

KANSER HASTALARI İÇİN PSİKOSOSYAL DESTEK HİZMETLERİ:

OLGU SUNUMU

Psychosocial Support Services for Cancer Patients: Case Report

Öğr. Gör. Dr. Esra ERTEMUR DEMIRARSLAN

Kastamonu Üniversitesi, eertemur@kastamonu.edu.tr

Öz

Kanser dünyada temel bir sağlık sorunudur ve kronik bir hastalıktır. Kanser hastaları ve aileleri; sosyal izolasyon, rol değişiklikleri ve para sorunları ile sonuçlanan, acil yardım gerektiren bir kriz yaşarlar. Psikososyal bakımın tıbbi bakım ile birlikte gerekli olmasının nedeni de budur. 1970'li yıllardan bu yana sağlık profesyonellerinin bakımın psikososyal yönlerine önem vermesi gerektiği belirtilmektedir. Hastalar ve aileleri ile çok daha fazla zaman geçiren bir mesleğin üyeleri olarak hemşireler; psikososyal bakımın, hastaların ve ailelerinin yaşam kalitesini artıran bir faktör olduğunu hesaba katmalıdırlar. Bu çalışmanın amacı, T hücreli ALL klinik tanısı ile izlenen bir hastanın yakını ile baş etme konusunda, psikososyal destek birimi hemşirelerinin konsültasyon-liyezon hizmetlerinin klinik hemşirelere etkisini sunmaktır.

Anahtar Kelimeler: Kanser; hemşirelik; psikososyal onkoloji

Abstract

Cancer is a chronic disease which is a basic health problem in the world. Cancer patients and their families experience a crisis which is needed emergent help and results with social isolation, role changes and money problems. That's why psychosocial care is essential together with medical care. Aim of this study is to explore the impact of Psychosocial Oncology Department nurses' consultation-liason nursing services which is pursued by two nurses one of who has Phd in psychiatry nursing to clinical nurses trying to cope with a patient who has Tcell-ALL diagnose (and his wife at a university hospital in the capital of Turkey).

Keywords: Cancer; nursing; psychosocial oncology

1. Introduction

Cancer is a chronic disease which is a basic health problem in the world. Cancer patients and their families experience a crisis which is needed emergent help and results with social isolation, role changes and money problems. For cancer patients,

in getting the best benefit from medical treatment and reducing the physical, psychosocial and economic problems that are lived during the disease, psychosocial support plays an important role (ÜLGER et al., 2014). That's why psychosocial care is essential together with medical care. Since 1970s it has been noted that health professionals should give attention to psychosocial aspects of care. It is not possible to conceive psycho-oncology separately from modern oncology. It is expected from medical personnel to realize patients' and their families' psychosocial needs and to possess knowledge about the demanding psycho-oncologic treatment for patients if it is needed. According to World Cancer Report statistics, the oncology personnel lack of ability to determine the psycho-social needs of cancer patients and their families.(Bag, 2012). The psychosocial services for cancer patients offered in our country are inadequate as these are at an early stage of development. However, establishment of organizations and coordination of various consultancy services for this group of patients can lead to prevention of workforce loss and other costs, as well as raise the quality of life for these patients (Bag, 2013).

As a profession, spending much more time with patients and their families, nurses should take into account that psychosocial care can improve quality of life of patients and their families. If family caregivers feel that they are supported, they can cope with the problems which are made by patients (or thought that patient make) more easily. Today, for the aim of psychosocial support, liaison services given by psychiatry nurses is come into question. In Turkey, psychiatry nurses' knowledge about liaison and their coordination with other nursing specialties are very limited. After the change of nursing law in 04/2007, 08/03/2010 the Official Gazette published in and according to Nursing Regulation, 19/04/2011; one of the scope of psychiatry nursing and responsibilities have been added as Consultation Liaison Nursing(CL)(ÖZBAŞ & BUZLU, 2011). There are two nurses working in Psychosocial Oncology Department at XXX University Oncology Hospital. In Turkey, consultation-liason nursing is a new profession. After the change of nursing law in April 2007, Turkish Psychiatry Nurses Association has prepared a draft which also defines consultation-liason nurse's role but studies are continuing. There are several studies in different university hospitals. At XXX University Oncology

