

Research Article

Understanding and Addressing the Informational Needs of Radiation Therapists Concerning the Management of Anxiety and Depression in Patients Receiving Radiation Therapy Treatment

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ABSTRACT

Purpose: Cancer Care Ontario has mandated that all health care professionals working within oncology centres in Ontario should routinely screen and address symptoms of anxiety and depression in cancer patients. This study aims to assess the informational needs of radiation therapists (RTs) concerning the discussion and management of anxiety and depression symptoms in patients receiving radiation therapy treatment. It will also attempt to determine whether RTs believe that reviewing patients' self-reported symptoms should be included as part of their routine patient assessment.

Methods: A questionnaire was initially piloted at the host institution to six randomly chosen RTs and then sent via e-mail to all radiation therapists practising in Ontario, Canada (N = 921). The online questionnaire consisted of multiple choice questions and was divided into the following four themes: (1) RT comfort levels surrounding the topics of anxiety and depression; (2) management of anxiety and depression in cancer patients; (3) further education needed/requested in anxiety and depression symptom management; and (4) the Edmonton Symptom Assessment System (ESAS). Data analyses included the calculation of means and two sample two-sided *t* tests to examine the relationships between various demographics and responses.

Results: RTs feel more comfortable in the discussion of issues surrounding anxiety when compared with depression. The most common positive factor affecting RTs' comfort levels addressing emotional distress is previous experience with patients who have expressed these symptoms; whereas, the most common adverse factor affecting comfort levels is the lack of education regarding emotional distress. Eighty-seven percent of RTs would like further education surrounding anxiety and depression symptom management. Seventy-eight percent of RTs agree that ESAS

is an important tool for symptom management; however, only 16% actually use this tool in their clinical practice.

Conclusions: Although RTs within Ontario feel fairly comfortable addressing anxiety and depression symptoms, they have indicated that further education regarding these topics would be useful. Further research into seamlessly incorporating ESAS into RTs' daily practice should be considered.

RÉSUMÉ

Contexte : Action Cancer Ontario a demandé que tous les professionnels de la santé travaillant auprès des centres de cancérologie en Ontario assurent le dépistage et le traitement des symptômes d'anxiété et de dépression chez les patients atteints d'un cancer. L'étude vise à évaluer les besoins d'information des radiothérapeutes (RT) en matière de discussion et de gestion des symptômes d'anxiété et de dépression chez les patients recevant des traitements de radiothérapie. Elle tentera également de déterminer si les RT croient que l'examen des symptômes rapportés par les patients eux-mêmes devrait faire partie de l'évaluation de routine qu'ils font auprès des patients.

Méthodologie : Un questionnaire a d'abord été présenté dans le cadre d'un projet pilote dans l'institution-hôte de six RT choisis au hasard avant d'être envoyé par courriel à tous les radiothérapeutes exerçant leur profession en Ontario, au Canada (n = 921). Le questionnaire en ligne comportait des questions à choix multiples et était divisé en quatre thèmes : (1) le degré de confort des RT face au sujet de l'anxiété et de la dépression; (2) la gestion de l'anxiété et de la dépression chez les patients atteints du cancer; (3) les besoins/demandes en matière d'éducation supplémentaire sur la gestion des symptômes d'anxiété et de dépression; (4) l'Échelle d'évaluation des symptômes d'Edmonton (ESAS). L'analyse des données comprenait le calcul des moyennes et deux tests de Student bilatéraux

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échantillons afin d'examiner les relations entre différents facteurs démographiques et les réponses.

Résultats : Les RT se sentent plus à l'aise pour discuter des enjeux relatifs à l'anxiété qu'à ceux de la dépression. Le facteur le plus fréquent ayant une incidence positive sur le niveau d'aisance des TR face à la détresse émotionnelle tient à l'expérience antérieure auprès de patients ayant exprimé ces symptômes, alors que le facteur ayant une incidence négative le plus fréquent est le manque d'éducation sur la détresse émotionnelle. Quatre-vingt-sept pour cent (87 %) des TR aimeraient avoir plus d'éducation sur la gestion

des symptômes d'anxiété et de dépression. Soixante-dix-huit pour cent des RT conviennent que l'ESAS est un outil important pour la gestion des symptômes, mais seize pour cent (16 %) seulement utilisent cet outil dans leur pratique clinique.

