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**Encountering patients with cancer  
and their emotions as a nurse:  
A literature review**

DEGREE PROGRAMME IN NURSING  
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## ABSTRACT

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Encountering patients with cancer and their emotions as a nurse: A literature review

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When encountering patients with cancer, nurses serve as the primary point of contact and require essential skills for meaningful interactions. Patients with cancer, especially those who are newly diagnosed, go through constant challenging time handling not only their physical but also their emotional health conditions. It is highly crucial that nurses are enabled to effectively work with patients' emotions since the collaboration between nurses and patients creates a pivotal foundation for patients' overall good treatments and for nurses' efficiency.

The purpose of this literature review thesis is to gain knowledge of the existing scientific literature concerning the nurses' encountering role in providing emotional care to patients with cancer. Our objectives are to provide updated evidence-based information on the training needs of the nurses in encountering difficult emotions of patients with cancer and create a poster to a clinical guideline how nurses can encounter the emotions of patients with cancer to promote healing. Additionally, a poster guide was created as a collaborative product between SAMK and the local organization, STEPPI 2 Project from Satalnno.

This thesis extensively documented the process of its literature review and presented the findings in detail. The topic was refined using the PICO model, the materials were sourced from PubMed, CINAHL, SAMK Finna, and Google Scholar, the articles were narrowed down with PRISMA Flowchart, and the data was analysed using inductive content analysis. Three themes were extracted from the chosen articles while simultaneously representing the areas of study under the results section.

Keywords: patients with cancer, patients' emotions, nurses' encounters, literature review

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# 1 INTRODUCTION

According to the Finnish Cancer Registry, there will be 43,000 new cancer cases in Finland and roughly 35,000 people are diagnosed with cancer each year by 2023. In the future, patients with cancer will require a substantial quantity of health care resources. (Finnish Cancer Registry, 2020)

The diagnosis of cancer and the adverse effects of treatments such as surgical intervention, radiation therapy, chemotherapy, and hormone therapy can cause tension that can result in extreme emotional reactions such as depression and anxiety (Mitchell et al., 2011). These reactions frequently occur in the early stages of the disease and may also include other symptoms like low self-esteem, fear of future adverse effects on body image, issues with isolation and sexual functioning, and a decline in health (Fernandes et al., 2013).

Emotional distress may manifest because of various cancer-related variables, including the diagnosis of cancer, the course of the disease, the experience of pain, and the unpleasant consequences associated with therapy. The presence of emotional distress among patients diagnosed with cancer has been found to have significant implications, including non-compliance with treatment protocols, diminished quality of life, and potentially adverse effects on survival rates. Additionally, this distress can impose an increased load on both the nurse's team and the overall healthcare system in terms of treatment management. (Dekker et al., 2020)

The management of patients with cancer and their emotions are important components of clinical care. Patients may verbally or non-verbally communicate emotional distress. However, many patients may not disclose emotional concerns because they believe it is not the nurse's responsibility to assist them with their emotional concerns. Patients may also normalise or somatise their emotions. Anxiety and depression can mimic the outward

symptoms of cancer and its treatments, so emotional distress may go undetected. (Ryan et al., 2005)

According to the findings of a study by the Kuopio Breast Cancer Foundation in Finland, a positive patient-nurse encounter is important for patients' emotional health, understanding of medical information, and treatment compliance. Emotionally restricted patients and bad communication may be associated with diagnostic difficulties and poor treatment outcomes. Patients with cancer appear to be at risk for emotional distance and reticence in their patient-nurse relationship communication; this should be considered in the patient-nurse relationship and may have clinical relevance in daily clinical work. (Eskelinen & Ollonen, 2014)

Good emotional encounters with patients with cancer have been emphasised in the United Kingdom and internationally. Clinical guidance has been developed to assist nurses in providing and supporting emotional care when encountering patients with cancer. Despite this, the evidence base is limited, and little is known about the most effective method of dealing with emotions in patients with cancer. (Ali & Yadav, 2021)

This thesis is a literature review on Encountering patients with cancer and their emotions as a nurse, with a summary poster based on our research findings. Our thesis is a part of STEPPI 2 project from SataInno. The purpose of STEPPI 2 is to promote basic health and competence to continually improve professional skills. That has been implemented in several health sector organisations, educational institutions, and Department of Nursing, University of Turku (SataInno., n.d.)

The objective is to acquire knowledge about the current scientific literature on nurses' encounters in providing emotional care to patients with cancer. Our objectives are to provide updated evidence-based information on the training needs of the nurses in encountering difficult emotions of patients with cancer and create a poster to a clinical guideline how nurses can encounter the emotions of patients with cancer to promote healing. Therefore, nurses identifying

and managing emotional difficulties among patients with cancer represent a significant healthcare responsibility.

## 2 THEORETICAL BASIS

The thesis explores several key concepts essential to understanding the dynamics of encountering patients with cancer and their emotions as a nurse. These concepts include patients with cancer, the emotions of patients with cancer, nurses, and encounters with patients. Each will be meticulously defined and elaborated upon in the subsequent sections.

