



ESTABLISHMENT OF A THERAPEUTIC RELATIONSHIP NURSE-PATIENT AT PATIENTS WITH ONCOLOGY DISEASES

Polya Gergova¹, Stela Georgieva², Eleonora Mineva-Dimitrova²

1) Department of Nursing Surgical Care, Faculty of Health Care, Medical University - Pleven, Bulgaria.

2) Department of Social Medicine and Health Management, Faculty of Public Health, Medical University - Pleven, Bulgaria.

ABSTRACT:

Introduction: Care for patients with oncology diseases is a specific area of competence in nursing. The nurse, as part of an interdisciplinary team, has an essential role in organizing, planning, implementing and evaluating the results of patient clinical care.

The study aimed to investigate patients' and nurses' opinions on the role of the nurse-patient relationship in improving the quality of care.

Material and methods: Data were collected by direct individual self-administered questionnaire among 49 nurses and a "face to face" semi-structured interview with 67 patients in five departments. Data were processed with the statistical program Microsoft Office Excel 2015 ÷ SPSS v.21.

Results: The idea of the therapeutic relationship "nurse-patient" was examined from the view point of both patients and nurses. More than half of the patients (53,7%) arrange as particularly important nurse skills to relieve physical pain, followed by 40,3% to inspire confidence and hope and 35,8% - the ability to listen and give advice. One in 10 patients expects to be included as a decision-making partner in planning care; every fifth patient expects information from the nurse according to her competence. Professional ethics and the relationship "nurse-patient" was evaluated by 55,2% of patients as excellent. All nurses (100%) underlie the principles of the therapeutic relationship, regardless of the length of the contact are respect, genuineness, empathy, active listening, trust, and confidentiality.

Conclusion: The nurse-patient relationship is a common responsibility of both: nurses and patients. Both groups evaluated the importance of its components for mutual satisfaction in such communication.

Keywords: nurse-patient relationship, nursing oncology care, oncology patient,

INTRODUCTION

Oncology diseases are among the leading causes of death worldwide [1]. Cancer is a chronic disease, and patients need constant, timely and continuous care [2, 3, 4]. Care for patients with oncology diseases is a specific area of nursing competence, and the oncology nurse's role quickly transforms from leading comfort and hygiene care to advanced practice oncology nurses with more responsibilities and roles [5, 6, 7]. The nurse, as part of an interdisciplinary team, has an essential role in organizing, planning, implementing and evaluating the results of patient clinical care [8, 9]. Good communication skills play a key role in the establishment of a therapeutic relationship between the nurse and oncology patients throughout the spectrum of health, illness, recovery and along the cancer continuum [10, 11]. In this professional relationship, the nurse must know ways to show respect, genuineness, empathy facilitating trust, confidentiality [12]. Nurses caring for these patients must possess not only excellent professional skills but also exhibit purely human qualities - compassion, commiseration, patience and tact, empathic attitude towards patient and moral support [13]. Communicating with patients is one of the most important skills that nurses must have to be effective nursing care [14].

The **aim** of the study was to investigate the opinion of patients with oncology diseases and nurses caring for them at Hospital UMBAL "D-r G. Stransky" - Pleven on the role of the nurse-patient relationship for improving quality of care.

MATERIAL AND METHODS

Data were collected in the period from 01.06 - 01.09.2022 by direct individual self-administered questionnaire among 49 nurses and a "face to face" semi-structured interview with 67 patients in five departments. Data were processed with the statistical program Microsoft Office Excel 2015 and SPSS v.21.

RESULTS

The idea of the therapeutic relationship “nurse-patient” was examined from the view point of both patients and nurses.

Social and health characteristics of the patients:

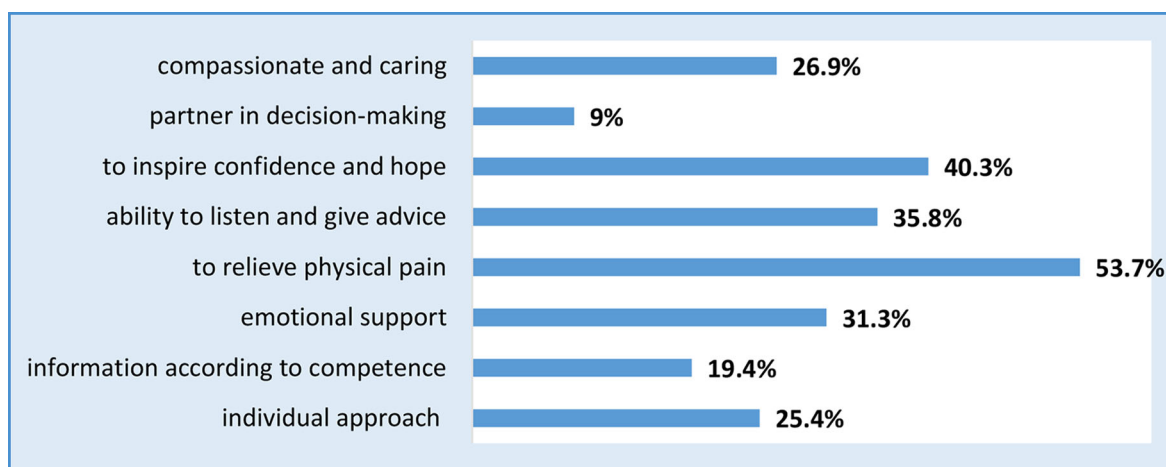
In the patient group, men prevail over women. The individuals aged 60+ dominated. The highest was the proportion of patients with secondary special education followed by persons with higher education. The most frequent localisation of the oncology process is breast cancer (32,8%), followed by colon cancer, rectum, stomach (29,9%) and cancer of the uterus, cervix and ovaries (22,4%).

