

A Study of the Care for Psychiatric Symptoms of Terminal-Stage Cancer Patient

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INTRODUCTION

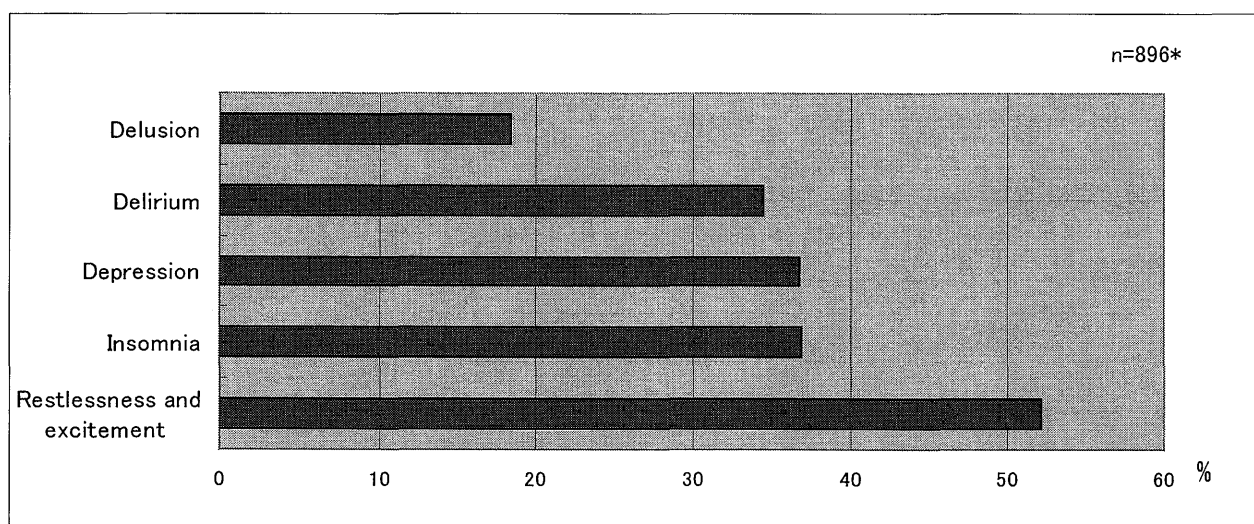
Terminal-stage cancer patients show delirium at a very high frequency (Morita, et al., 2001). Also, depression is observed among 10 to 25% of them (Minagawa, et al., 1996). However, psychiatric symptoms such as delirium are difficult to care for with medical treatment (Bruera, et al., 1992; Massie, 1983; Fainsinger, et al., 1991), which is a cause of struggles for nurses. Moreover, there is a close association between depression and physical symptoms among palliative care patients (Lloyd-William, et al., 2004), and thus it is very important to care for them in terms of symptom control and the quality of life. The authors conducted the present study in order to find out how nurses feel about and deal with psychiatric problems of terminal-stage cancer patients.

METHODS

A self-administered questionnaire was conducted with the nurses who work in the nursing department of a major hospital in A Prefecture. The purpose of the questionnaire was informed to the nurses in writing and those who gave consent were asked to fill out the questionnaire. The questionnaire forms were filled out anonymously and collected together in separately sealed envelopes. The number of respondents was 1,385, of whom the 896 female nurses who work in the adult ward (45 in the palliative care unit and 851 in the general adult unit) were selected as the subjects of this study

RESULTS

The subjects' age ranged between 21 and 67, with the average 34.4 ± 9.3 years. The length of experience as a nurse ranged between zero and 48 years with the average of 12.4 ± 8.9 years.



