer patients of participants was 74.66 ± 68.07 (1-480) months. The ratio of participants working with a shift is 58.3%. Up to 71.6% of the participants reported that psychosocial support services were offered in their hospital. Most of the participants (67.7%) stated that the primary form of psychosocial services was referral for psychiatry consultation. Nevertheless, 56.7% of the participants reported that the psychosocial needs of patients and their families were only partly met by present psychosocial services. Approximately half (49.0%) claimed that the responsibility of dealing with the psychosocial needs of patients belongs to all health workers, and a large majority (88.0%) reported that psychosocial support is an integral part of nursing duties (Table 1).

The most important barriers to meeting the psychosocial

needs of patients and their families included: shortage of staff / high number of patients (48.2%), excessive workload (44.1%), and time pressure (30.7%). A significant proportion of participants (37.5%) reported that patients did not request psychological support (Table 2).

The participants had the most difficulty in assessing and intervening in the sexual problems of the patients (48.4% and 40.6%) and the needs of the patients who refused treatment (34.8% and 32.3%). Difficulty in identifying patients' psychological reactions to illness (13.9%) and need for information (15.5%) were reported only by a minority of the participants. Interventions creating the least difficulty for participants included handling patients' psychological reactions to disease (10.5%), addressing their perceptions about cancer (13%), and meeting their need for information (15.5%) (Table 3).

Table 3. Prevalence of Participants Experiencing Great/Significant Difficulty in Psychosocial Assessment and Intervention

Psychosocial aspects	Assessment		Intervention	
	n	%	n	%
Response to the illness	163	13.9	121	10.5
Illness perception	206	17.7	149	13.0
Being unaware of the diagnosis	376	32.5	303	26.7
Anxiety	224	19.7	225	19.8
Fear	249	21.5	228	20.1
Anger	237	20.4	241	21.2
Guilt	306	26.6	271	23.9
Ask the same questions repeatedly	326	28.4	267	23.6
Treatment rejection	401	34.8	368	32.3
Information need	178	15.5	176	15.5
Depression	252	21.7	234	20.6
Hopelessness	237	20.5	248	21.9
Self-esteem problems	272	23.6	252	22.2
Body image problems	222	19.2	268	23.7
Sexual problems	551	48.4	455	40.6
Interpersonal problems	281	24.4	232	20.6
Psychosocial needs of the families	310	26.9	293	25.9
Delirium	301	26.1	335	29.5
Patient needs during terminal period	269	23.6	309	27.2

The results indicated that the participants had more difficulty in assessing the patient's cancer perception, guilt, sexual and interpersonal problems, and needs of patients who do not know their diagnoses, ask the same questions, and refuse treatment ($P < .05$). The participants had more

difficulty in intervening in patients with anger, hopelessness, body image problems and delirium ($p < .05$). They also experienced more challenges in meeting the needs of patients during the terminal period ($p < .0001$) (Table 4).

Table 4. Difference Between Level of Difficulty in Psychosocial Assessment and Intervention

Psychosocial aspects	Assessment	Intervention	Z ^b	p ^b
	Mean ^a ± SD	Mean ^a ± SD		
Response to the illness	1.74 ± 0.78	1.70±0.72	-1.537	.124
Illness perception	1.88±0.76	1.79±0.73	-4.250	<.001
Being unaware of the diagnosis	2.17±0.90	2.05±0.86	-4.587	<.001
Anxiety	1.86±0.80	1.91±0.80	-1.892	.059
Fear	1.89±0.83	1.90±0.82	-.331	.740
Anger	1.88±0.80	1.95±0.78	-2.604	.009
Guilt	2.01±0.82	1.99±0.83	-3.132	.002
Ask the same questions repeatedly	2.05±0.88	1.99±0.84	-2.154	.031
Treatment rejection	2.20±0.90	2.14±0.87	-2.304	.021
Information need	1.72±0.79	1.74±0.77	-.435	.663
Depression	1.90±0.83	1.93±0.81	-1.373	.170
Hopelessness	1.84±0.83	1.94±0.80	-3.819	<.001
Self-esteem problems	1.97±0.79	1.96±0.79	-.756	.450
Body image problems	1.84±0.81	1.98±0.83	-5.649	<.001
Sexual problems	2.49±0.96	2.35±0.96	-5.349	<.001
Interpersonal problems	2.00±0.81	1.94±0.80	-2.946	.003
Psychosocial needs of the families	2.03±0.83	2.01±0.85	-.608	.543
Delirium	1.95±0.90	2.06±0.89	-4.492	<.001
Patient needs during terminal period	1.89±0.90	2.00±0.90	-4.505	<.001