Hospital in Ankara, the capital of Turkey; consultation-liason nursing services are pursued by two nurses one of who has doctorate degree in psychiatry nursing. They have also got clinical experiences at psychiatry and oncology clinics. They are working in psychosocial oncology department which is inside the Preventive Oncology Unit. Aim of this study is to explore the impact of Psychosocial Oncology Department nurses to clinical nurses trying to cope with a patient who have Tcell-ALL diagnose and his wife.

Psychosocial Oncology Department: Aim of the Psychosocial Oncology Department is to give advice by personal conversations, to help patients and their families' for accomodating to life changes resulted with the cancer, to preotect patients' and their families' quality of life as possible, to give advice for problem solving abilities. The patients, relatives or smoke-addicted people can access the department either personally or by advice of a health care personnel. Health care personnel can also take help.

2. Case

A woman who was caring her husband: The patient was 40 years old, male, had one daughter. In July 2007, he admitted to a private hospital with left arm pain. It was tought that he had got myocard infarction but his MI parameters said that it was not a MI. That's why his his blood had been taken to look at his CBC and it was found that his white cell count was 48000. Then he was advised to consult a heamotology clinic. In a private heamotology clinic, he was told to be acute lymphoblastic leukamia and he had to consult XXX Oncology Hospital. He had hospitalized to an oncology unit in September 2007. He took different chemotherapies. After first one, he wasn't at remission that's why a second cure was planned. After consolidation therapy, he was cured and discharged.

During his therapy, he was able to do his daily living activities but he could easily become angry, easily stop communication and show depressive symptoms. His wife thought that doing everything (even things that he could do himself) for him was her

responsibility. She was working but she got permission for her husband from her workplace. She didn't work for one year. At the beginning, she learned basic nursing activities such as catheter care, then she had taken all responsibility of her husband's care under her control. She learned preparing IV therapy, her husband's drugs, the drugs' effects, side effects and drug interactions. Afterwards, she took all responsibility and carried her husband away from hospital when he was neutropenic. As time passed, she wanted to control her husband's medical care. For example she tried to arrange his husband's tomography appointment. These behaviours made doctors feel agitated, they thought that the nurses were favouring the patient because of his socioeconomic status. After six months, his wife became exhausted. She wanted to work again but she thought that she hadn't been able to be a perfect wife and mother even she wasn't working, so how would she be perfect if she worked? With this thought, she had become more sensational, cried whenever possible, tried to talk with every nurse at every possible time.

3. Discussion

The focus of psychiatric consultation liaison is the diagnosis, treatment and prevention of psychiatric disorders in patients with physical illness and experiencing emotional distress. CL nurse forms a link between physical care and psychosocial care of the in or outpatients in the general medical settings. The roles of CL nurse have been described in four major categories: clinical, educational, research and administrative. As in these categories, in our department the activities and responsibilities of CL nurses are working with the patients who are consulted to their department in the inpatient clinician being an important part of the treatment team in terms of management of the patients, in and outpatient clinics preparing educational program for patients, families and also nurses; and the last one is provoking the other nurses to research, in the field of psychiatric consultation liaison (KOCAMAN, 2005). Within this concept, we decided (XXX oncology hospital oncology unit nurses) to take consultation from our CL nurses. After we had talked with patient's wife, she didn't relax; so we decided to direct her to our psychosocial oncology unit. She was evaluated with appropriate questionnaires and taken help with

conversations. A few weeks later she gained her balance, started to work and her husband's family started to attend the patient's care more. Meanwhile, we discussed this patient at group meeting with CL nurses.

Nurses working on the front line of cancer care are expected to play an important role in psychological care for cancer patients. Health and social care professionals are expected to be able to recognize psychological needs during assessment and to provide effective information, compassionate communication, and general psychological support in interventions. In addition to these general skills, nurses with additional expertise, including certified oncology nurses, must be able to understand patients' distress more comprehensively through supportive communication and to manage acute situational crises (Yosuke Kubota et al., 2016).

