

Psychological support of a cancer patient based on nursing care process records

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Abstract

Purpose: The care of a cancer patient undergoes considerable changes. Patients' most important need is a demand of support in dealing with somatic, psychological, emotional and social complaints. The purpose of this research is to analyse the realization of the psychological support of a cancer patient based on nursing care process records.

Material and methods: The research analysis is based on 150 nursing care case histories of cancer children and adults treated in the Independent Public Clinical Hospital No 1 of the Academic Clinical Centre at the Medical University of Gdańsk in such wards as: Paediatric Haematology, Paediatric Chemotherapy, Adults' Haematology, Oncology and Radiotherapy, Thoracic Surgery. Evaluation chart of nursing care histories and statistical methods were tools in this research. The nursing case history evaluation chart created for this very research is successfully used by members of nursing records team in all of 61 wards.

Results: The results indicate that in all analysed wards the most problematic factor for nurses was taking the patients' (children's) habits and free time planning into account while establishing the plan of action. In numerous cases a stated nursing care diagnosis was not connected with the realization of psychological support. Providing patients with the feeling of safety and contact with family was positively assessed.

Conclusion: In the care process nurses should pay more attention to the evaluation of patients and their families' need of social support.

Key words: psychological support, nursing care process.

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Introduction

The care of a cancer patient undergoes considerable changes. Patients' most important need is a demand of support in dealing with somatic, psychological, emotional and social complaints. For the purpose of the research it was estimated that support (in other words: help, assistance) is first of all acting according to patients' real needs. In the analysis the aspect of support was divided into: informative, service – material and emotional [1]. In nursing care organisation most problems are caused by patients shocked by a diagnosis of cancer. Kübler-Ross describes in detail the psychological changes occurring in great intensity in the cases when a diagnosis comes as a shock for patients [2]. It should be remembered that nurses in their work do not make use of a direct therapy, which interferes in disordered processes, opts for eliminating symptoms or causes of disorders embedded in patient's personality and not caused by hospitalisation or a somatic disease. Out of a range of psychotherapeutic methods the nurses use an indirect and a direct-supporting ones. As a result of the facts above, while evaluating the psychological support offered by nurses, the following personal skills should be taken into account: the ability of establishing a non-verbal or verbal contact and the ability to maintain this contact. Additionally, what should not be forgotten is the need of support expressed by patient's closest family which expect to be informed and given hope from the nursing staff [3]. It needs to be emphasised that in surgical wards some patients are suddenly diagnosed and immediately operated on. This results in patients' being disoriented and moreover, such situations postpone the first shock until the postoperative period. The operating procedure is treated by such patients as the final treatment stage whereas, in numerous cases it functions as a diagnostic method. Such a course of events constitutes an additional problem to be dealt with by nursing staff while nursing care planning [4]. Only a small group of patients is able to maintain a psychological balance and the ability to act properly by suppressing fear, hoping that it will not be that

bad and it is far too early to worry about anything [5]. In most cases, when a patient is informed and knows what to expect, the anxiety decreases [6]. The care and treatment process should guarantee a patient safety, the fact of being treated with dignity by the whole therapeutic team and should also give a chance of a fast recovery [7,8]. What is crucial for nurses in their work are the abilities connected with organising and leading the nursing care process, making a nursing diagnosis as well as the abilities to organise work and duties for oneself, nursing teams and the whole psychotherapeutic groups. 'Nursing care process is a work method requiring from a nurse a great initiative in the field of care, making autonomic and sensible decisions, performing logical and effective actions [9,10]. Making a diagnosis is, however, one of the basic tasks of a fundamental and unshakeable importance in nursing career [11]. Nursing diagnosis gives a basis for choosing an appropriate nursing procedure in order to obtain results a nurse is responsible for' [12]. In every case making contact with other people has a specific purpose and this can be, for example: being accepted by others, helping the people in need, giving and receiving support [13]. A nurse, as a person spending most time with a patient, should be able to answer the questions of a patient and their family, should also be able to explain, using the whole medical knowledge possessed, the procedure and purpose of the diagnostic tests being carried out. The nurse should understand patients' states, listen to them patiently, help to express their emotions, give explanations, simple advice, support [14,15].

