

**T**he goal of Cancer nursing is to assist the patient maintain strength and cope with unavoidable physiological and psychological problems that accompany the disease. Studies indicated that psychological problems of Cancer patients are anxiety, depression, emotional instability, fear of death, etc. Treatment and

support to the patient in problem solving (Robsanon-Fisher, et al, 2000). In crisis situation, social and nursing support are the major factors which appear to be relevant for patients and their spouses to deal with the problems of illness (Ashbury et al, 1991, Grays et al, 2000 and Keital, 1990). The perception or feeling of the sup-

tine etc.

Ascertain the patient's perception of the disease and expectancy about treatment.

Study the potentialities of daily living and communication pattern.

Understand the nature of available family support.

Study the level of sexual

## SOME PSYCHO-SOCIAL COMPONENTS IN ASSESSMENT AND NURSING INTERVENTION OF CANCER PATIENTS

caring interaction need to reassure the patient that their problems are likely to be controllable and efforts are needed to prevent such complications. In treatment process nurses are required to help patients cope with all these problems.

Coping is the problem solving strategy to meet the challenges of psychological and environmental demands in a effective way to prevent negative consequences (Lazarus and Folkman, 1984). Generally human being have a tremendous potential for adapting not only biologically, but psychologically, to a lifetime-event within a short time if they decide that they want to change or receive appropriate support. In this regard, specialist nurses and allied health professionals through their appropriate interaction play important role to develop skill of coping and effectively provide psychological

port is more important and beneficial to the individual than the actual support. Feeling of the caring patient-nurse interactions is the indicator of quality of care (Reiman, 1992).

For management and prevention of problems among patients there is a need of nursing care intervention. To attain the desirable level of quality nursing and for management of problems of the patients and their family members, nurses are required to assess the problems first and then develop appropriate intervention strategy. In the following section some of the review and data based facts about assessment and intervention strategy for Cancer patients have been highlighted.

### Nursing assessment technique:

- Assess the pre-illness life style to understand the capacity of problem solving.
- Study the changes in life style that have resulted from Cancer and its treatment process.

- Identify the signs of anxiety and depression through analysis of communication and daily rou-

enjoyment and emotional feelings.

### Nursing Intervention strategy

1. Reducing depression by allowing patient of share feelings about having Cancer. Recognize feeling of losing control. Discuss about the positive aspects of treatment.

2. Reducing anxiety by establishing a sustained unhurried interaction pattern while interacting with the patients. Try to reduce anxiety through reflection of positive atmosphere and reorientation of positive feelings. Encourage to express positive emotions.

3. Promoting effective coping by encouraging patient and family members to learn everything about treatment plan, which promotes a sense of control.

4. Provide appropriate physical care while teaching patient to take over care as able.

5. Respect the patient's wish to refuse active therapy when there is limited potential for a response to therapy →

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6. Reduction of death anxiety by facilitating emotional support to Cancer patient.
7. Allowance should be made for the possibility that symptoms, such as loss of energy, appetite; and weight, could be due to progression of Cancer. Help patient readjust expectations and goals to promote a sense of control.
8. Facilitate emotional support for the patient to reduce morbidity by giving information. Determine how much information patient wants about their illness and treatment, their perceptions about their illness, which will have revealed whether they are aware of their diagnosis. When they are aware the task is to con-

firm they are right (Petersgure, 1980).

To sum up the discussion it may be said that the above-mentioned list are non-exhaustive and non-elastic one, rather they can serve as information materials to deal with the Cancer patient. Authors most humbly request the modification and enrichment of such list through further studies and reviews.

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