Social and professional characteristics of nurses:

The majority of them are in the age group of < 30, followed by the age 60+. The largest proportion of nurses includes the group with more than 20 years of professional experience and the lowest - from 11 to 15 years of experience. The highest proportion of respondents have higher education – a bachelor’s degree.

Analysis of patients’ opinions found that more than half of the patients (53,7%) arranged as particularly important nurse skills to relieve physical pain, followed by 40,3% to inspire confidence and hope and 35,8% - the ability to listen and give advice. One in 10 patients expect to be included as a decision-making partner in planning care; every fifth patient expects information from the nurse according to her competence (fig. 1).

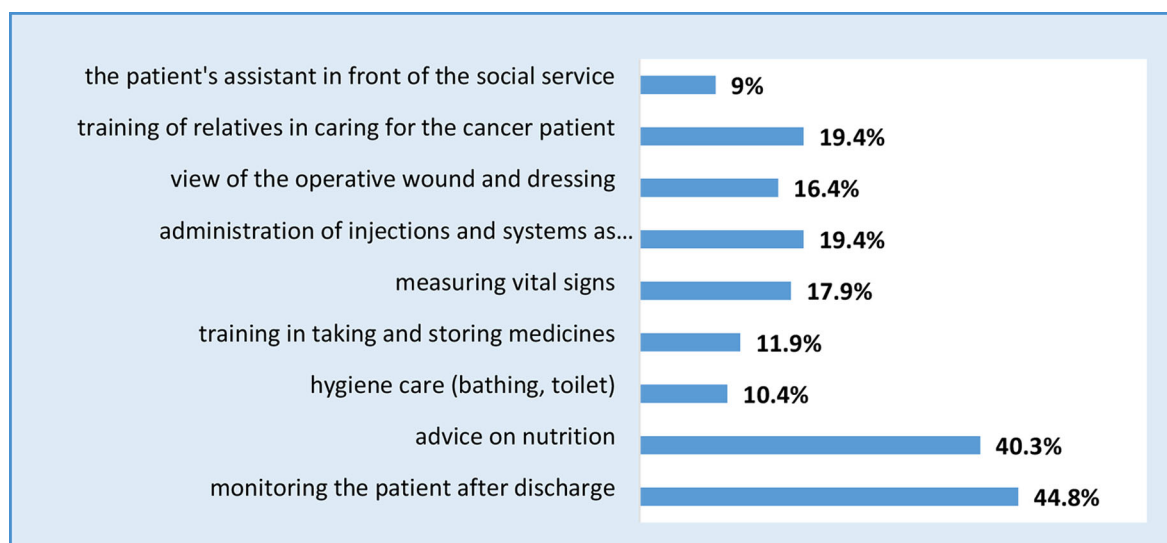
Fig. 1. Patient’s expectations of oncology nurses’ skills in a hospital environment



Professional ethics and the relationship “nurse-patient” was evaluated by 55,2% of patients as excellent. Patients assess nurses’ attitude to them and nursing care as excellent in 64,2% of cases. More than half of the patients arrange as particularly important oncology nurse skills to relieve physical pain to inspire confidence, and hope is very important nurse’s skill according to 40,3%. However,

should any questions arise, patients would refer for advice to the attending physician specialist (76,1), to the general practitioner (20,9%), just one patient would ask a nurse for advice (1,5%), and one of them doesn’t know who to turn to (1,5%). Regardless of that, the variety and benefits of post-hospital nursing care according to the patients are shown in Fig. 2.