* multiple response

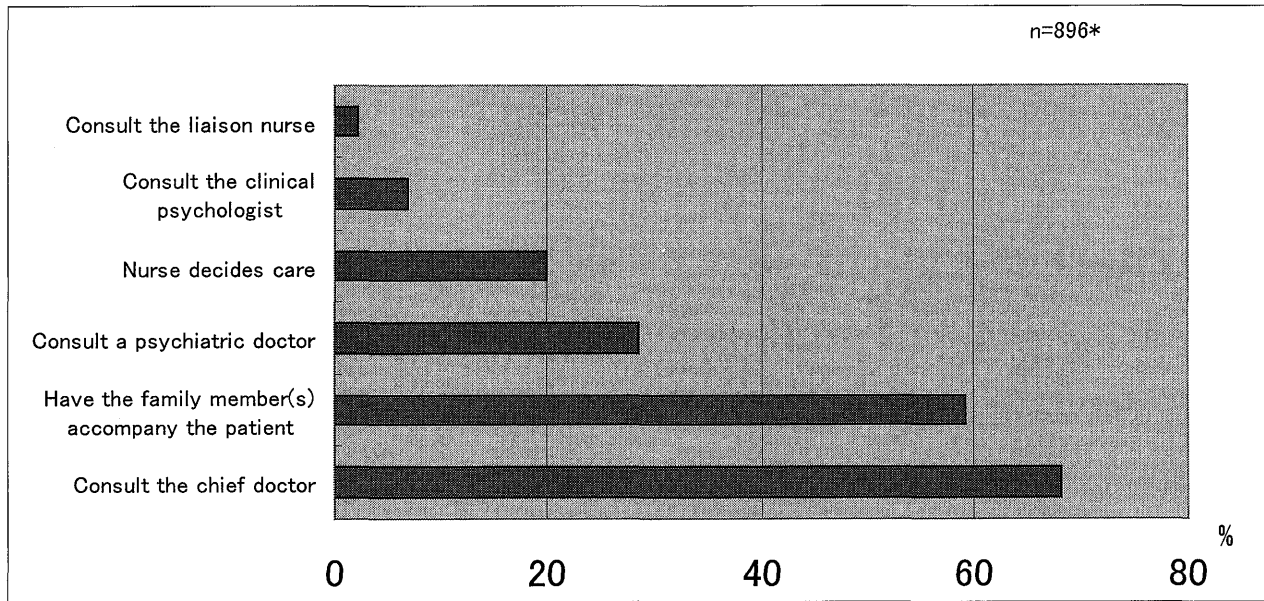
Figure 1 What psychiatric symptoms are difficult to deal with?

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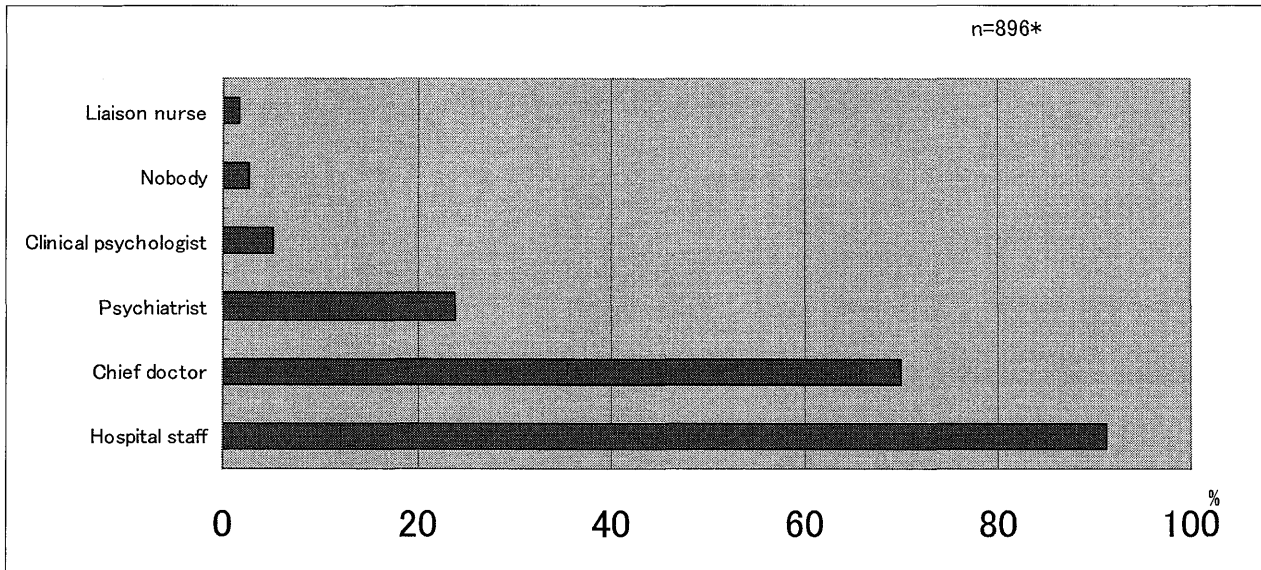


* multiple response

Figure 2 What do you take the major actions for the symptoms?