Conclusions : Bien que les RT exerçant leur profession en Ontario se sentent relativement à l'aise pour traiter les symptômes de l'anxiété et de la dépression, ils mentionnent qu'une éducation additionnelle sur ces questions serait utile. D'autres recherches sur l'intégration transparente de l'ESAS dans la pratique quotidienne des RT devraient être envisagées.

Keywords: emotional distress; anxiety; depression; radiation therapy; Edmonton Symptom Assessment System

Introduction

A diagnosis of cancer causes some level of emotional distress in all people, with some individuals experiencing significant depression and anxiety symptoms [1–3] as a result of the diagnosis, treatment(s), and comorbidities. As many as 35% of cancer patients experience clinically significant distress [4]. A new standard of Accreditation Canada identifies the need for emotional distress to be addressed as a sixth vital sign (along with blood pressure, pain, heart rate, respiration, and temperature) [5]. It is essential to detect signs and symptoms of anxiety and depression early on and therefore, provide interventions and treatment to ensure the issues are not exacerbated [3, 6, 7]. Providing comprehensive education to patients for all aspects of the treatment continuum and side effects tends to reduce anxiety [8]. This knowledge may be extended to infer that appropriately managing anxiety and depression will in itself help to reduce the apprehension a patient may be experiencing.

Cancer Care Ontario (CCO) released its Ontario Cancer Plan for 2011–2015 which includes six strategic priorities and goals to achieve the vision of creating the best cancer system in the world. One of the strategic goals is to improve the patient experience along every step of the cancer patient journey [9]. Part of this strategy is the introduction of practice guidelines for symptom management to assist all health care professionals in monitoring and managing patients' symptoms throughout the cancer journey. This includes detailed symptom management guides and algorithms (care maps) for anxiety and depression, providing health care professionals with information regarding screening, assessment, and psychosocial-supportive care for adult cancer patients who are experiencing depression and/or anxiety [2].

The CCO practice guidelines recommend that all health care providers routinely screen for the presence of emotional distress, including symptoms of anxiety and depression [2]. Furthermore, once screening indicates the presence of anxiety and/or depression symptoms, steps must be taken to ensure the patient is appropriately referred and managed with an individually tailored care plan. This referral can be to a physician, social worker, and/or nurse or may include information about local support groups and/or relaxation techniques.

In radiation therapy, the radiation therapists' (RTs) professional role includes symptom assessment and management on a daily basis as they see patients anywhere from one treatment to upwards of forty treatments. In a study by Halkett et al [10], RTs indicated that they feel uncomfortable screening for and managing the symptoms of anxiety and depression. To fulfil the requirements of the CCO practice guidelines, it is imperative that RTs are routinely screening for symptoms of emotional distress: anxiety and depression. In addition to symptom screening, RTs are required by CCO to facilitate discussion with patients, provide referrals to supportive care professionals, and provide appropriate supportive care interventions such as education about anxiety/depression and methods of coping with these symptoms.

There is limited research surrounding how RTs address and manage the symptoms of anxiety and depression in cancer patients. A study conducted among RTs in Ontario, Canada [11] examined RTs' abilities to communicate with patients during emotional interactions, specifically anxiety. It was found that RTs are effective at communicating with emotional patients; however, this ability is significantly affected by personal and organizational factors, notably experience and time. The previously mentioned study is a published conference abstract; therefore, additional details are currently unavailable to draw upon.

Another important aspect of symptom management in Ontario is the Edmonton Symptom Assessment System (ESAS). In accordance with the CCO guidelines, patients are asked to complete the self-reporting ESAS questionnaire weekly before seeing their radiation oncologist [9]. This questionnaire includes questions on anxiety, depression, and well-being. This patient-reported information is typically used by the radiation oncologist and radiation oncology nurses; however, it is not always used by the RTs. ESAS is a simple yet valid tool for assessing anxiety and depression in patients [1, 12].

Purpose

The primary aims of this study are to assess the educational and/or supportive informational needs of RTs regarding their ability to facilitate discussion and address anxiety and

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