Investigation of the Relationship Between Cancer Patients' Perception of Nurse Presence and Psychological Resilience Levels

Kanser Hastalarının Hemşirenin Varlığını Algılamaları ile Psikolojik Dayanıklılık Düzeyleri Arasındaki İlişkinin İncelenmesi

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ABSTRACT

Objective: In the literature, studies on how cancer patients perceive nurse presence and the effects of these perceptions on mental health are quite limited. In this study, it was aimed to determine the relationship between cancer patients' perception of nurse presence and psychological resilience levels.

Methods: This descriptive study was conducted with 153 cancer patients hospitalised at the Turgut Özal Medical Centre Oncology Hospital in Malatya province. Data were collected using the Personal Information Form, Nurse Presence Scale and Adult Psychological Resilience Scale.

Results: The mean score of the patients participating in the study was 89.31±19.93 on the Nurse Presence Scale and 98.31±22.11 on the Psychological Resilience Scale. No relationship was found between the mean scores of the Nurse Presence Scale and the Psychological Resilience Scale. It was determined that the level of cancer patients' perception of the presence of the nurse was above the medium level and their psychological resilience level was at the medium level.

Conclusion: It is recommended to organize trainings to increase the awareness of nurses about offering their presence and to develop behaviors that enable them to offer their presence. In addition, evaluating the psychological resilience levels of patients at regular intervals and considering individual, environmental and cultural differences that may affect the psychological resilience level of patients may be effective in planning interventions to achieve positive results in the care to be provided.

Keywords: Perception of nurse, nurse presence, psychological resilience, cancer patients

ÖZ

Amaç: Literatürde kanser hastalarının hemşire varlığını nasıl algıladıkları ve bu algıların ruh sağlığı üzerindeki etkilerine ilişkin çalışmaların oldukça sınırlı olduğu görülmektedir. Bu araştırmada kanser hastalarının hemşirenin varlığını algılamaları ile psikolojik dayanıklılık düzeyleri arasındaki ilişkinin belirlenmesi amaçlanmıştır.

Yöntemler: Tanımlayıcı tipte olan bu araştırma, Malatya ilinde bulunan Turgut Özal Tıp Merkezi Onkoloji Hastanesi'nde yatan 153 kanser hastası ile gerçekleştirilmiştir. Veriler Tanımlayıcı Bilgi Formu, Hemşire Varlığı Ölçeği ve Yetişkinlere Yönelik Psikolojik Dayanıklılık Ölçeği kullanılarak toplanmıştır.

Bulgular: Araştırmaya katılan hastaların Hemşire Varlığı Ölçeği puan ortalaması 89,31±19,93, Psikolojik Dayanıklılık Ölçeği puan ortalaması ise 98,31±22,11'dir. Hemşire Varlığı Ölçeği ile Psikolojik Dayanıklılık Ölçeği puan ortalamaları arasında ilişki bulunmamıştır. Kanser hastalarının hemşirenin varlığını algılama düzeylerinin orta seviyenin üzerinde ve psikolojik dayanıklılık düzeylerinin orta seviyede olduğu belirlenmiştir.

Sonuç: Hemşirelerin varlığını sunmaya ilişkin farkındalıklarını arttırmaya ve varlığını sunmalarını sağlayan davranışları geliştirmeye yönelik eğitimlerin düzenlenmesi önerilmektedir. Ayrıca hastaların psikolojik dayanıklılık düzeylerinin düzenli aralıklarla değerlendirilmesi ve hastaların psikolojik dayanıklılık düzeyini etkileyebilecek bireysel, çevresel ve kültürel farklılıkları göz önünde bulundurulması, sunulacak bakımda olumlu sonuçların elde edilmesine ilişkin müdahalelerin planlanmasında etkili olabilir.