^aMin-Max,1-4 (1 I have no difficulty, 2 I have little difficulty, 3 I have significant difficulty, 4 I have great difficulty)

^bWilcoxon Sign Rank test

DISCUSSION

According to our results, psychosocial services in oncology services are commonly provided by psychiatry consultation in Türkiye. Nurses accepted their role in meeting the psychosocial needs of patients, but they also stated that there were organizational barriers. Although there are dimensions that they have difficulty in psychosocial assessment and intervention, the results have revealed that the mean score of difficulty is low in general.

This study establishes that Türkiye uses various practices of providing psychosocial support to cancer patients. Over half of the nurses stated that they regularly requested psychiatry consultations for patients, and one-third of nurses referred patients to psychologists. One study investigating psychological care services offered to cancer patients in 29 countries established that primary responsibility is assumed by psychologists (30%) and physicians (28%), including psychiatrists.⁶ In Türkiye, psychiatry services in general hospitals are usually conducted via psychiatric consultations.¹⁷ Nurses

participating in the present study shared some common beliefs on the subject. One such belief is that psychosocial assistance is the responsibility of the team giving direct care to cancer patients rather than that of psychiatrists and psychologists. Another is the belief in the absolute necessity of nurse participation in psychosocial services. This important finding can guide the structuring of psychosocial services. The role of nurses is different from that of a psychologist or psychiatrist. Nurses should provide basic psychosocial interventions to patients. Additionally, nurses must determine when patients need more specialized or in-depth intervention. If advanced psychosocial interventions are required, they should provide referrals. As a matter of fact, Uitterhoeve et al.¹⁸ reported that both nurses and physicians believe that identifying and assessing patients' emotional needs, as well as providing social support to patients and their relatives, are the primary responsibility of nurses. According to a study conducted with members of the Oncology Nursing Society, the primary responsibility of offering psychosocial health services lies with nurses (35%).¹⁹ According to

Turkish nursing legislations, psychosocial care is among the required duties of nurses; most nurses in this study also believed that this is the case. However, participating nurses reported various obstacles in meeting such needs.

Similar to the results of this study, previous studies have also found that a high number of patients, excessive workloads, and time pressure are among the primary obstacles in meeting patients' psychosocial needs.^{19,20} In a systematic review of 25 articles, it is asserted that most reported barriers to the provision of psychosocial services are organizational obstacles and lack of need for psychological services and support.²¹ According to Gosselin et al.¹⁹ as well as the present study, one-third of nurses claim that patients and families do not request psychosocial services and that this is one of the main barriers to their provision. It may not be reasonable to expect patients and families in crisis to determine their own needs and demand help. Cancer patients need to be informed about psychosocial care and services.²² To ensure that cancer patients receive quality care, challenges that negate effective provision of psychosocial support should be urgently addressed.

The ability to provide timely and holistic care to patients requires that their problems and needs be identified and met. The present study shows that nurses experience more difficulty in both identifying and meeting the needs of patients who experience sexual problems or who refuse treatment. Studies have reported that nurses have trouble speaking about sexual concerns with cancer patients.^{23,24} One study reported that most nurses felt comfortable speaking about sexual concerns with their patients, but less than one-third of them had discussed such concerns with their patients in the previous year. It also reported that 92% of the nurses expressed a need for additional sexual health consultancy training. Considering these results, as well as the fact that sexuality is altered in 40-100% of cancer patients,²⁵ priority should be given to developing nursing skills in assessment and intervention. Several studies have investigated sexual problems experienced by cancer patients, but no previous studies to our knowledge have investigated the needs of patients who refuse treatment or repeatedly ask the same questions. The administration of medical treatment to patients is one of the basic roles of nurses and requires both technical and communication skills. Considering the negative impact of treatment refusal on nurses and patients, this phenomenon should be investigated from a multidimensional perspective. Patients' need for information is vital throughout all stages of the cancer process.²⁶ Patients have the need for and the right to an explanation of their diagnosis, the opportunity to ask questions, and get responses to their questions. The

present study has indicated that nurses do not believe they have difficulty in providing information; they do have trouble, however, in identifying the needs of patients who do not know their diagnoses or who constantly ask the same questions. A study has found that nurses have difficulty in caring for patients who are not properly informed about their diagnoses.²⁷ If the patient is not told of his/her diagnosis, if it is not explained properly, or if the family has prevented the patient from being informed,²⁸ nurses do not know what to ask and/or how to ask questions that aim to identify patients' needs. As such, patients may display the behavioral pattern of asking constant repetitive questions.