### 2.1 Patients living with Cancer.

Cancer is a prominent cause of death globally, with Finland witnessing a considerable number of new cases annually. The multifaceted impact of cancer encompasses various aspects of patients' lives, necessitating emotional support alongside medical treatment. (Finnish Cancer Registry, 2009)

Approximately one-third of cancer patients meet diagnostic criteria for mental disorders or experience emotional distress, highlighting the imperative of prioritizing patients' quality of life amidst the potentially adverse effects of cancer treatments, which frequently elicit negative emotions. (Lepore, 2001)

However, while individuals exhibit resilience in the face of when confronted with traumatic circumstances, including the diagnosis and treatment of cancer, the need for emotional support remains paramount. Patients often seek solace from family, nurses, and healthcare providers, with nurses identified as crucial sources of emotional support. (Dekker et al., 2020)

## 2.2 Emotions in patients with cancer

The term "emotions" is utilized throughout this thesis for clarity. Emotions encompass multifaceted unpleasant psychological, social, and behavioural emotions that might hinder an individual's capacity to manage cancer, its physical manifestations, and its therapeutic interventions (Anderson & Bohnenkamp, 2022). These emotions encompass negative states such as fear, anxiety, depression, and hostility, alongside positive emotions like joy, hope, and serenity. Patients undergoing cancer treatment may experience a spectrum of emotions that can be mixed and evolve over time. Nurses play a critical duty in assisting patients and caregivers in navigating the intricate emotional challenges that arise during cancer treatment (Anderson & Bohnenkamp, 2022).

Emotions play a critical role in how patients navigate cancer diagnosis and treatment. While adaptive emotions aid in adjustment, maladaptive emotions can hinder functioning and exacerbate distress. Emotional interventions are essential to enhance patients' quality of life amidst cancer-related challenges. (Dekker et al., 2020)

Emotional distress has long been acknowledged as a significant concern for cancer patients, necessitating rigorous methodologies for emotional interventions aimed at reducing distress levels and enhancing quality of life (QL) among patients with cancer. Despite advancements, there remains a gap in nurses' ability to effectively utilise information obtained through routine screening of patients' emotional distress levels to guide them to appropriate sources of care. Although the idea of screening and then customized intervention is well-established in psychosocial oncology, its integration into regular clinical practice is still uncommon. (Carlson & Bultz, 2003)

## 2.3 Encountering patients with cancer as a nurse

The emotional encounter is deemed crucial in enabling nurses to make clinical and ethical decisions based on their patients' circumstances. This ethical-



emotional encounter underscores the importance of appropriate moral emotions for the given situation.

Compassionate encounters involve individual, person-to-person interactions occurring on an equal footing, particularly crucial for patients with life-threatening conditions. Treating such patients as unique individuals with ethical awareness is essential for successful encounters, quality care, and patient autonomy (Scheer et al., 2015).

Despite the emphasis on patient-centred care, attitudes towards patients with cancer may not always be holistic, with physical needs often prioritized over emotional and spiritual needs. Indifferent interactions can lead patients to perceive care as inadequate and insensitive, highlighting the importance of fostering compassionate interactions in healthcare. (Haavisto et al., 2022)

Nurses, as healthcare professionals, care for individuals, families, groups, and communities during illness, employing a patient-centred, health-focused, and holistic approach. Nursing care is evidence-based, with nurses contributing a unique perspective to multidisciplinary teams and engaging in clinical practice across various settings and specialisations. (Finnish Nurses Association n/a.)

It is crucial to identify and deal with emotional discomfort in clinical practice to improve patient care and well-being. Nurses can identify emotional discomfort in patients by carefully observing both their spoken and unspoken signals. Being able to recognise and react to emotional cues and clear indications from patients is essential for promoting effective communication and aiding. (Dean & Street, 2013)

Nurses' encounters are characterised by caring interactions with patients, encompassing presence, recognition, availability, and reciprocity. These interactions entail openness, patience, empathy, effective communication, and sensitivity. Patients expect healthcare professionals to respect them through active listening and provision of emotional care. (Rock, 2019)

In nursing practice, ethical inner values and a shared understanding of nursing and care are imperative. Developing ethical and evidence-based care, especially in the context of patients with cancer, necessitates knowledge rooted in compassionate ethics. Theoretical knowledge alone is insufficient; self-knowledge and awareness of one's principles and attitudes towards others are also essential. Therefore, emphasizing care concepts in nursing practice is paramount. (Karlsson & Pennbrant, 2020)

#### 2.4 Nurses' emotional support for patient with cancer

Patients diagnosed with cancer often require substantial emotional support throughout their illness trajectory. Barriers to accessing informal support networks, stemming from fear or lack of understanding of cancer, make it challenging to provide emotional support (Kristiansen et al., 2010). Establishing formal connections with nurses can thus serve as a valuable means of assistance.

Research highlights the significance of strong relationships for patients with cancer, providing both emotional support (e.g., having a trusted confidant to confide in) and informational support (e.g., guidance on treatment options) (Kristiansen et al., 2010).