Anahtar Kelimeler: Hemşirenin algılanması, hemşirenin varlığı, psikolojik dayanıklılık, kanser hastaları

INTRODUCTION

Despite early diagnoses and developments in the field of medicine, cancer remains as a significant public health problem threatening lives at a global scale.[1] According to data from the World Health Organization, it has been stated that the total number of deaths caused by cancer in the year 2022 was approximately 9.7 million.[2] Following cancer diagnoses, both the patients themselves and their families suffer many psychological issues over the course of the disease.[1] In addition to physical issues, patients experience numerous other problems including low self-respect, body image disorders, loneliness, social isolation, economic troubles, unemployment, decreases in sexual activity and gratification, stigmatization, a lack of social support, a fear of recurrence, changes in inter-family roles, or a loss of their roles. Thus, psychiatric diseases such as major depressive disorder, anxiety disorders, adjustment disorders, and post-traumatic stress disorder may occur.[1,3] Psychosocial issues and psychiatric comorbidity, on the other hand, may lead to decreases in quality of life, difficulties in maintaining social relationships, maladjustment to treatments, the worsening of prognosis, and the shortening of survival times.[4] In this regard, the provision of psychosocial care to cancer patients is of immense importance in their process of coping with the psychosocial problems brought about in relation to the cancer process.[5]

Nurses, who are an integral part of healthcare teams, are in a unique position to provide efficient and high-quality psychosocial care and support as they spend long periods of time with patients and their families throughout every step of the process. The development of the therapeutic relationship between nurses and patients in the provision of psychosocial care, a focus on holistic care, and nurses having high communication and evaluation skills are necessary.[5] In this regard, the presence of nurses is a significant component of healthcare and a key aspect to the development of the relationship between nurses and patients.[6] The presence of nurses is defined as a significant aspect of patient-based and holistic caretaking, the essence of the relationship between nurses and patients, and a foundational proficiency of nursing as a profession.[6] Thus, the presence of nurses leads to many positive conclusions. In the literature, it has been stated that the presence of nurses makes the healing process easier[7], contributes to an increase in feelings of safety, reductions in stress, the strengthening of coping, and the increase of self-respect[8], that it increases hope and motivation[6], and that it increases patients' participations in their decision-making processes as well as their level of cooperation during the caretaking

process.[9] A study conducted with cancer patients has also reported that positively perceiving the presence of nurses increases patients' satisfaction with caretaking.[10]

The existence of psychological resilience is another significant factor in patients' coping with the difficult living experiences and psychological problems brought about due to the diagnosis of cancer as well as the disease and the process. Psychological resilience refers to an individual's ability to cope with negative emotions caused by difficulties in life and to return to their previous state.[11] A previously conducted systemic compilation reported that increasing cancer patients' psychological resilience plays a significant role in improving their mental health and quality of life.[12] Ristevska-Dimitrovska et al.[13] reported in the study they conducted that psychological resilience is a protective factor against depression and psychological distress. Moreover, previously conducted studies have reported that higher psychological resilience is correlated with lower pain intervention[14], that cancer patients with higher psychological resilience were found to be more physically active[14], that a negative relationship between psychological resilience and post-traumatic stress disorder[15] as well as hopelessness[16], and a positive relationship between psychological resilience and perceived social support.[16]

Upon considering the fact that cancer patients may be faced with various biopsychosocial problems throughout their treatments, the necessity of a holistic approach in the provision of psychosocial care becomes apparent. For the provision of holistic healthcare services to patients, the presence of nurses is a important factor. It can be observed that studies regarding how cancer patients perceive the presence of nurses and the effects of these perceptions on their treatment in the literature are very limited. When taking the positive effects of the presence of nurses on patient caretaking into consideration, it is thought that determining its relationship with psychological resilience, an important factor in protecting mental health and increasing patients' compliance with their treatments, would be significant.

AIM

This study aimed to determine the relationship between cancer patients' perception of the presence of nurses and their psychological resilience levels.

Research questions
- What are the perception levels of cancer patients regarding the presence of their nurses?
- What are the psychological resilience levels of cancer

patients?

- Does a relationship between the perception levels of cancer patients regarding the presence of their nurses and their psychological resilience levels exist?

METHODS

Design

This study was conducted descriptively in order to determine the relationship between cancer patients perceiving the presence of nurses and their psychological resilience levels.

Population and Sample

The study population consisted of cancer patients undergoing treatment at the Oncology Hospital of Turgut Özal Medical Centre in Malatya province. The sample size of the study was determined through a power analysis conducted with the "G-Power-3.1.9.2" program. With the quantity of the study being 0.03, its power being 95%, and its power alpha value being 0.05, the minimum sample size with a type-1 error was calculated to be 148 individuals.