An evaluation taking complete nursing care into account should include such aspects as: the ability to make diagnosis and to monitor (in proper medical records) the psychological conditions of a patient and their family members [16]. The fundamental function of each medical record kept for an individual case of care is to give a clear picture of what and why is currently being or will be done with reference to a given subject (patients' category). Medical record should contain information concerning medical and care services provided by a hospital at an adequate level of competence. It should also, in the best possible way, describe patients' condition and needs [17].

The purpose of this research is to analyse the realization of psychological support of a cancer patient based on nursing care process records.

Material and methods

The research analysis is based on 150 nursing care case histories of cancer children and adults treated in the Independent Public Clinical Hospital No 1 of the Academic Clinical Centre at the Medical University of Gdańsk in the following wards: Paediatric Haematology, Paediatric Chemotherapy, Adults' Haematology, Oncology and Radiotherapy, Thoracic Surgery. Evaluation chart of nursing care histories, which has been created by the authors, and statistical methods were tools in this research. The nursing case history evaluation chart created for this very research is successfully used by members of nursing records team in all of 61 wards of the Independent Public Clinical Hospital No 1 of the Academic Clinical Centre at the Medical University of Gdańsk. The chart was tried in pilot research,

which additionally confirmed its usefulness as a supportive tool in the evaluation of medical care quality based on proper documentation. The chart consists of five parts. The first two parts are concerned with gathering general and detailed information respectively. The third part deals with admitting patients to a ward, the fourth part evaluates the nursing diagnosis and the realization of nursing care plan, the fifth part is a general evaluation of the records kept. The evaluation can be made both during hospitalisation and after discharge. Every assessed element of the records is associated with a relevant point value. The evaluation is to determine whether a particular element: is fulfilled (Yes), has not been realized (No), is not applicable (NA), and then assign a proper point value. The amount of points in the 'NA' section is subtracted from the total amount of points scored by a given patient. The point value in the 'No' section denotes the areas of nursing care quality not realized with reference to a patient, and the irregularities in the process of gathering information about a patient. Nursing records in hospital wards were evaluated on the basis of individual care evaluations in 15-20% of currently hospitalised patients chosen at random, that is patients with restricted physical efficiency, these requiring more complex diagnostic, therapeutic, nursing and educational procedures (according to the categorisation – patients' self-care ability). In the Independent Public Clinical Hospital No 1 of the Academic Clinical Centre at the Medical University of Gdańsk nurses use a 4-degree patients' categorisation scale: category IV – denotes patients who require intensive care, category III – patients who require intensified care, category II – patients who require moderate care and category I – patients who require minimal care.

Statistical analysis was performed by means of STATISTICA 6 package (StatSoft, Inc) licensed for the Medical University of Gdańsk. Statistical description was produced with the use of the mean, statistical deviation and frequency. Statistical conclusion depending on the scale and distribution type was made by means of t-Student, ANOVA, Scheffe post-hoc test, chi-square and r-Spearman nonparametric correlation.

Results

In order to ensure the anonymity of the wards evaluated, for the research need the wards were numbered in the following way: O1, O2, O3, O4, O5. The evaluation in all the wards was made with reference to patients' categorisation scale, which is presented in *Tab. 1*.

In the analysed records there were 50 people classified to Category IV, 60 people classified to Category III, 35 people classified to Category II, and 5 people classified to Category I. Thus, the records of patients requiring intensive or intensified care constituted the largest group. There were statistically significant differences between wards and the evaluation of patients' self-care abilities – $\chi^2=63.95$; $df=4$; $p \leq 0.001$; $V=0.135$

Two elements from the first part of the chart were subject to evaluation: 1. Patient's habits (for example sleep) were determined – problem value – 1 point. 2. Patient's psychological condition was assessed – problem value – 3 points. In O3 ward while gathering general information nurses took patients' hab-

Table 1. The list of evaluated records in relation to patients' category

	N of evaluated categories				
	Category IV	Category III	Category II	Category I	
01	20	10	0	0	30
02	10	15	5	0	30
03	5	15	10	0	30
04	10	0	20	0	30
05	5	20	0	5	30
Total	50	60	35	5	150