Nurses play a vital role in encountering emotional support, engaging in conversations during distressing treatment processes to offer solace and aid resilience. Creating a secure environment and maintaining continuity in nurse-patient interactions are crucial. Nurses must understand and accept patients' emotional responses without exacerbating discomfort, leveraging their unfamiliarity compared to closer relationships like family and friends. (Haavisto et al., 2022)

It is imperative for nurses to comprehend and accept patients' emotional responses while avoiding exacerbating distress. Allocating sufficient time to establish a sense of safety for patients facilitates the expression of emotional concerns, whether through interactions with fellow patients or access to patient

associations. Overcoming communication challenges, especially with migrant patients, requires comprehensive strategies including access to proficient interpreters and enhancing healthcare personnel's skills and ethical considerations when using interpreters' friend. (James et al., 2010)

Nurses are required to demonstrate the capacity to comprehend and accept the patient's emotional responses while avoiding any exacerbation of distress. Additionally, nurses must allocate sufficient time to establish a sense of safety for the patient, enabling them to express their emotional concerns either through interactions with fellow cancer patients or by facilitating their access to patient associations. To address communication challenges faced by certain migrant patients, it is imperative to adopt a more comprehensive strategy. This can be achieved by ensuring that patients have access to skilled interpreters, as well as by enhancing the skills and ethical considerations of healthcare personnel when utilising interpreters. The provision of organisational resources can boost the emotional support provided inside formal interactions, thereby strengthening the role of nurses in this aspect of their profession. Simultaneously, healthcare personnel possess the capacity to facilitate the improvement of pre-existing informal relationships among patients as well as aid in the establishment of new ties when deemed essential, thereby offering valuable emotional support. (Kristiansen et al., 2010)

### 3 THE SCOPE OF THIS THESIS

#### 3.1 Purpose and objectives

The purpose of the literature review is to acquire a comprehensive understanding of the existing scientific literature regarding the nurses' encountering role in providing emotional care to patients with cancer. Our objectives are to provide updated evidence-based information on the training needs of the nurses in encountering difficult emotions of patients with cancer

and create a poster to a clinical guideline how nurses can encounter the emotions of patients with cancer to promote healing.

### 3.2 Research questions

Research questions for the literature review are as follows:

1. What is known about encounters between nurses and patients with cancer?
2. What challenges do nurses encounter in providing emotional care for patients with cancer?
3. How can nurses effectively engage with and manage challenging emotions while fulfilling their responsibilities in caring for patients with cancer?

### 3.3 Poster project

As the product to our client Satalnno and their STEPPI 2 project, we have composed a poster with 10 questions for nurses to broach the subject of discussing about cancer diagnosis with patients. The poster is found under Appendix 3.

These questions serve the purpose of providing ideas for making conversations between nurses and patients. They are not however belonging to any standard guidelines or official inquiries. Nurses can benefit from consulting these questions when trying to form a comprehensive understanding of patients' current state in coping with cancer or the news of its diagnosis. It is not mandatory to use all 10 questions and it depends on each circumstance which questions are appropriate to ask patients.

## 4 IMPLEMENTATION OF THE LITERATURE REVIEW

### 4.1 Methodology

The methodology used for in this thesis is a narrative literature review. A narrative literature review aims to provide a concise and comprehensive summary and analysis of a body of literature. This will be accomplished by providing a thorough background of the pertinent information literature to highlight new research, identifying inconsistencies, refining, focusing, and shaping research questions, and developing a theoretical and conceptual framework. (Paré et al., 2015)

The search words were chosen based on PICO model to establish the subject matter and identify fundamental concepts (Table 1). The utilization of the PICO framework is prevalent in the fields of evidence-based medicine and nursing (Yensen, 2013).

Table 1. P.I.C.O. Model

<b>P</b>	Population	Nurses caring for patients with cancer.
<b>I</b>	Intervention	Encountering emotions of patients with cancer.
<b>C</b>	Comparison	Not related to research topic.
<b>O</b>	Outcome	Challenges faced by nurses while encountering patient with cancer emotions, roles and obligations while dealing with an emotion in patient with cancer, summary of a clinical guideline how nurses can encounter patients with cancer emotions to promote healing.

How information about quality of evidence will be used, results and how the finding will be summarised will be explained. The literature review process is described in Figure1.