The study's inclusion requirements consisted of individuals who were conscious, time, space, and location oriented, over the age of 18, had at least graduated middle school (This criterion was utilized due to the fact that the original metric as developed by Kostovich was conducted only with individuals who were at least middle school graduates), had been hospitalized for healthcare services for at least two days prior to the investigation.

Data Collection Tools

The personal information form, the Nurse Presence Scale (NPS), and the Resilience Scale for Adults (RSA) were used for data collection purposes.

Personal information form: This form, which was developed by researchers following a scan of the literature, consisted of 8 questions regarding the identifying information of individuals, those being their gender, age, level of education, marital status, employment status, income status, location of residence, and cohabiting individuals as well as 5 questions regarding their disease, those being diagnosis time, the stage of the disease, the existence of additional diseases, their previous hospitalization story, and the duration of their current hospitalization, for a total of 13 questions.[9,10,13]

Nurse Presence Scale (NPS): The original form of this scale was developed by Kostovich[17] in the year 2012. The Turkish validity and reliability of the scale, on the other hand, was conducted by Bozdoğan Yeşilot and Öz[18]. The first article of this 25-article Turkish form was not included in the scoring

process. The scale has a 5-Likert structure, being evaluated as never (1 point), rarely (2 points), sometimes (3 points), often (4 points), and always (5 points). The number of points obtainable from this scale ranges from 24-120. An increase in the points obtained from the scale demonstrates that the patient has a positive perception of the presence of the nurse. The Cronbach Alpha coefficient of the scale was found to be 0.96. In this study, on the other hand, the Cronbach Alpha coefficient was found to be 0.98.

Resilience Scale for Adults (RSA): The original form of the scale was developed in the year 2003 by Friborg et al[19]. The Turkish validity and reliability of the scale was conducted in the year 2011 by Basım and Çetin[20]. This 33-article scale has a 5-Likert structure (1-2-3-4-5). The scale consists of six subdimensions, being "Self-Perception", "Perception of Future", "Structural Style", "Social Sufficiency", "Family Circumstance", and "Social Resources". The questions numbered 1–3–4–8–11–12–13–14–15–16–23–24–25–27–31–33 in the scale are calculated in reverse. The total Cronbach Alpha coefficient of the scale was found to be 0.86. For its subdimensions, on the other hand, Alpha Cronbach coefficients varied from 0.66 to 0.81. In this study, on the other hand, its Cronbach Alpha coefficient was found to be 0.95.

The Dependent and Independent Variables of the Study

The independent variables of the study consisted of patients' sociodemographic properties and the time of diagnosis, the stage of the disease, the existence of additional diseases, and the existence of metastasis. The dependent variables of the study, on the other hand, were the mean scores for the NPS and the RSA.

Data Collection

The data of the study was collected face-to-face with volunteering cancer patients receiving healthcare services within the hospital in question between September 15th-October 15th 2023, after the acquisition of written informed consent. The answering duration of the data collection forms lasts about 10-15 minutes.

Data Analysis

The statistical analyses of the data were conducted through the use of the Statistical Package for Social Sciences (SPSS 22.0) package program. Whether or not the data was suitable for normal distribution was evaluated through the use of the Shapiro Wilk-W test and determined through an inspection alongside normal distribution graphs, skewness, and kurtosis. Descriptive statistics (numbers, percentages, mean values) were utilized for the evaluation of the study's data, while as an analysis test, the independent t-test was

used for ones suitable for normal distribution and Kruskal Wallis was used for ones that were not. Moreover, Pearson correlation analysis was utilized to determine the relationship between them. *P*<.05 was accepted to be the signifier of significant differences in the process of statistical decision-making.

Ethical Committee Approval

In order to be able to conduct the study, an ethics committee approval from the Bingöl University Healthcare Sciences Scientific Investigation and the Publication Ethics Committee (Date: 11.07.2023, Number: 23/16) and appropriate institutionary approvals from the hospital in which the investigation was conducted were acquired. Scale usage permission was obtained from researchers who conducted Turkish validity and reliability.

RESULTS

The mean age of the participants of this study was 54.21±12.08, 52.3% of participants were male, 39.2% of them had an education level of secondary education, while 52.3% of them were employed and 54.2% of them had income lower than their expenses. 66.0% of them lived outside of the central city while they stated that 34.6% of them lived with their partner and 31.4% of them lived with their partner and their children. The average diagnosis time was 11.43±9.55 months and 24.8% of participants were at the first stage of the disease. 73.9% of patients stated that they have had previous experiences being hospitalized and 49% of them had been in the hospital for two days (Table 1).