Traditionally, nurses have championed a holistic approach to health care where good nursing practice blends interpersonal and technical skills. The high degree of emotional labour in nursing is widely acknowledged and comes from attending to the ongoing anxieties, distress, and frustrations experienced by patients and their families. Nurses have difficulty in finding time to address issues arising from these interpersonal aspects of their jobs in an environment of high workloads, competing clinical demands, organizational pressures, and increasing administrative requirements. Emotional support from informal personal networks, and employee assistance schemes that tend to be more reactive than proactive, are not effective enough and problems may be compounded when there is a perceived lack of recognition from the wider organization. For some nurses, emotional labour can become burnout and compassion fatigue, with concomitant feelings of disempowerment and futility . Significantly, nurses who feel overloaded, unsupported, and unappreciated are proportionately limited in their capacity to provide care, resulting in negative psychological and clinical outcomes for patients. This is particularly true for so-called 'difficult patients', who might become a ready focus for nurses negative feelings (Dawber, 2013). As expectedly; doctors thought

that the nurses were favouring one patient, patient was depressive, relative was crying and nurses were feeling all feelings mentioned above.

The consultation liaison psychiatry nurse has a unique role in the general hospital setting. CL requires the development of relationships across the spectrum of clinical specialties. CL nurses are often identified by general nursing colleagues as ‘the face of mental health’, and in this context, are often called upon to discuss clinical and interpersonal issues outside the parameters of a formal referral. This relationship provides CL nurses with a keen insight into the emotional and psychological issues nurses grapple with, as well as the associated personal and professional implications. Receiving support for the associated emotional labour is equally important. Activities that promote self-awareness, encourage reflection, and provide support are essential to the health and well-being of nurses (Dawber, 2013).

Those times were very difficult for us. If there hadn’t been a psychosocial oncology unit; possibly we wouldn’t have been able to manage with this problem, the patient and family wouldn’t have been satisfied, the relatives would have wanted to discharge, even if we work perfectly, we wouldn’t have been able to persuade other team members about that we weren’t favouring any patient and we could have felt angrily and deficient.

References

- BAG, B. (2012). Psycho-Oncology, Psychosocial Problems and Measurement Methods. *Current Approaches in Psychiatry*, 4(4), 449-464. doi:10.5455/cap.20120427
- BAG, B. (2013). Long-Term Psychosocial Problems in Cancer Patients. *Current Approaches in Psychiatry*, 5(1), 109-126. doi:10.5455/cap.20130508
- DAWBER, C. (2013). Reflective practice groups for nurses: a consultation liaison psychiatry nursing initiative: part 1--The model. *Int J Ment Health Nurs*, 22(2), 135-144. doi:10.1111/j.1447-0349.2012.00839.x
- ÜLGER, E., ALACACIOĞLU, A., GÜLSEREN, A. Ş., ZENCİR, G., DEMİR, L. & TARHAN, M. O. (2014). psychosocial problems in cancer and the

importance of psychosocial oncology. *DEÜ Tıp Fakültesi Dergisi*, 28(2), 85 - 92.

KOCAMAN, N. (2005). KONSÜLTASYON LİYEZON PSİKİYATRİSİ HEMŞİRELİĞİ ve ROLÜ. *Journal of anatolia Nursing and Health Sciences*, 8(3), 107-118.

ÖZBAŞ, D., & BUZLU, S. (2011). geçmişten günümüze psikiyatri hemşireliği. *İ.Ü.F.N. Hem. Derg*, 19(3), 187-193.

Yosuke Kubota, Toru Okuyama, Megumi Uchida, Shino Umezawa, Tomohiro Nakaguchi, Koji Sugano, . . . Akechi, T. (2016). Effectiveness of a psycho-oncology training program for oncology nurses: a randomized controlled trial. *Psycho-Oncology*, 25, 712-718.