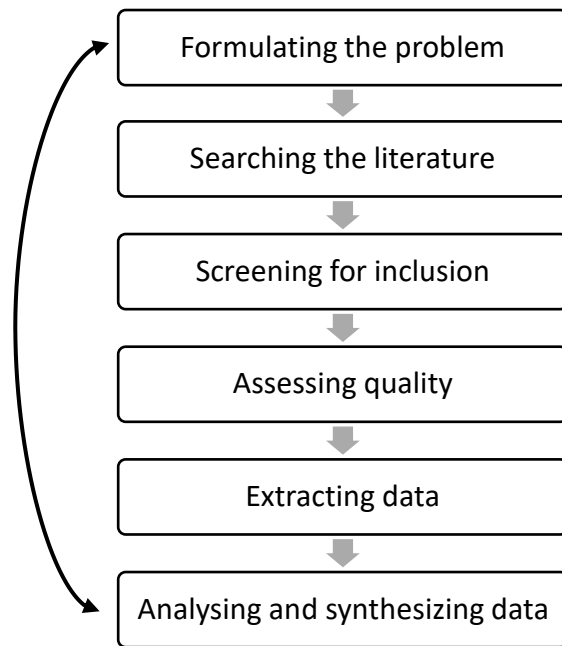


Figure 1. The literature review process (Templier & Paré, 2015)

#### 4.2 Databases and search words

The literature search procedure encompassed the retrieval of evidence-based literature from previous publications through the utilisation of electronic databases, including PubMed, CINAHL through EBSCOhost, SAMK Finna, and Google Scholar Elsevier. Additional sources of data were also included in the studies. These databases offer reliable medical information on medicine and evidence-based nursing, making them appropriate for this study, which targets students, researchers, and educators.

PICO model was utilised for a comprehensive search strategy was formulated to ascertain relevant articles that satisfied the predetermined requirements for inclusion. A comprehensive search was conducted across various electronic databases in the CINAHL (EBSCOhost) database. The search terms and keywords employed were "nurse AND patient AND cancer AND emotions AND encountering" or "Encounter with patients" for CINAHL. For PubMed, the following searches were conducted: "Nurse-Patient Relations" [Mesh] AND "Neoplasms" [Mesh] AND "Emotions" [Mesh], and "Nurse-Patient Relations" [Mesh] AND ("Neoplasms" [Mesh] OR cancer\* [tiab]) AND "Emotions" [Mesh].

Additionally, various combinations were explored using the SAMK-FINNA Google Scholar database, and an additional few manually searched references from the journals of the National Comprehensive Cancer Network, Psycho-Oncology, and Supportive Care in Cancer. A librarian resource person provided guidance throughout the process of selecting relevant resources to guarantee timely access.

#### 4.3 Criteria for the inclusion and exclusions of research

A set of predetermined inclusion criteria was implemented to ascertain the validity and standard of the articles that were included. Publications that were published between 2006 and 2023 were considered, except two articles published in 2003 that were particularly relevant to the study. To promote a comprehensive analysis, the language criterion was restricted to English, which included articles from Finland and other relevant nations. The inclusion criteria for this study were articles that specifically dealt with nurse-patient encounters within the domain of cancer care, with a particular emphasis on adult patients diagnosed with cancer.

The inclusion process prioritised scientific articles that had undergone peer review; studies that failed to meet the criteria were automatically excluded due to time limitations (Table 2).

Table 2. Inclusion and exclusion criteria

Inclusion	Exclusion
Articles published in English language	Articles published in other languages than English
Studies relevant to nursing and encountering with patients with cancer	Articles topics not relevant to the key concepts
Articles topics relevant to the patients with cancer adult population	Articles topics not relevant, children population and other diagnoses than cancer
Article published from 2006 to 2023 except two articles published in 2003	Articles not around these years
Peer-reviewed and scientific	Non-peer reviewed

#### 4.4 Procedure for article selection

A thorough examination was conducted on the abstracts and titles acquired through the originating source search to detect any duplicates and verify compliance with the inclusion criteria. Following that, two impartial evaluators conducted an exhaustive screening of the chosen articles to ascertain their pertinence and appropriateness for publication. The incorporation of qualitative research methods was given priority, which was consistent with the study's objective of investigating the emotional support provided by nurses to cancer patients and their encounter skills.

A systematic process of data extraction was employed to obtain relevant data from the articles that were included. For subsequent analysis, essential data elements, including study characteristics, methodology, findings, and implications, were extracted and systematically arranged. The data that was extracted functioned as the fundamental material upon which the subsequent chapters constructed their conclusions and synthesis of the findings.

A rigorous analysis was performed on the extracted data utilising inductive content analysis, a qualitative technique well-suited for deriving the



significance of the data. By employing this analytical methodology, prevalent themes, patterns, and insights pertaining to nurse-patient interactions within the domain of cancer care were discerned, thereby augmenting the study's conclusions and making a valuable contribution to the current corpus of knowledge. (Grant & Booth, 2009)

All stages of the research process were guided by ethical considerations to guarantee the study's responsible execution. Every article incorporated in the study was obtained ethically from reputable databases, ensuring strict adherence to the fundamental concepts of academic integrity and research ethics.

Notwithstanding careful preparation and implementation, particular limitations were encountered throughout the literature review phase. These constraints, which encompass temporal and linguistic limitations, are duly acknowledged and expounded upon in Chapter 5.

The methodology chapter delineates the systematic approach utilised to perform the literature review concerning nurses' encounters with cancer patients and their emotional states. The present chapter of the thesis offers an elaborate account of the inclusion criteria, search strategy, article selection procedure, and data extraction techniques that were applied to the research.