Fig. 2. Distribution of patients according to their opinion about the benefit of post-hospital nursing care

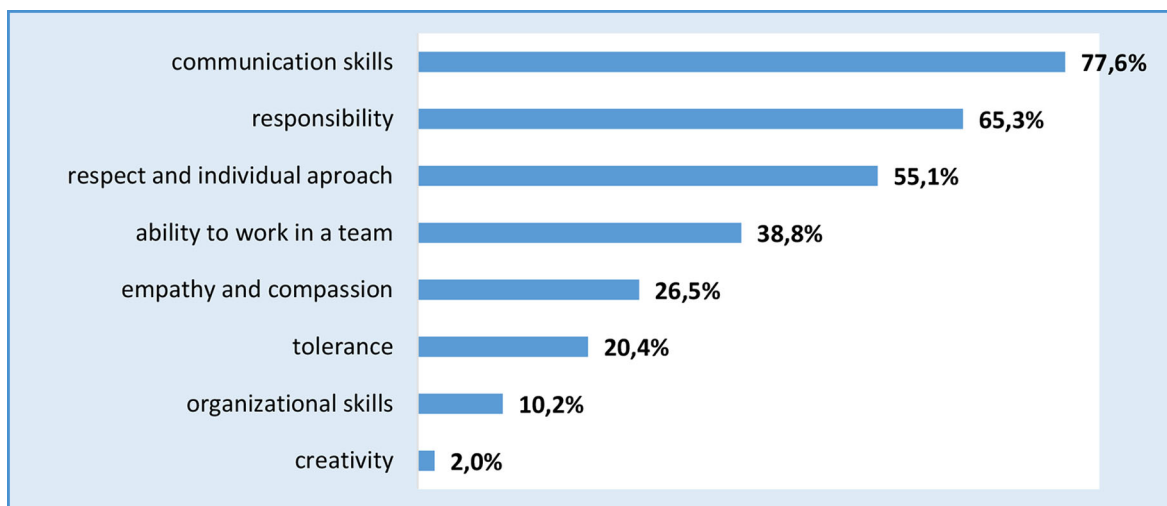


All nurses (100%) underlie the principles of the therapeutic relationship, regardless of the length of the contact are respect, genuineness, empathy, active listening, trust, and confidentiality.

All nurses 100% believe that communicating with

patients in the treatment process and recovery is very important. The underlying principles of the therapeutic relationship, regardless of the length of the contact are: respect, genuineness, empathy, active listening, trust, and confidentiality (Fig. 3).

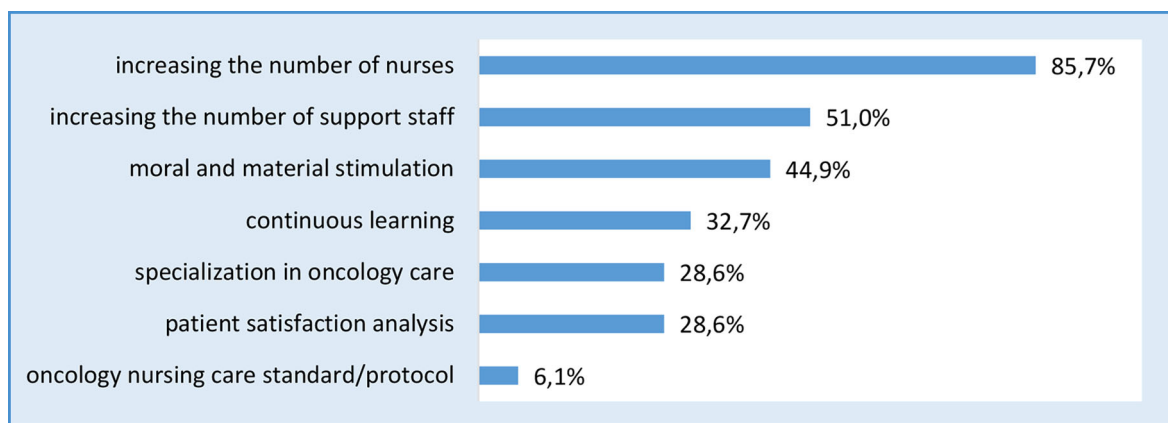
Fig. 3. Distribution of nurses according to their opinion about the most important social skills and competencies in the care of oncology patients



The distribution of respondents, according to their opinions on improving nurse–patient interaction, shows a variety of activities. The majority of nurses recommend increasing the number of nurses (85,7%), and support staff (51%), just a small part of them suggest a standard of on-

colony nursing care or protocols (6,1%) (Fig. 4). Most nurses (67.5%) assess their communication skills as “very good”. It was found that often the nurses talk with patients about the plan of care at time (40%); the needs of patient (30%) and provide health tips (12.5%).

Fig. 4. Respondents’ views on ways to improve care



DISCUSSION

Patients’ assessment of the nurses’ attitude and care towards them is high.

Patients prefer to talk about the illness with a doctor, and they turn to a nurse to share their pain, sleep problems, appetite, orientation, fears.

According to the nurses, communication skills are the underlying principle of the therapeutic relationship, which helps in the more straightforward adaptation of the patient in a hospital setting.

