Caring for ourselves and our patients

Here Lidia Schapira, Chair of the MASCC Psychosocial Study Group, and Leeat Granek of the Faculty of Health Sciences, Ben Gurion University of the Negev, Israel, look at the importance of placing the patient and family at the centre of the treatment plan.

Oncology nurses are the backbone of cancer care. Nurses intuitively know how important it is to recognise and acknowledge what makes each patient unique. As we reflect on the numerous contributions of oncology nurses to the care of the whole person, we are reminded that current approaches and interventions follow the principle of placing the patient and family at the centre of the treatment plan along the entire continuum of illness. To do this, nurses need to be ready to identify and address sources of distress, particularly at times known to be most stressful, such as the initial diagnosis or subsequent transitions in care – the end of active cancer treatment, or when a cancer relapses.

Nurses provide emotional support throughout the entire cancer journey, and address multiple aspects of the illness experience that encompass psychosocial, spiritual and physical domains of care. Oncology nurses are also essential members of the palliative care team, ideally suited for this role given their comfort and expertise in symptom assessment and management. Given the intensity of the emotional connections between nurses and patients, and the toll exacted by the constant exposure to patients who suffer, it is important to prepare nurses for practice and maintain their psychological wellbeing.

Patient- and family-centred care begins with the assumption that the individual patient is part of a wider family structure and that providing the best possible medical and psychosocial care for the patient means incorporating, forming partnerships with – and when possible – providing care and support for the significant family members. This model of oncology care is the standard practice with cancers in children while the interdependence of the patient and their family members is more obvious, and can serve as a good working model for innovation in cancer care for adults.

Another important aspect of psychosocial care is the ability and willingness of oncology nurses to identify emotional distress in their patients and refer them to treatment when necessary. Research indicates that cancer patients suffer substantial physical and psychological distress and are at an increased risk for suicide. We also know that healthcare professionals frequently fail to recognise psychological disorders in cancer patients. For example, in one study, healthcare professionals identified only one-third of distressed cancer patients who were suffering from severe mental health distress.

Identifying anxiety and depression

Oncology nurses, who have extensive and ongoing contact with patients and their families, may be in a particularly good position to identify anxiety and depression and make the appropriate referrals when needed. Depressed patients with cancer have worries about their disease, relationships with friends, the well-being of family members, and finances. The picture is even more complicated when we think about the long-term impact of a diagnosis of cancer. A recent meta-analysis has shown that anxiety is the most common...
mental health issue among long-term cancer survivors, a growing segment of our patient population that deserves our attention and expertise.\(^{12}\)

As time pressures increase, with greater time spent charting or performing tasks that do not involve direct contact with patients, it is sobering to reflect on the vital aspects of the nurse–patient–family relationship. Sitting with a patient who is receiving an infusion, a nurse may skillfully redirect that patient’s anxieties, coach them to take their anti-emetics or anxiolytics on a regular schedule, and maintain their innate hopefulness in a better future. Experienced nurses can also help patients shore up their social supports, perhaps encouraging them to seek help from members of a religious community or relatives or friends who mean well, but need specific directions in order to be useful. Moreover, nurses can perform a vital role in guiding patients to trusted sources of medical information that are vetted by experts, and also help patients de brief after consultations with their oncologists, where treatment options may have been discussed. Helping patients sort through various treatments by thinking about pros and cons, by helping them sharpen their own questions and discuss their hopes and values, provides an inval-
valuable service that is often not sufficiently acknowledged by other members of the professional cancer team.

Finally, oncology nurses who are on the front line of patient care are witnesses to intense suffering and are exposed to repeated losses. As such, they may be at risk of burnout, compassion fatigue, grief and moral distress. On an aeroplane, we are taught to secure our own oxygen masks first before helping the person sitting next to us. This metaphor is apt for oncology nurses and other healthcare professionals working in the intensely interpersonal and high-pressure environment of cancer care. Without our oxygen – whether that be social support, hobbies, taking time off, and taking good physical and emotional care of ourselves – we cannot help others. Some examples of self-care might include debriefing sessions,13,14 day-long retreat workshops,15-17 educational sessions on coping,18,19 and week-long residential programmes.19 Strategies on preventing and reducing burnout might also include forming stronger relationships and connections among the healthcare team, providing psycho-education on how to identify, control, and treat stress, and learning how to regulate one’s emotions.20

We count on oncology nurses to deliver care that is grounded in evidence and generously sprinkled with compassion. The impact of those moments of connection and care leave a lasting impression on patients and their loved ones and help them overcome the suffering and sorrow of illness and loss.

Details of the references cited in this article can be accessed at www.cancernurse.eu/magazine

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