#### 4.5 Literature searching process

PRISMA flow diagram was employed to guide the process of identifying and screening articles relevant to the topic. The flow diagram illustrates the movement of information through various stages of the review, indicating the total number of identified records, both included and excluded ones, together with the corresponding reasons for exclusions. (Page et al., 2021, p. 1)

A total of 523 articles were considered for this study through broad and narrow searches across four databases: PubMed (n=126), CINAHL (n=137), Samk

Finna (n=118), and Google Scholar (n=142). From these, 51 records were included after excluding 472 based on title screening. Following this, 39 unique records were obtained after removing 12 duplicates based on titles.

After abstract screening, 21 articles were excluded, resulting in 18 remaining articles. Of these, 7 were initially deemed irrelevant but were retrieved due to their potential relevance to the topic, albeit not meeting initial inclusion criteria as they were not freely accessible.

After a comprehensive full-text screening, 3 articles were further excluded, leaving a total of 15 studies for quality assessment. Subsequently, 7 articles were removed due to poor methodological quality, resulting in 8 articles included in the final review after passing the quality assessment.

Figure 2 depicts a PRISMA flow diagram illustrating the article selection process for this thesis.

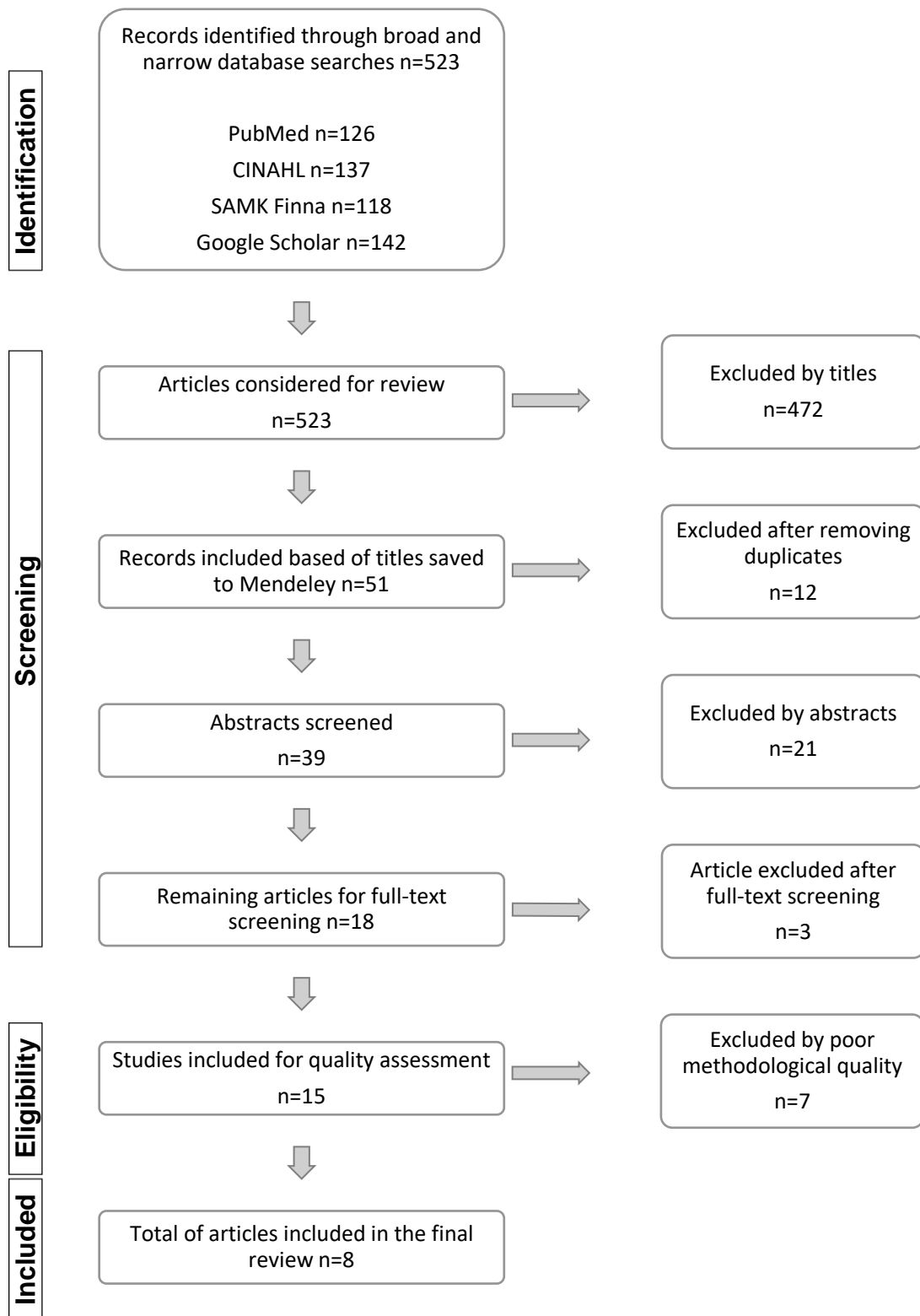


Figure 2. A PRISMA flow diagram represent the article through each stage of selection process for this thesis from identification to inclusion, as shown by the PRISMA flow chart. (Prisma, 2020)