Table 1. Sociodemographic Characteristics of the Oncology Patients (n:153)

Sociodemographic data		n	%
Age The average age ± Sd: 54.21±12.08	25-54	78	51
	55-83	75	49
Gender	Female	73	47.7
	Male	80	52.3
Marital status	Married	102	66.7
	Single	47	30.7
	Divorced	4	2.6
Working status	Working	80	52.3
	Not working	73	47.7
Income status	Income being less than expenses	83	54.2
	Income equals expenses	53	34.6
	More income than expenses	17	11.1
Education level	Secondary school graduate	60	39.2
	High school graduate	42	27.5
	University degree or higher	51	33.3
Person living with	Alone	6	3.9
	With her husband/his wife	53	34.6
	With her husband/his wife and children	48	31.4
	With her/his mother and father	21	13.7
	Other	25	16.3
Where does she/he lives	City Center	101	66
	Town	43	28.1
	Village	9	5.9
Time to diagnosis	0-6 months	47	30.7
	7-12 months	62	40.5
	13-48 months	44	28.8
Stage of the disease	I. Phase	38	24.8
	II. Phase	53	34.6
	III. Phase	40	26.1
	IV. Phase	22	14.4
Presence of additional disease	Yes	87	56.9
	No	66	43.1
History of previous hospitalization	Yes	113	73.9
	No	40	26.1
Length of hospital stay at the time of current admission	2 days	75	49
	3 days-10 days	42	27.5
	11 days-34 days	36	23.5

Sd: standard deviation, n: number, %: percent

Table 2. Statistical Data of the Study Participants Regarding the Presence of the Nursing Scale and Resilience Scale for Adults (n:153)

Scale Name	Number of items	Min-Max values	X± Sd
NPS	24	24-120	89.31±19.93
RSA	33	33-165	98.31±22.11
Self-Perception Subdimension	6	6-30	17.96±4.26
Perception of Future Subdimension	4	4-20	12.12±2.71
Structural Style Subdimension	4	4-20	12.11±2.65
Social Sufficiency Subdimension	6	6-30	18.02±4.12
Family Circumstance Subdimension	6	6-30	16.74±4.13
Social Resources Subdimension	7	7-35	21.33±5.21

X: mean, Sd: standard deviation

The NPS point averages of the patients who participated in the study equaled 89.31±19.93, and a RSA point average of 98.31±22.11 (Table 2). No statistically significant differences between the sociodemographic properties of the participating patients and their NPS and RPS point averages were found (*P*>.05) (Table 3). No correlation between the NPS and RPS point averages of cancer patients who participated in the study was found (Table 4).

Table 3. Comparison of Sociodemographic Characteristics and NPS and RSA Score Averages of the Study Participants (n:153)