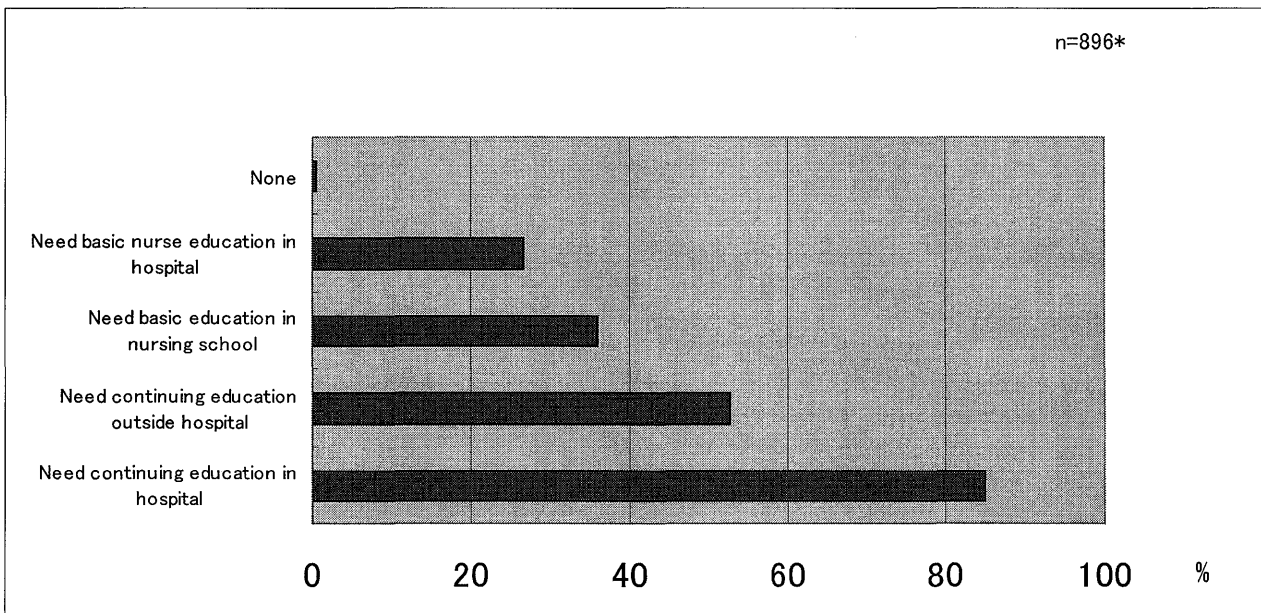
Table 1 Comparison of nurses' experience for psychiatric symptoms between palliative and general unit

Question	unit	YES	%	NO	%	Total
Do you have experience being confused by patients' psychiatric symptoms?	palliative care unit	42	95.5	2	4.5	44
	general unit	597	77.3	175	22.7	772
	Total	639	78.3	177	21.7	816
p<0.01						
Can you identify when one should intervene with psychiatric symptoms?	palliative care unit	24	58.5	17	41.5	41
	general unit	257	36.1	455	63.9	712
	Total	281	37.3	472	62.7	753
p<0.01						
Do you know how to care for the patients with psychiatric symptoms?	palliative care unit	22	51.2	21	48.8	43
	general unit	235	32.1	496	67.9	731
	Total	257	33.2	517	66.8	774
p<0.01						
Do you have enough time to care the patients with psychiatric symptoms?	palliative care unit	30	69.8	13	30.2	43
	general unit	250	34.3	478	65.7	728
	Total	280	36.3	491	63.7	771
p<0.001						
Do you have a person to consult about patients' psychiatric symptoms?	palliative care unit	35	81.4	8	18.6	43
	general unit	493	67.7	235	32.3	728
	Total	528	68.5	243	31.5	771
p<0.05						
Are you confident with your care?	palliative care unit	20	46.5	23	53.5	43
	general unit	188	25.9	538	74.1	726
	Total	208	27.0	561	73.0	769
p<0.01						
Do you know care methods to prevent psychiatric symptoms?	palliative care unit	22	50.0	22	50.0	44
	general unit	163	22.5	560	77.5	723
	Total	185	24.1	582	75.9	767
p<0.001						
Can you predict patients' psychiatric symptoms?	palliative care unit	20	45.5	24	54.5	44
	general unit	174	23.9	553	76.1	727
	Total	194	25.2	577	74.8	771
p<0.01						