#### 4.6 Data evaluation and quality appraisal data

According to evidence-based, researcher cannot blindly accept published findings. Even studies conducted by seasoned teams and published in the most influential journals may contain methodological flaws, biases, and limited generalizability. The evaluation of research papers may appear challenging, but there are tools available to assist non-specialists. Understanding the terminology and process of quality evaluation is necessary when considering or collecting data, and it is advantageous for all clinicians who use published research to inform clinical practise. The process of critique or appraisal of the included research evidence is a process to assess the methodological conduct of a thesis and to determine the extent to which it has consider the possibility (or risk) of bias. The thesis topic all article papers for inclusion to rigorous appraisal by both reviewers of identified articles to determine eligibility and extract study information with an appropriate critical appraisal tool. (Harrison et al., 2017)

The data extraction process commenced by initially filtering and categorising the titles of the articles obtained through the search. The titles of articles that satisfied predetermined inclusion criteria were recorded, and afterwards, the abstracts were examined individually. Abstracts that contained pertinent material pertaining to the study were acquired and preserved for comprehensive examination. The characteristics of each article were entered into a spreadsheet in a synchronous manner while comprehensively reading the entirety. (Paré et al., 2015)

The data evaluation utilised the Critical Appraisal Skills Programme (CASP) to determine the eligibility of records for quality assessment (CASP, 2023). The CASP criteria was utilised to evaluate and eliminate studies with inadequate methodological quality. The methodological quality of the chosen full texts (n=8) was assessed. Each study was evaluated using a checklist that was relevant for its individual study type. The checklists used included those for qualitative research (n=2), systematic review (n=4), cohort study (n=1), and randomised controlled trial (RCT) (n=1).

The checklists consisted of 10 criteria for systematic and qualitative techniques, eleven questions for randomised controlled trials (RCTs), and twelve elements for cohort studies. The criteria encompassed the emphasis on aims and objectives, appropriateness of methodologies, search tactics, study findings, and future research implementation.

The overall quality of each study was evaluated using a rating scale ranging from zero to ten or zero to eleven, or zero to twelve, with each criterion being assigned a value of one point. Those that had a score of zero to four were classified as having low quality, those with a score of five to seven were judged to have medium quality, and those with a score of eight to 10 were regarded as having good quality. To be considered for the review, each study had to get a total score ranging from seven to 10, indicating a high level of quality.

After evaluation, four papers had a good rating, four were of average quality, and six publications were eliminated because they did not meet the required methodological requirements. As a result, eight articles were included in the review, as specified in Appendix 1 (CASP, 2023).

#### 4.7 Data analysis and synthesis

The data will undergo analysis utilizing inductive content analysis, a qualitative method suitable for interpreting the meaning of data. Inductive content analysis is structured and objective, making it well-suited for health-related research (Elo & Kyngäs, 2008)

The purpose of content analysis is to conceptually describe the phenomenon under study. The process involves three stages: preparation, organizing, and reporting. Inductive content analysis is particularly useful when previous investigations on the phenomenon are lacking or fragmented. It aims to provide straightforward summary conclusions regarding how nurses encounter difficult emotions and their responsibilities in coping with patients with cancer, based on a review of previous research. By employing inductive content analysis, this

thesis aims to enhance knowledge and shed light on critical perspectives within nursing and healthcare. The findings will be transparently and clearly presented without manipulation. (Elo et al., 2014)

Firstly, the chosen publications were extensively read multiple times in order to become acquainted with the complete data presented in the articles. The utilisation of the inductive content analysis approach enables researchers to initiate the process by categorising the data by coding (Elo & Kyngäs, 2008, p. 109). Consequently, as a subsequent procedure, the data underwent manual and/or open coding to organise the content into distinct categories and abstract concepts. Simultaneously, annotations and headings were added to the text during this phase.

According to Higgins and Green (2008), they propose the use of explicit instructions and decision criteria for the purpose of promoting consistency in the data extraction process. This approach involves identifying crucial elements within the written text that are pertinent to the research issue. Additionally, codes that shared similarities were organised into sub-categories and main categories (Higgins & Green, 2008). Ultimately, the primary classifications were amalgamated, and appropriate terminology and nomenclature were established to accurately represent the overall substance of the discourse. (Elo et al., 2014) The table displays the recurring codes that were identified during the examination of the literature on nurses' experiences with cancer patients and their emotions. Each recurring code is additionally subdivided to encompass the subtle distinctions and deviations within the primary category. The codes encapsulate the main themes and recurring patterns identified in the literature analysis. They offer valuable insights into the techniques and difficulties associated with delivering emotional care to cancer patients.

The codes and themes that are extracted from the chosen studies are presented in the following Figure 3. The details of each code and theme will be elaborated in-depth within chapter 5. Results.