Cancer may influence patients' relationships with family and friends, and studies emphasize the importance of social support²⁹ and the prevalence of the family's unmet psychosocial needs.² However, no previous studies to our knowledge have investigated the difficulties experienced by nurses in identifying and managing patients' interpersonal problems. The findings of the present study suggest that nurses have trouble with this issue and lacked the skills required to address it. To offer psychosocial care, one must first determine how the patient perceives the disease and help him/her to establish connections via their reactions. Although this subject has been extensively examined,³⁰ no current study has identified the nursing skills required to understand patients' perceptions of cancer. The present study shows that nurses have difficulty in understanding patients' perceptions of cancer; therefore, this subject should also be incorporated into psychosocial care skills training.

The result of this study indicates that nurses experience little difficulty in identifying and managing common patient reactions such as denial, anxiety, fear, and depression. But a study in Japan reported that more than 50% of oncology nurses felt anxious about-facing patients' feelings of fear and depression, and about 20% were extremely anxious about caring for patients experiencing depression and anger. The study also showed that 83.2% of the nurses experienced general feelings of distress.³¹ A study of cancer patients hospitalized in the oncology ward revealed that they do not always want to talk to nurses about difficult feelings.³² In another study, it was found that cancer patients do not expect emotional conversations or counseling from busy nurses.³³ Although the results seem contradictory, this may actually be related to the coping with avoidance of both patients and nurses. For this reason, a result may have emerged in our study that nurses had less difficulty.

This study shows that nurses have difficulty approaching patients who are in the terminal period. Various studies

have consistently shown that oncology nurses have difficulty when communicating with dying patients and their families. In particular, it has been reported that they avoid talking to patients about intense emotional issues such as death and dying.^{8,34} The patient's anticipated death contradicts the aim of protecting and maintaining life and speaking about death often causes distress.³⁵ Because oncology nurses care for dying patients and offer support to the family after the loss of life, the difficulties they experience should be taken into serious consideration and should therefore be incorporated into training both before and after graduation. The nurses have trouble also in managing delirium. Similarly, in another study, 57.3% of nurses were found to have anxiety related to delirium assessment.³¹ Many nurses caring for cancer patients encounters cases of delirium, and though it has been extensively studied, there is still room to develop nursing skills in managing such psychosocial interventions.

Limitations

The present study has some limitations. The first is that there is no standard measurement tool to evaluate oncology nursing skills in meeting patients' psychosocial needs. Therefore, although this study's questionnaire was developed by experienced investigators and is based on a comprehensive review of the literature, it is not a scale whose reliability and validity have been verified. This study may be repeated after reliable and valid measurement tools have been developed, which would allow for the findings to be tested. Second, this study's findings are based solely upon the reports of participants. Therefore, they may not reflect observable behavior. Studies using more objective measurement tools may increase the reliability and consistency of the data. Third, this study's data is descriptive. Analytic studies disclosing the areas in which nurses have trouble when meeting psychosocial needs (along with their causes) will help to plan more specific interventions. Finally, although this study used a large sample and resulted in a high response rate (85.60%), there is no information about the skills of nurses who did not respond to the questionnaire.

In light of the fact that present services do not meet patients' psychosocial needs, this study presents important data that may guide the structuring of better psychosocial services. A consideration of oncology nurses' opinions concerning the psychosocial care offered to patients and their families is crucial in such a restructuring. The present study discloses that all healthcare personnel providing direct care to cancer patients (rather than just psychiatry consultants) should be responsible for meeting patients' psychosocial needs. It also reinforces the absolute belief

that nurses should participate in the provision of psychosocial services and shows that nurses consider organizational factors to be the main impediment to meeting psychosocial needs.

The results of this study reveal that while nurses experience less difficulty in identifying and managing patients' reactions to their disease and patients' need for information, they have more difficulty meeting the needs of patients who experience sexual problems or refuse treatment. In 12 of 19 psychosocial issues encountered by nurses, a statistically significant difference was found between the identification and management of such needs. The results of the present study may guide future training programs designed to develop and improve nursing psychosocial care skills. Special emphasis should be placed on investigating the needs of patients who refuse treatment, who do not know their diagnoses, and who incessantly ask the same questions.

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