

This material is protected by U.S. copyright law. To purchase quantity reprints, e-mail [reprints@ons.org](mailto:reprints@ons.org). For permission to reproduce multiple copies, e-mail [pubpermissions@ons.org](mailto:pubpermissions@ons.org).

# Do Oncology Nurses Provide More Care to Patients With High Levels of Emotional Distress?

Gunilla Mårtensson, RN, MSc, Marianne Carlsson, PhD, and Claudia Lampic, PhD

**T**his study is part of a project investigating whether discrepancies between oncology nurses and patients with cancer concerning perceptions of the patients' situations have consequences for clinical practice. Earlier findings from the project have shown that nurses have shortcomings in adequately assessing the emotional distress of patients with cancer. The focus of this study is investigating the relationship between nurses' assessment of the emotional distress of patients with cancer and nurses' subsequent caring behavior.

Nurses have described meeting every patient's unique needs as central to cancer care (Botti et al., 2006; Kendall, 2007). Although nurses are part of the professional team responsible for providing care that meets these needs, they also have a front-line role in offering emotional support to patients with cancer (Corner, 2002). Because emotional distress is common among patients with cancer (e.g., the prevalence of anxiety and depression has been reported to vary between 10%–35%) (Aass, Fossa, Dahl, & Moe, 1997; Morse, Kendall, & Barton, 2005; Skarstein, Aass, Fossa, Skovlund, & Dahl, 2000; Strong et al., 2007), nurses in cancer care must be able to identify emotional distress as well as plan and provide nursing care that meets each patient's individual needs.

A widely used and accepted model to ensure individual care for each patient is the Nursing Process (Yura & Walsh, 1988), which is described as a problem-solving model and a confirming interaction between the patient and the nurse. The model involves five sequential and interrelated phases: assessment, diagnosis, planning, implementation, and evaluation. The goal of the first phase is to gather information about the patient's problems and needs, to understand the patient's own experience of the disease or issue (Iyer, Bernocchi-Losey, & Taptich, 1995), and to identify the patient's internal and external resources (Carnevali, 1996). In the second phase, the nurse critically analyzes and interprets the

**Purpose/Objectives:** To investigate nurses' planning and implementation of individualized patient care in relation to patients' emotional distress as assessed by nurses and whether nurses and patients perceived the implemented care in a similar manner.

**Design:** Prospective, comparative.

**Setting:** Five oncologic-hematologic wards in Sweden.

**Sample:** 90 individual nurse-patient pairs were recruited and 81 were intact after three consecutive days. Each pair consisted of a patient with cancer and a nurse responsible for that patient's care.

**Methods:** Nurse-patient pairs were followed using questionnaires. Outcome measures were nurses' identification of patients' emotional distress, care planning, and nurse-patient ratings of implemented care.

**Main Research Variables:** Patients' emotional distress and nurses' implemented care.

**Findings:** Nurses identified a variety of emotional issues among patients and planned individual nursing interventions. Nurse and patient perceptions of implemented care demonstrated weak correlations for individually planned interventions and nurses' general caring behavior. With one exception, nurse self-reports did not indicate any differences in nurses' caring behavior directed to more and less distressed patients. Nurses reported providing comfort more frequently to patients with high levels of emotional distress, but this was not substantiated in patients' ratings.

**Conclusions:** Nurses showed an intention to provide individualized care. However, with one exception, nurses did not report providing more care to patients with cancer with high levels of emotional distress than to less distressed patients.

**Implications for Nursing:** To ensure individualized care, nurses in cancer care should closely validate the accuracy of their interpretation of patients' needs and their planning of care in collaboration with the patients.

patient's problems and needs and identifies nursing diagnoses. Based on the nursing diagnoses, the care is then planned, implemented, and evaluated.