Recurring codes	Sub-themes	Themes
Distress thermometers	Screening	Physical support
Nurse's guide and monitoring		
Part of comprehensive care		
Coping strategies, stress management	Referral	
Multidisciplinary collaboration with other healthcare professionals		
Referral processes, psychosocial assessment		
Medications	Medication and therapy	
Addressing physical symptoms and side effects		
Counselling, therapy, support groups		
Time constraints and workload	Challenges nurses face	Psychological support
Lack of training and education		
Burnout and compassion fatigue; nurse self-care strategies, burnout prevention		
Supportive environment	Nurse being a canopy for emotional care	
Establishing a nurturing atmosphere		
Patient education	Educational assistance	Social support
Health education		
Information exchange, patient information	Communication behaviours	
Patient-centered communication, effective & interpersonal communication		
Self-efficacy, patient empowerment		
Nurse-patient relationship	Training on providing informational advocacy	
Therapeutic relationship		
Empathetic connection		

Figure 3. Codes and themes extracted from the chosen studies.

## 5 RESULTS

### 5.1 What is known about encounters between nurses and patients with cancer?

#### 5.1.1 Encounter physical support with patients with cancer

Physical support is essential in addressing the requirements of patients with cancer during interactions with nurses. Multiple studies have emphasised the significance of providing physical assistance in effectively addressing the emotional discomfort endured by cancer patients.

Prior studies have demonstrated that there is the need of conducting screenings for distress and unmet needs in cancer patients. Their suggestion was to establish systematic screening methods to identify patients in need of emotional support and physical aid. The screening technique enables nurses to evaluate the emotional well-being of patients and offer suitable physical assistance. (Carlson et al., 2012)

A three-stage model of patient-centered communication aimed at addressing the emotional suffering of cancer patients. This paradigm highlights the significance of compassionate communication and personal attendance in assisting patients with their emotional difficulties. Nurses can offer physical comfort and support at difficult moments by actively listening and patiently interacting with patients. (Dean & Street, 2014)

According to Holland studies, created clinical practice guidelines for managing distress in oncology patients, highlighting the significance of addressing both physical symptoms and mental discomfort. The guidelines advocate for a comprehensive approach to patient treatment, wherein physical support, such as pain management and symptom control, is combined with emotional support to enhance overall well-being. (Holland et al. 2010)



### 5.1.2 Screening patients with cancer for emotional disorders

Cancer patients frequently face various emotional difficulties such as melancholy, worry, and distress, which can greatly affect their mental and physical health. It is crucial to screen cancer patients for emotional disorders to detect and deal with these problems promptly, allowing healthcare providers to offer suitable support and therapies (Smith, 2015).

Screening cancer patients for emotional disorders is imperative due to the significant impact of emotional difficulties on their mental and physical health (Smith, 2015). Nurses play a crucial role in identifying patients experiencing emotional distress and facilitating appropriate interventions (Carlson et al., 2003).

McCarter et al. (2018) conducted a comprehensive analysis of interventions aimed at improving the identification of psychosocial distress in cancer patients, highlighting the importance of using standardized screening tools like distress thermometers. Nurses often conduct these screenings and coordinate referrals to mental health practitioners or support services.

The effectiveness of using distress thermometers as a screening intervention was demonstrated in a study involving patients with head and neck cancer (van der Meulen et al., 2018). These instruments enable nurses to initiate discussions about patients' emotional well-being and provide appropriate assistance.

Early detection of emotional distress through screening allows healthcare providers to offer timely interventions and support, ultimately improving patients' well-being and treatment outcomes (McCarter et al., 2018). Various screening tools, such as distress thermometers, Hospital Anxiety and Depression Scale (HADS), Patient Health Questionnaire-9 (PHQ-9), and Generalized Anxiety Disorder-7 (GAD-7), can help identify patients in need of psychological assistance (Vitek et al., 2007).

By implementing routine screening protocols, nurses can address the emotional needs of cancer patients and empower them to navigate their cancer journeys with enhanced emotional well-being. This proactive approach ensures that patients receive the necessary support and interventions to cope effectively with emotional challenges throughout their cancer treatment. (Vitek et al., 2007)

### 5.1.3 Referrals and coordinating of emotional support

Encountering patients with cancer and their emotions is an integral aspect of holistic care provided by nurses. When substantial distress is identified, nurses are equipped to facilitate referrals to mental health specialists or support agencies, ensuring patients receive prompt and tailored interventions (Riba et al., 2019). The importance of excellent communication and teamwork among healthcare professionals in organizing emotional support services for patients, with nurses advocating for patients to ensure their emotional needs are met through suitable referrals and interventions. (Bohnenkamp & Anderson, 2022)

The perspectives of nurses regarding the care of cancer patients and the difficulties they encounter when offering emotional assistance. The study highlighted the significance of effective communication and collaboration among healthcare practitioners in organising emotional support services for patients. Nurses frequently champion for patients, guaranteeing that their emotional needs are met through suitable referrals and interventions. (Kendall, 2007)

According to the study of Skilbeck and Payne (2003), a study was undertaken regarding the function of clinical nurse specialists in delivering emotional assistance to patients undergoing palliative care. The study highlighted the significance of interdisciplinary collaboration in organising emotional support services for cancer patients. Nurse collaboration with healthcare experts, including social workers and psychologists, facilitates the provision of tailored emotional care that addresses the specific requirements of patients. (Skilbeck & Payne, 2003)

#### 5.1.4 Medication and therapy

Nurses have the responsibility of not only screening and referring patients, but also administering medication and therapy to cancer patients to effectively manage their emotional symptoms.

