THE THERAPEUTIC POTENTIAL OF CANCER NURSING IN THE OUTPATIENT SETTING

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Outline

- The specific needs of cancer patients in the outpatient services:
  - Information
  - Communication
  - Positivity
  - Psychosocial
- The nurse’s role in meeting these needs
Cancer Control Council of New Zealand (2009) National Cancer Patient Experience Project
“The Voice of Experience”

*Results overall positive*

**BUT GAPS:**
- the provision of information
- emotional support
- treating patients with in the context of their living situation.


Figure 49: Responses to key diagnosis and treatment planning questions

- Were you told of your cancer diagnosis sensitively?
- Were you put in touch with staff to help with anxiety/fears? (when first told of illness)
- Were you given enough information about patient rights and responsibilities?
- Did you feel you did not wait too long for your first treatment appointment?
- Did someone explain if there was a wait for the 1st treatment appointment?
- Did someone discuss different cancer treatments with you?
- Were you involved enough in decisions about your cancer care?

Percentage of patients who responded positively (%)

- National results
- Waikato Regional Cancer Centre results
- Results for the other cancer treatment services

N.B. In the figures, if the confidence intervals for the national score and the cancer treatment service score do not overlap, this indicates a significant difference between the scores.
National Guidelines in progress:


2. Implementing supportive care guidance project. MoH, July 2011 (Draft).

Findings from ‘THE GUIDANCE’ on INFORMATION SUPPORT

1. Understand what is wrong
2. Gain realistic idea of their prognosis
3. Make the most of consultation
4. Understand processes & likely outcomes of possible tests/treatments
5. Provide or assist with own self-care
6. Learn about services & other sources of help available
7. Help others understand their condition & needs
8. Legitimise help-seeking & concerns
9. Learn how to minimise risk of further illness
10. Find additional supportive care information & self-help groups
11. Identify best and most appropriate health care providers.

Ways to give information

Verbal support:
• explain treatment plan
• reinforced by written and or visual

Needs to be:
• adequate
• culturally relevant
• comprehensible
• holistic

Nurse-patient communication

Affects how well patients & their families cope with & find meaning in the experience of their illness

(Coulter, 2003; Dennison, 1995; Leydon et al., 2000; McIlfatrick, Sullivan, McKenna, & Parahoo, 2007; Shaha, et al., 2006; Slevin et al., 1996)
Principles of information provision

- majority want to be informed
- variability in amount/timing
- needs may change during course of illness
- may be ignored/avoided regardless of prior knowledge/occupation
- limitations: patient attitude, individual coping strategies

Challenges in information provision

• Information alleviates uncertainty, fear, and loss

• BUT:
  – How to offer truth without destroying hope?
  – Need to be sensitive to amount and impact

Most frequent source of patient dissatisfaction

*Failure to provide sufficient information*

(Coulter, 2003; Dennison, 1995; Leydon et al., 2000; McIlfatrick, Sullivan, McKenna, & Parahoo, 2007; Shaha, Cox, & Hall, 2006; Slevin et al., 1996, Surbone, 2006)
Reasons for not wanting information

Faith

- “doctor knows best”
- additional information could confuse
- medical knowledge difficult to understand
- additional searching could be dangerous
- “being the good patient” “good customer”

Not wanting information cont:

**Hope**
- closely linked to fear
- a facade of hopefulness
- in most advanced cancer
- indispensable for survival
- avoidance of new information
- presenting a brave face

**Charity**
- thoughts for needs of others


Waiting for information

“Waiting for information is probably the biggest drain on your nervous system, because you can’t do anything. I blame no one. It’s just that the situation is that you have to expect to wait, that’s all there is to it. Information is very very important. I have to sit here and wait...”

“...Waiting very much adds to people’s suffering, and with waiting comes a loss of control.”

“The challenge for nurses is finding a way of providing information that is appropriate for patients who may benefit from knowing something about their illness and treatment but may not wish to know everything about it at all times.”

Leydon, 2009, p910
Communication skills

• mainstay of good clinical practice
• technical skills & communication skills equally important
• the basis of the therapeutic relationship
• aid an intervention
• serve as the intervention
• manage anxiety/emotional distress/relieve symptoms

(Dennison, 1995; Parker et al., 2001, Langewitz et al., 2010)
‘Touchy stuff’

- make + feel a connection
- empathetic touch
- means of communication
- may reduce suffering
- may alter pain
- a necessity of life

Positivity

• normative way of talking about cancer
• attribute positively appraised by nurses
• multiple meanings
  – can be a means to meaningful & therapeutic interactions
  – can be part of the ‘good patient’ persona
  – can be a front to protect loved ones’
• BUT may be oppressive for patient
• positive outlook = positive outcome?

“Friends and family expect you to be depressed and talk about it, but if you’re all doom and gloom people won’t want to come near you, and you need people, this is why you tend to switch off a bit and just have a bloody good laugh when people come to see you because then they’ll want to come back to see you”

Leydon, 2000, p911
‘When patients actually say what they mean rather that what they think ‘we’ want to hear, we will have truly made progress...’

‘.....it is not for patients to make our job easier, but for us to make their cancer journey an understanding, supportive and therapeutic experience.’

McCreadie, 2010, p289

Psychosocial Support


Key objective

• The mental health and well being of people with cancer and their carers is considered at all stages of the cancer pathway
• Psychosocial services are under-resourced, and this is contributing to service gaps
• Contrary to recommendations in the Guidance, there are few fully integrated psychosocial support services
Psychosocial distress

Definition:
“a multifactorial unpleasant emotional experience of psychological social, and or spiritual nature”
Abrahamson, 2010, p67

Effects:
• Undermines coping abilities
• Influences
  – treatment decisions
  – compliance
  – quality of life
  – disease progression

The nurse’s role in psychosocial distress

• Improve recognition & management
• Accurate assessment is complex
• May mimic symptoms of disease progression or treatment, e.g.
  – Fatigue
  – Disruption in sleep or activity patterns
  – Difficulty concentrating
  – Changes in appetite
The nurses role cont:

• physicians either too busy or unskilled
  – fail to recognise nonverbal signals
  – don’t follow up when distress related statements are made

• highest risk
  – women, young, poor, limited education, Hx emotional or social problems
  – greater if rural + access to specialists ltd

Ways nurses assist patients in coping

– physical presence, ‘being there’
– atmosphere of trust & honesty
– empathetic attitude
– listen carefully
– provide comfort
– be authentic
– promote future planning/goals
– continuity of care in team

- Enables patient to voice fear and anxiety openly
- Minimises stress and anxiety
- Establishes trust

What inhibits emotional support?

- outpatient setting
  - eliminates opportunities to interact & build rapport
- changes in the medical team or nurses
- organisational factors
- lack of authority
- lack of space
- lack of privacy
- pressure on time
- lack of teamwork

*Patient satisfaction with care improves when nurses have time and resources *

References


• Ministry of Health (2011) implementing supportive care guidance project July (Draft) Adults with Cancer in New Zealand. Wellington: Ministry of Health.

• Ministry of Health (MOH) (2010), the Guidance for Improving Supportive Care for Adults with Cancer in New Zealand’