Table 2. Gathering general information

	r-Pearson correlation coefficient between the evaluated aspect and the analysed group, records (n=150)				
	Ward 01	Ward 02	Ward 03	Ward 04	Ward 05
Patient's habits (i.e. concerning sleep) were specified	0.62	0.69	0.59	0.71	0.74
Patient's psychological state was evaluated	0.58	0.62	0.57	0.73	0.74

p<0.01

Table 3. Patient's admission to a ward

Evaluated aspect	Ward	Mean value of points scored	Standard mistake	Significance level – p
Admission-related psychological problems of patients and their families were identified and action plan was established	01	45.28	0.831	p<0.001
	02	39.33	0.963	
	03	15.37	0.749	
	04	6.57	0.859	
	05	12.06	0.624	
On admission, action plan connected to patients' social problems was established	01	42.33	0.756	p<0.001
	02	38.22	0.956	
	03	21.34	0.755	
	04	39.23	0.942	
	05	20.35	0.742	
On admission action plan connected to patients' habits and free time organisation was established	01	10.06	0.512	p<0.001
	02	15.31	0.736	
	03	18.22	0.859	
	04	9.21	0.8550	
	05	15.09	0.731	

its into consideration in 100%, while in O4 ward only in 20% and in O5 ward – in 50%. In O2 ward in 100% of records the above aspect was not mentioned whereas in O1 ward – in 90%. In wards O1, O2, O3 and O5 patients' psychological condition was assessed in 100% of records, and in O4 ward – in 80%. *Tab. 2* presents the correlation coefficient between the evaluated aspect and the analysed group, records.

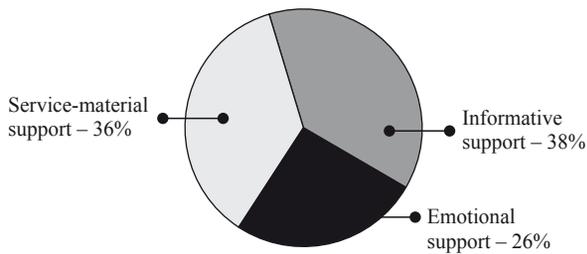
Further analysis was concerned with selected aspects from the third part of the evaluation chart – patient's admission to a ward (part II containing physical examination's results was omitted for the research need). The following aspects were evaluated: 1. Action plan resulting from the necessity of ensuring patients' safety was established; 2. Admission-related psychological problems of patients and their families were identified and action plan was established; 3. On admission, action plan connected to patients' social problems was established; 4. On

admission action plan connected to patients' habits and free time organisation was established. Satisfying conditions 1 and 2 of the evaluation aspect did not cause problems in any of the wards. Nurses in their documentation most often recorded the presence of negative feelings, such as: fear, depression, or anger, and rarely – positive feelings: happiness or satisfaction. As far as conditions 3 and 4 of the evaluation aspect, there were considerable differences between the wards, which is presented in *Tab. 3*.

Part IV of the evaluation chart concerning nursing diagnosis and realization of psychological support, was to assess whether the diagnosis was connected with the realization of psychological support. As far as the realization of informative support is concerned, the following elements related to ensuring patients' safety were evaluated: familiarizing patients with their rights, personnel and other patients in the ward, the presentation of

Table 4. Nursing diagnosis and support realisation

Analysis of variance, one-way ANOVA				
Support	Group	Sum of quadrants	Df	Significance level – p
Informative	Between groups	6.190	4	p<0.05
	Within groups	49.407	124	
	Total	55.597	128	
Service-material	Between groups	0.361	4	p<0.001
	Within groups	6.319	148	
	Total	6.680	152	
Emotional	Between groups	2.039	4	p<0.01
	Within groups	35.029	148	
	Total	37.059	152	

Figure 1. Realization of support in the whole analysed group

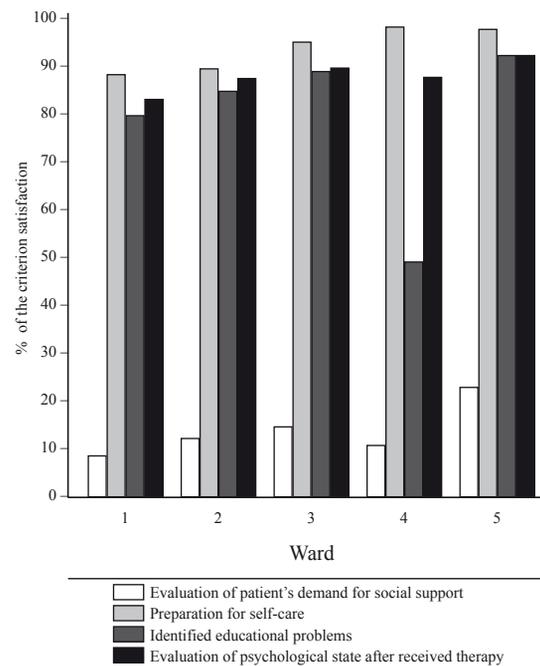
the rules and regulations in the ward, informing patients about pastoral – psychological care.

