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Editorial

Oncology nurse: Psychological nursing for cancer patients, what can we do?



In recent years, the incidence of cancer in China has been increasing year by year. According to a report from the International Agency for Research on Cancer, the estimates of new cancer cases and cancer deaths in China in 2020 were 4.569 million and 3.003 million, respectively.¹ Cancer account for nearly one-third of deaths from all diseases each year. The increasing number of patients with cancer in China have led to the increasing need for cancer care service and challenge for oncology nurse.

In the training course of oncology nurse certification, the most common question asked by nurses is what can we do about the psychological distress of cancer patients? Talking about psychosocial and spiritual care for cancer patients, I would like to share some of my own understanding and experience.

When I was in college, the teachers of nursing school mentioned psychological nursing almost every part of the course. My understanding of psychological nursing at that time was to comfort patients when they were stressed, anxious or in a bad emotion. After many years of clinical practice in cancer nursing, I have come to realized that psychological nursing is much more than this.

Cancer is a life-threatening disease with the characteristics of insidious onset, rapid disease progression, long treatment cycle, complex symptoms and poor prognosis. Patients have a variety of painful psychological experience such as anxious, agitated, depressed, angry, lonely and desperate throughout the illness process. Every patient is like a traveler lost in desert, full of suffering and wondering. Once the disease was diagnosed, they began a difficult and unusual journey.

As oncology nurse, if we want to relieve cancer patients' psychological distress, understanding the cause of psychological pain should be the first. The main causes of psychological distress of cancer patients and nursing strategies are as follows:

Unrelieved physical symptom and psychological distress

Cancer patients' physical symptoms include, but are not limited to fatigue, weakness, insomnia, pain, nausea, vomiting, dyspnea, and constipation. In clinical nursing practice, we can see that unalleviated pain makes patients restless and even tendency to suicide; nausea, vomiting and difficulty swallowing caused by illness or treatment make them unable to eat and depressed; dyspnea keeps them insomnia and anxious; malignant wounds with a lot of oozing fluid and foul smell leave them afraid to go out and feel lonely and depressed, and so on. The psychological distress of these cancer patients caused by their physical symptoms poorly controlled. A survey of 156 hospitalized patients with cancer pain showed that 35.2% of them did not receive effective pain relief.² Without physical comfort, psychological comfort is out of the question.

Therefore, effective control of physical symptoms is the key to alleviate psychological pain.

Oncology nurses should play a professional role in symptom management of cancer patients, including symptom screening and assessment, correct medication administration, implementation of drug and non-drug nursing measures, patient education, follow-up support, etc.

Uncertainty of illness and psychological distress

In clinical nursing practice, when the patients with clear cancer diagnosis, disease progression, poor prognosis, and even death approaching, they are still not told of the truth, and the uncertainty of the disease is throughout the illness trajectory, which make the patients suspicion, anxiety, restlessness, and loss of appetite and sleepless. Their psychological distress come from their rights to know were deprived of by their families and medical staff. A survey indicated in China a high proportion of cancer patients continue to receive inadequate information about their illness.³

Nurses as the primary caregivers of cancer patients, often become their most trusted persons. We should identify their concerns and needs, use communication skills appropriately to tell the truth, provide the information they need, guide them in decision making, advocate for the patient's right, so as they have the opportunity to involve in the treatment and care plan consistent with their value and preference, and also they can feel more sense of self-control and less psychological distress.

Death approaching and psychological distress

In clinical nursing practice, we can see there are a lot of cancer patients at the end of life even the last days or hours who cannot face the current condition and accept the fact of death approaching. Some patients struggled between the hope and despair. Some patients suicided with extreme fear and hopelessness. Some dying patients occurred restless and delirium that cannot be explained by physiological factors. The psychological distress of these patients comes from their anxiety and fears about death and separation from their loved ones, from death impending but wishes unfinished. A study revealed that of 300 Chinese patients with advanced cancer, 43 (16.8%) had moderate death anxiety based on scores of ≥ 45 on the death and dying distress scale-Chinese version.⁴

Providing death education timely for terminal patients to promote good death, is the responsibility of healthcare staff. Good death is actually a "good living" at the end of life. Nurses with their unique role as professional caregivers, have more opportunities to guide terminal patients to understand and accept the dying. We should accompany and

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support patients to find meaning, reorganize their life plans, appreciate and treasure the happy days and loved ones what they have, and actively live at present until the last moment rather than passively waiting for death.

Anger emotion and psychological distress

In clinical nursing practice, we often see many patients full of anger and express the emotion in various forms, or blame others, or irrationally angry, or scold family members, or refuse examination and treatment. Many family members felt sad, hiding in the corridor alone with tears. As oncology nurses, we should know that patients' anger is actually the manifestation of their serious psychological and spiritual pain which comes from many reasons, including: sense of frustration caused by patient's role changed in family and social settings or loss of independence; disappointment about the gap between expectations and reality because of disease progression; Feeling of spiritual distress because their beliefs crumbled in front of the cancer disease; guilt over the heavy financial and caring burden of long-term treatment to their family, and so on.

Nurses should express understanding and respect to the patients through accompanying and deeply listening, empathy their feelings and distress, identify their concerns and worries under the anger emotion, and build a bridge between patients and their families, encouraging them to communicate openly, express feeling, concerns and worries, support each other and face difficulties together.

Implication for nursing

Nursing as a discipline focuses on the patient's response to disease and treatment. This response is reflected in the patient's physical, psychological, social, and spiritual all-round needs. When any one aspect need is not met, psychological distress will occur. In addition, the physical, psychological, social, and spiritual problems are closely linked and interact with each other. When we talk about psychosocial and spiritual care, actually providing holistic nursing for cancer patients is the focus.

To provide quality care for cancer patients, oncology nurses as primary members of the health care team, should have the competencies including professional symptom management ability, appropriate communication skills and person-centered compassionate care. While these competencies are just the core content of palliative care. That is to say, palliative care is essential part of holistic cancer nursing and every oncology nurse should have the primary knowledge and skills of palliative care. So, how to integrate palliative care into cancer nursing for quality cancer care is further effort for us.

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Declaration of competing interest

None declared.

References

- 1 Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, Bray F. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin.* 2021;71:209–249.
- 2 Yu WH, Yang H, Ma XX, Hou XT, Guo RX, Wang Y, et al. Study on pain management outcome of inpatients with cancer pain and pain management behavior of medical staff. *Chin J Pain Med.* 2021;27:393–396.
- 3 Tang Y. Death attitudes and truth disclosure: a survey of family caregivers of elders with terminal cancer in China. *Nurs Ethics.* 2019;26:1968–1975.
- 4 Tang LL, Zhang YN, Pang Y, Zhou YH, Li JJ, Song LL, et al. Validation of death and dying distress scale-Chinese version and prevalence of death anxiety among patients with advanced cancer. *Front Psychiatry.* 2021;12:715756.

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