Sociodemographic		Presence of the Nursing Scale X± Sd		Resilience Scale for Adults X± Sd	
Age	25-54	89.20±19.63	P=.94	99.07±21.16	P=.66
	55-83	89.42±20.36	t=-.06	97.52±23.16	t=.43
Gender	Female	87.72±20.64	P=.34	99.68±21.48	P=.46
	Male	90.76±19.27	t=-.94	97.06±22.72	t=.73
Marital status	Married	88.52±20.73	P=.49	96.55±21.85	P=.16
	Single/ Divorced	90.88±18.32	t=-.68	101.82±22.42	t=-.39
Working status	Working	88.72±19.29	P=.70	98.92±21.69	P=.72
	Not working	89.95±20.72	t=-.38	97.64±22.68	t=.35
Income status	Income being less than expenses	86.73±20.67	P=.08 t=-1.75	97.59±21.19	P=.66 t=-.43
	Income equal/more than expense	92.37±18.70		99.17±23.27	
Educational level	Secondary school gradute	88.65±21.91	P=.82 F=.19	100.18±24.70	P=.70 F=.35
	High school gradute	88.52±19.90		97.40±23.59	
	University degree or higher	90.74±17.69		96.86±17.39	
Where does she/he lives	City center	87.46±20.16	P=.11	98.98±21.95	P=.61
	Town/Village	92.90±19.15	t=-1.60	97.03±22.56	t=.51
Time to diagnosis	0-6 months	88.51±21.26	P=.81 F=.20	99.95±21.59	P=.56 F=.57
	7-12 months	88.77±19.81		99.17±23.93	
	13-48 months	90.93±18.98		95.34±20.10	
Presence of additional disease	Yes	89.44±19.86	P=.92	99.73±22.95	P=.36
	No	89.13±20.17	t=.65	96.43±20.97	t=.34
History of previous hospitalization	Yes	89.54±19.16	P=.80	99.33±22.39	P=.33
	No	88.65±22.20	t=.24	95.42±21.29	t=.88
Length of hospital stay at the time of current admission	2 days	89.00±19.09	P=.43 F=.84	95.92±22.97	P=.28 F=1.27
	3 days-10 days	92.30±18.89		98.52±20.22	
	11 days-34 days	86.47±22.74		103.05±22.20	
		Median± Sd		**Median± Sd**	
Person living with	Alone	90.00±20.43	P=.81	104.00±23.23	P=.56
	With her husband/his wife and children	90.00±20.80	KW=.46	98.00±21.91	KW=1.17
	With her/his mother and father	91.00±14.08		98.00±23.27	
	Other	93.00±21.26		99.00±22.54	
Stage of the disease	I. Phase	90.00±20.43	P=.11	99.00±23.23	P=.60
	II. Phase	90.00±20.80	KW=4.53	98.00±19.04	KW=2.06
	III. Phase	93.00±16.08		98.42±21.86	
	IV. Phase	90.00±21.78		106.50±27.55	

X: mean, Sd: standard deviation, t=Indepent simple t test, F=Anova, KW=Kruskall Wallis

Table 4. Relationship Between NPS and RSA Score Averages (n:153)

Scales	Resilience Scale for Adults	
	r	P
Presence of the Nursing Scale	.083	.30
r: Pearson correlation coefficient		

DISCUSSION

In this study, the relationship between cancer patients perceiving the presence of the nurse and their psychological resilience was determined. According to the results of the study, the NPS mean scores were found to be 89.31±19.93. A study conducted by Bozdoğan Yeşilot and Öz[10] with 110 cancer patients who spent at least 5 days hospitalized in Ankara determined the NPS mean score to be 88.46±22.64. Another study conducted with 130 cancer patients who spent at least two days hospitalized in Malatya reported its mean NPS score to be 99.72±17.81.[21] A study aiming to evaluate the presence of nurse from the perspective of cancer patients in Iran reported its mean NPS score to be 101.91±16.19[22], while a study conducted with 75 patients who spent at least two days hospitalized in a medical-surgical clinic found its NPS mean score to be 104.5±17.26.[23] When an inspection of studies conducted abroad and the recency of the current study are considered, it can be observed that mean NPS scores of this study were lower. When the presence of nurses not being positively perceived, and its effect on patient satisfaction, caretaking services, and clinical results are considered, this finding of the study are remarkable in terms of how they shed light on the current circumstances. In the literature, it has been stated that factors such as the high number of patients receiving care, high workloads and working hours, the insufficiency of the number of healthcare staff members, fatigue developing due to these aforementioned factors, the lack of support and inter-staff interactions, nursing executives neglecting the needs of nurses, and the management strategies of nursing executives causing reductions in motivation have been stated as obstacles/difficulties faced by nurses in their attempts to spend time with their patients.[24-26] In this regard, nurses and nursing executives must be cognizant of the importance of the presence of nurses being perceived by patients. In this regard, nurses planning and applying care programs by presenting their presences in order to increase awareness regarding this subject, and especially, healthcare executives forming workplace environments while being cognizant of the obstacles in nurses' presences being perceived are vastly significant. It is believed that this finding of the study will contribute to the formation of steps taken to provide high-quality nursing care services and to provide effective psychosocial caretaking.

