

Review

Signalising psychosocial problems in cancer care The structural use of a short psychosocial checklist during medical or nursing visits

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Abstract

Objective: In this summary of literature, we evaluated 16 studies with respect to recognition and screening for psychosocial problems of cancer patients during nursing or medical visits, and with respect to the effects of providing quality of life information during these visits.

Methods: A review of the literature was conducted. To obtain the relevant literature, a search was made of two databases: Medline and Nursing and Allied Health Literature. The literature from the last 12 years – from 1993 till 2004 – was selected.

Results: The results show that in a number of studies a gap is demonstrated between the presence of cancer patients' psychosocial problems and health care providers' ability to signalise these problems adequately. The outcomes of these studies further show that the use of a psychosocial checklist is helpful in screening and communicating psychosocial problems, and that supplying information about quality of life facilitates provider–patient communication about these issues.

Conclusion: None of the studies, however, provides extensive insight into the feasibility of a psychosocial checklist in daily oncology practice. Implementation projects have to be conducted focussing on conditions that block or facilitate the use of a psychosocial checklist in daily practice.

Practice implications: By monitoring blocking and facilitating conditions strictly and, if necessary, by adjusting them, we can create guidelines to make the use of a psychosocial checklist feasible.

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Keywords: Cancer; Oncology; Recognition; Detection; Screening; Anxiety; Depression; Quality of life information; Communication

Contents

1. Introduction	164
1.1. Aim of the study	164
2. Methods	164
3. Results	165
3.1. Recognising psychosocial problems	165
3.2. Screening	168
3.3. Communication	173
4. Discussion and conclusion	175
4.1. Discussion	175
4.1.1. Methodological reflections: the quality of the studies	175
4.1.2. Practical reflections: the feasibility	176

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4.2. Conclusion	176
4.3. Practice implications	176
References	177

1. Introduction

Cancer and its consequences have a considerable impact on the life of the patient in terms of severe emotional distress [1]. Patients' future prospects may be limited and in certain cases, length of life is reduced. Patients suffer from the consequences of the disease in that they have to undergo medical treatment that can have far-reaching consequences, such as disfigurement, physical symptoms, especially an increased chance of chronic fatigue [2] and limitations in daily life functions. In addition, the emotional distress as a result of the far-reaching consequences of the disease and its medical treatment can lead to acute anxiety and depressive states, [3,4], which are the most common psychosocial problems among cancer patients [5]. In other words, a life threatening disease such as cancer is a traumatic event, and demands a great deal of adaptability from patients and their environment.

When these patients undergo medical treatment in hospitals, adequate patient education, emotional support, and, if necessary, referral to supportive care facilities such as social work, or to psychosocial treatment by a psychologist are of vital importance [6]. Doctors and nurses, the primary care providers of admitted cancer patients, are important to meet these patients' needs. Though the attitude of doctors and nurses towards psychosocial aspects is often sympathetic, there are, however, many indications that identification and discussion of serious adaptation problems have to be improved. The study of Schrameijer and Brunenberg [7] pointed out that 37% of patients with cancer wanted psychosocial support, but only 10% of them actually received psychosocial treatment. Similar findings are reported by Carlson and Bultz [1].

Studies further show that omissions exist with respect to signalling psychosocial problems of cancer patients from the side of medical and nursing professionals [8,9]. Especially, the severe symptoms of distress are underestimated [10,11,12]. Patients, on the other hand, are reluctant to bring up their distress [13]. They are inclined to wait with seeking psychosocial treatment until they undergo a crisis situation, leading doctors and nurses to underestimate patients' problems. These findings demonstrate that the current oncology care still is characterised by limited attention for the psychosocial wellbeing of the patient.

In order to foster integration of psychosocial care into the total care of cancer patients during medical treatment, the use of a short checklist, filled out by the patient at the start of the nursing or medical encounter, could be a relevant intervention. It can facilitate doctors and nurses in busy working circumstances to detect psychosocial problems which may increase timely referral to professional psychosocial

treatment. Besides, the use of a short checklist can facilitate communication between provider and patient about the topics of the list [14]. This integral approach requires an interdisciplinary way of working, in which psychosocial support is not only reserved to psychosocial providers, but to the medical and nursing professionals as well.

In current oncology care, increasing attention is being paid to screening patients with cancer for psychosocial problems by means of such a checklist. This is an interesting trend over the past 12 years, and several checklists have been developed for that purpose. Nevertheless, up to now only a limited number of studies have focused on this subject.

1.1. Aim of the study

Since the use of a checklist can help health care providers to systematically screen patients on problems in this area and can help these professionals to communicate with patients about the topics of the list, it is relevant to gain more insight with respect to the state of art of research into the use of a checklist during medical or nursing encounters. For this purpose, we will provide a review of the literature about screening on psychosocial problems during medical or nursing encounters and about the effects of providing quality of life information during medical visits. Additionally, we will describe the findings from studies about doctors' and nurses' recognition of cancer patients' psychosocial problems.

The following questions are addressed in this article:

- To which degree do doctors and nurses *recognise* patients' psychosocial problems?
- What is known about the use of a checklist in order *to screen* patients on psychosocial problems during the medical or nursing consultation?
- What is known about providing quality of life information during the medical or nursing consultation in order *to communicate* about these topics with patients?

2. Methods

To obtain the relevant literature, a search was made of two databases: Medline and Nursing and Allied Health Literature. The literature from the last 12 years – from 1993 till 2004 – was selected. The bibliographies of the selected articles also revealed some relevant articles, running from 1993.

The following key words were used in combination for the searches: cancer/oncology in combination with recognition, screening, anxiety/depression/quality of life information, communication.

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