* multiple response

Figure 3 Who do you consult about patients's psychiatric care ?



* multiple response

Figure 4 What education do you need about psychiatric care?

Seventy-one point three percent of the subjects indicated that they had difficulty dealing with psychiatric symptoms of their patients. The main symptoms included restlessness and excitement (52.1%), depression (36.8%), insomnia (36.9%), and deliria (34.5%) (Fig.1). The major actions which

the nurses took include "consult the chief doctor" (68.2%), "have the family member(s) accompany the patient" (59.4%), and "consult a psychiatric doctor" (28.5%) (Fig.2). The main actions taken subsequently included "administering of psychoactive drugs" (53.8%).

The main difficulties in terms of psychiatric care for the patients included “do not know the care method in order to prevent psychiatric symptoms” (75.9%), “not confident with the care I provide” (73.0%), “do not know how to intervene” (62.7%), and “do not have enough time to intervene” (63.7%).

In terms of the proportion of the nurses who had experienced being confused by patients' psychiatric symptoms, the percentage of the palliative care unit was significantly greater than that of the general adult unit ($p < 0.01$). In contrast, the proportion of the nurses who indicated that they had no time to intervene or had no confidence with their own care was significantly greater for the general unit than for the palliative care unit ($p < 0.001$, $p < 0.01$) (Table 1).

In terms of who to consult about psychiatric care, most of the subjects indicated “hospital staff” (91.3%), “chief doctor” (70.1%) and “psychiatrist” (23.8%), while only a few indicated “clinical psychologist” (5.1%) and “liaison nurse” (1.6%) (Fig. 3).

In terms of education on psychiatric care, the main responses included “need continuing education in hospital” (85.5%) and need continuing education outside hospital” (52.5%) (Fig. 4).

DISCUSSION

The above results showed that more than 70% of nurses dealing with terminal-stage cancer patients struggle with their psychiatric symptoms. Lloyd, et al. (2002) report that 79% of clinical nurse specialists (CNS) perceive their skills as poor or inadequate in terms of judging and managing patients' depression. This indicates that psychiatric symptoms are difficult for nurses to deal with. On the other hand, 60% of the nurses dealt with the difficult symptoms with the assistance of the patients' family members. Psychiatric treatment requires a great amount of time and thus busy nurses need assistance of family members. It is desired that more nurses be trained specializing in psychiatric assessment and care.

Moreover, 90% of the people whom the nurses consulted in terms of psychiatric care were their hospital colleagues. Very few consulted such spe-

cialists as clinical psychologists or liaison nurses. One of the reasons for this is general hospitals have relatively few of such specialists. It is imperative that among nurses there be specialists skilled in psychiatric care, that information be shared with each other and that learning sessions be held.

Comparing the care between the general unit and the palliative one, a higher percentage of the nurses experienced greater difficulty dealing with psychiatric symptoms. This is probably due to the fact that patients in the palliative unit are all at the terminal stage and thus they show psychiatric symptoms at a high frequency. General units, on the other hand, provide care for patients at various stages and thus can rarely spare quality time for terminal-stage patients.

In terms of psychiatric care, 85.5% of the nurses felt its necessity as part of continuing education on the job. This is in accordance with the result of another study done where 92% of CNS felt the same way (Lloyd-William, et al., 2002). The present study indicated the importance of training nurses specializing in psychiatric care for terminal-stage patients as well as of on-the-job continuing education for nurses.

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