In this study, the RSA mean score was found to be 98.31±22.11. The psychological resilience levels of the cancer patients who participated in this study could be expressed as a medium level. Ölmez and Karadağ[27], in a study conducted with 293 cancer patients undergoing chemotherapy, found the study's RSA mean score to be 107.45±32.01. In another study conducted with 111 cancer patients being surveilled in a Hematology polyclinic, the RSA mean score was found to be 121.3±21.4 and, at the conclusion of the study, it was stated that the resilience levels of the patients were high.[28] This study, while serving to support literature's investigation findings, simultaneously resulted in a lower RSA mean score. The reason for this circumstance is believed to potentially be a result of factors such as the recent occurrence of the COVID-19 pandemic, disasters and emergency circumstances, and the personality traits of the patients who participated in the study. When the positive effects of psychological resilience on patients' mental health, quality of life, and their ability to cope with psychosocial problems are considered, this finding of the study demonstrates that patients' psychological resilience levels must be observed in regular intervals and the significance of the development of interventions to either maintain or increase their psychological resilience levels.

According to the findings of this study, the sociodemographic properties of this study's participants and their NRS mean scores demonstrated no statistically significant differences. Similarly, previously conducted studies have stated that the differences in gender, marital status[10,21,22], employment status, education status, location of residence, cohabitating individuals, the presence of additional diseases[10,21], income status[10], age, length of hospitalization, the time of diagnosis[21], previous hospitalization experiences[22,29] and NPS mean scores were not statistically significant. The finding of this study is in line with the literature. However, studies conversely stating that marital status[21], age[10], education level[22], gender[29] and the perception of the presence of a nurse are correlated can also be found in the literature.

A statistically significant difference between the sociodemographic properties of cancer patients who participated in the study and their RSA mean scores was not found. A study conducted by Eren[30] on patients with hematologic diseases reported that age, gender, education level, marital status, economic status, the existence of chronic diseases, and the time of diagnosis had no

statistically significant difference with the RSA mean scores. Ölmez and Karadağ[27] found in their study that the diagnosis time and an increase in the stage of the disease negatively impacted psychological resilience levels. The finding acquired from the study has led to the thought that individual, familial, and environmental factors may have an impact on psychological resilience levels. As the cancer disease carries different connotations for each individual while also demonstrating different effects on them, it is thought that individual-focused care with the evaluation of risk factors and protective factors in terms of the development of psychological resilience may be play an effective role in individuals' processes of protecting and developing their own mental health.

In this study, no correlation between participating cancer patients' mean NPS and RSA scores was found. No studies in the literature inspecting the relationship between patients' perception of the presence of nurses and their psychological resilience could be found. This result may be due to cancer patients' different perceptions of the nurse-patient relationship and their different expectations (for example, the expectation is only for physical care, and they do not see nurses as a source of emotional support). Thus, it is thought that the conduction of other studies regarding the relationship between the perceptions of different sample groups regarding the presence of nurses and their psychological resilience levels and a qualitative study capable of evaluating patient perspectives and nurse-patient relationships being additionally conducted would be beneficial.

Limitations

This study was conducted with patients receiving treatment in an oncology hospital with an excess bed capacity in a province of Turkey located in the East Anatolia region. As the sample size of the study forms a small patient group and the study was conducted only within a single province, the findings of the study could not be generalized within the context of cultural differences. In addition, the fact that some variables such as the type of cancer, the type of treatment received by the patient and the recurrence status were not asked in the sociodemographic data constitutes another limitation of the study.

In this study, no meaningful relationship between cancer patients perceiving the presence of nurses and their resilience levels could be found. It was stated that the perception levels of cancer patients regarding the presence of nurses was above a medium level and that their psychological resilience levels were at a medium level. It is believed that this study will benefit literature as it is the first to inspect the relationship between the perception of

cancer patients regarding the presence of nurses and their psychological resilience levels. Additionally, it is thought that this study's may be effective in planning interventions to achieve positive outcomes in care in line with the importance of the nurse's presence and psychological resilience. Nurses can make cancer patients feel their presence more strongly with approaches such as active listening, empathic communication, providing emotional support, being accessible, encouraging them to express their feelings, showing respect and caring in the care process. In this regard, the organization of education made to increase the awareness of nurses regarding the presentation of their presence and the development of behaviors benefiting the presentation of their presence, the evaluation of patients' psychological resilience levels at regular intervals, and nurses taking the individual, environmental, and cultural differences of patients that could impact their psychological resilience levels are suggested. Additionally, nursing executives must focus on creating workplace environments conducive to nurses presenting their presence.

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