As far as the realization of material and service support is concerned the following elements were evaluated: preparing for self-care, health education, solving care-related problems, preparing for discharge.

As far as the realization of emotional support is concerned the following elements were evaluated: actions reducing anxiety resulting from admission to the ward – entering a new group, psychological preparation for a medical procedure – examination, talks explaining the aim of the instrumental and care actions undertaken, support in reducing negative effects of a therapy (pain, nausea, vomiting), ensuring contact with a family. Between informative, emotional, and service-material support there were marked differences both between the groups analysed and also within the groups. This may indicate certain freedom in realization of tasks connected with psychological support. The above relations are presented in *Tab. 4* and *Fig. 1*.

The assessment of preparing a patient for discharge constituted an important element in which the degree of demand for social support, preparation for self-care, identified educational problems, and psychological state after received therapy were subject to evaluation. *Fig. 1* shows how little attention nurses pay in order to assess patient's demand for social support on discharge. The highest realization level was obtained while evaluating patients' preparation for discharge, but even here the results were not satisfactory – *Fig. 2*.

The criterion concerning a general evaluation of patients' psychological condition after received therapy was partially

Figure 2. Preparing patient for discharge

satisfied, which seems to correlate with a considerable disproportion in ability to determine patients' emotional states noticed by the authors. The results indicate that in all analysed wards the most problematic factor for nurses was taking the patients' (children's) habits and free time planning into account while establishing the plan of action. In numerous cases a stated nursing care diagnosis was not connected with the realization of psychological support. Providing the patients with the feeling of safety and contact with family was positively assessed.

Discussion

Noticeable transformations in Polish nursing indicate constant changes, innovations aiming at further development of nursing care concept by putting contemporary nursing ideas in practice [17]. Thanks to this, nursing services offered are fully

professional and include all bio-psycho-social and health needs of a person. Thus, the emphasis is shifted away from performing individual nursing actions towards the idea of complete care of a patient [11]. The research reveals that information from medical records presents actions undertaken in the case of each patient, the way of solving their problems, providing psychological support and educating. One has to realise the fact that every medical record reflects, in more or less clear way, how the people who were keeping it understand the idea of nursing including the concept of nursing as a combination of practical activities [4,16]. While preparing care plans nurses should remember that the day patients are discharged from hospital, they will need support in home environment [5]. To determine the need of such kind of support seems quite appropriate due to an increasing number of successfully run mutual-aid societies, groups and non-governmental organisations. The problem concerning certain inability to record nursing procedures related to psychological support of a cancer patient is far too often neglected or even ignored by people controlling the quality of nursing services. Determining patient's habits during the initial stage of gathering information should play a major role, especially in paediatric wards. Unfortunately, according to what has been revealed in research, this is not always realized. As it is correctly observed, the quality of medical service is influenced by a human factor [9], however, what the authors emphasise, care of a cancer patient undergoes significant changes in which nurses play a key role. Health care reform currently taking place in Poland requires from nurses paying more attention to patients' needs. As it is highlighted in the literature on the subject, the aspect of guaranteeing all patients the best possible medical and nursing care has to constitute the main strategy for the management and personnel's everyday activities [8,10]. The management has to possess effective tools for evaluating the quality of services offered, including psychological support. This research is an attempt of presenting the possibilities of evaluating the realization of psychological support in relation to cancer patients, based on nursing care process records. The results presented should be treated as an initial report, since the authors are aware that the tendencies and regularities have to undergo analysis in a larger-scale research project.

Conclusions

1. The evaluation chart of nursing care history is a tool which makes it possible to analyse the realization of psychological support in nursing care process.

2. The results of the analysis concerning the realization of supporting cancer patients should form the basis of a current evaluation of the quality of care offered and its improvement.

3. In the care process nurses should pay more attention to the evaluation of patients and their families' need of social support.

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