The ability of the nurse to communicate with the patient has a vital role in the healing process. The establishment of a nurse-patient relationship aimed at partnership and cooperation influences patient satisfaction with care.

All nurses should develop communication skills, which will lead to better relationships, job satisfaction and efficiency of patient care.

CONCLUSION

The role of the nurse in the nurse-patient relationship continues and will always retain its uniqueness. The nurse facilitates this relationship and is patient-centered and goal oriented. Awareness of the nurse's role sets the

boundaries of the relationship, but within these bounds are restricted possibilities for communication that may be both therapeutic and enriching for both parties – oncology nurses and patients.

REFERENCES:

1. Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin.* 2018 Nov;68(6):394-424. [PubMed]
2. Cao B, Soerjomataram I, Bray F. The burden and prevention of premature deaths from noncommunicable diseases, including cancer: a global perspective. In: World Cancer Report: Cancer Research for Cancer Prevention. Edited by Wild CP, Weiderpass E, Stewart BW. IARC, WHO. 2020. Chapter 1. 16-22. [Internet]
3. Challinor JM, Galassi AL, Al-Ruzzieh MA, Bigirimana JB, Buswell L, So WKW, et al. Nursing's Potential to Address the Growing Cancer Burden in Low- and Middle-Income Countries. *J Glob Oncol.* 2016 Feb 3;2(3):154-163. [PubMed]
4. Cummings GG, Lee SD, Tate KC. The evolution of oncology nursing: Leading the path to change. *Can Oncol Nurs J.* 2018 Oct 1;28(4):314-317. [PubMed]
5. Pituskin E. Cancer as a new chronic disease: Oncology nursing in the 21st Century. *Can Oncol Nurs J.* 2022 Feb 1;32(1):87-92. [PubMed]
6. Leake J, Powers K, Rutledge S. Evidence-Based Critical Care Education for Oncology Nurses. *Dimens Crit Care Nurs.* 2022 Jul-Aug 01;41(4):171-177. [PubMed]
7. Crane PC, Selanders L. Surgical Oncology Nursing: Looking Back, Looking Forward. *Semin Oncol Nurs.* 2017 Feb;33(1):2-8. [PubMed]
8. Baugh CW, Dorner SC, Levine DM, Handley NR, Mooney KH. Acute home-based care for patients with cancer to avoid, substitute, and follow emergency department visits: a conceptual framework using Porter's five forces. *Emerg Cancer Care.* 2022; 1(1):8. [PubMed]
9. Colombani F, Encrenaz G, Sibé M, Quintard B, Ravaud A, Saillour-Gléniçon F. Development of an evidence-based reference framework for care coordination with a focus on the micro level of integrated care: A mixed method design study combining scoping review of reviews and nominal group technique. *Health Policy.* 2022 Mar;126(3):245-261. [PubMed]
10. Lin C, Cohen E, Livingston PM, Botti M. Perceptions of patient participation in symptom management: A qualitative study with cancer patients, doctors, and nurses. *J Adv Nurs.* 2019 Feb;75(2):412-422. [PubMed]
11. Pehrson C, Banerjee SC, Manna R, Shen MJ, Hammonds S, Coyle N, et al. Responding empathically to patients: Development, implementation, and evaluation of a communication skills training module for oncology nurses. *Patient Educ Couns.* 2016 Apr;99(4):610-616. [PubMed]
12. Rørtveit K, Hansen BS, Leiknes I, Joa I, Testad I, Severinsson E. Patients' Experiences of Trust in the Patient-Nurse Relationship—A Systematic Review of Qualitative Studies. *Open J Nurs.* 2015 Mar 20;5(3):195-209. [Crossref]
13. Afiyanti Y, Besral B, Haryani H, Milanti A, Nasution LA, Wahidi KR, et al. The relationships of unmet needs with quality of life and characteristics of Indonesian gynecologic cancer survivors. *Can Oncol Nurs J.* 2021 Jul 1;31(3):298-305. [PubMed]
14. Banerjee SC, Manna R, Coyle N, Penn S, Gallegos TE, Zaider T, et al. The implementation and evaluation of a communication skills training program for oncology nurses. *Transl Behav Med.* 2017 Sep;7(3):615-623. [PubMed]

Please cite this article as: Gergova P, Georgieva S, Mineva-Dimitrova E. Establishment of a therapeutic relationship nurse-patient at patients with oncology diseases. *J of IMAB.* 2024 Apr-Jun;30(2):5538-5541. [Crossref - <https://doi.org/10.5272/jimab.2024302.5538>]

Received: 23/11/2023; Published online: 22/05/2024



Address for correspondence:

Polya Todorova Gergova,
Department of Nursing Surgical Care, Faculty of Health Care, Medical University – Pleven;
1, St Kliment Ohridski Str., 5800 Pleven, Bulgaria.
E-mail: poliakomitska@abv.bg