The study conducted by Holopainen et al. (2019) examined the notion of the caring encounter in nursing and the diverse aspects of emotional support that nurses offer. The study emphasised the significance of medication and therapy in mitigating emotional distress and enhancing well-being in cancer patients. Nurses collaborate closely with healthcare teams to administer medication and therapy as part of a comprehensive treatment regimen for patients exhibiting emotional symptoms.

Furthermore, James et al. (2010) emphasizes the importance of nurses' intuitive comprehension of patients' emotional requirements, highlighting nurses' role in delivering compassionate care and implementing treatment to address emotional distress. Medications such as antidepressants, anti-anxiety drugs, and sleep aids can be prescribed to manage severe symptoms related to depression, anxiety, and sleep disturbances. Additionally, therapy options, including individual counselling and supportive group therapy, provide patients with emotional support, coping skills, and a sense of community. (James et al., 2010)

Mindfulness-based approaches complement these interventions by promoting emotional self-regulation and resilience. Nurses play a diverse and complex role in delivering both physical and emotional assistance to patients diagnosed with cancer. By engaging in screening, referral, medication administration, and therapy, nurses address patients' intricate emotional needs and promote their overall well-being, ensuring a comprehensive approach to cancer care. (National Cancer Institute, 2021). Nurses have a crucial role in addressing patients' intricate emotional needs and promoting their overall well-being through activities such as screening, referral, medication administration, and therapy.

## 5.2 What challenges do nurses encounter in providing emotional care for patients with cancer?

### 5.2.1 Encounter psychological support with patients with cancer

The literature reveals that nurses encounter various challenges in providing emotional care for cancer patients. This section explores the challenges identified in the literature and the strategies employed by nurses to address them including the essential procedures, methodologies, and interventions to offer psychological assistance to patients diagnosed with cancer.

The provision of psychological support by nurses to patients undergoing cancer treatment is a cornerstone of holistic care. The study from Ryan et al. (2005) highlights the diverse manifestations of psychological distress experienced by cancer patients, ranging from anxiety and depression to existential concerns and fear of recurrence. Nurses have an important part in identifying and affirming these emotions, fostering a supportive environment conducive to open expression and emotional processing.

Recognition of psychological distress is paramount in nursing care for cancer patients. Nurses, as advocated by Ryan et al. (2005), employ vigilant observation and active listening to detect subtle cues indicative of distress. Screening tools and standardized protocols recommended by Carlson & Bultz (2003) facilitate systematic assessment and early identification of distress markers.

Once psychological distress is identified, nurses employ a variety of strategies to provide tailored support to patients (Carlson et al., 2003). These strategies encompass pharmacological and non-pharmacological interventions aimed at alleviating distress and promoting emotional well-being. Psychoeducation as a means to equip patients with knowledge and coping skills, while supportive counselling interventions guided by principles of empathy and active listening offer patients a safe space to explore and process their emotions. (Jenkins et al., 2010)

Effective communication is integral to psychological support in cancer care. The importance of nurse training in communication skills to foster empathetic patient-provider interactions. Through empathetic listening and validation of emotions, nurses establish rapport and trust with patients, facilitating meaningful therapeutic relationships. Communication also extends to collaboration with multidisciplinary teams and coordination of care, ensuring patients receive comprehensive support addressing their physical, emotional, and psychosocial needs. Psychological support provided by nurses to patients with cancer encompasses a holistic approach aimed at recognizing, validating, and managing psychological distress. By integrating evidence-based interventions, fostering effective communication, and advocating for patient-centered care, nurses significantly improve the general welfare and quality of life of patients with cancer. (Kissane et al., 2012)

#### 5.2.2 The challenges nurses face in providing emotional care for patients with cancer

Encountering patients with cancer can be a challenging and emotionally draining experience for healthcare providers. The psychological effect on patients with cancer and their families can be significant, and it is essential to provide emotional support to help them cope with the disease. Emotional care in cancer treatment is essential for tending to the psychological, social, and spiritual well-being of patients and their family. This work will explore the significance of emotional care in cancer therapy and methods for offering psychological support to cancer patients. (Jenkins et al., 2010)

A study from Kendall (2007) examined nurses' perspectives regarding providing care for patients with cancer and identifying the emotional difficulties they face. Nurses frequently encounter emotional anguish when observing their patients' suffering. Which outlining as follows:

### *Time Constraints and Workload*

Nurses encounter a significant obstacle in providing emotional support due to the high demands of their workload. The fast-paced healthcare environment, coupled with high patient-to-nurse ratios, can limit the time available for meaningful interactions with patients. This constraint may hinder nurses' ability to engage in open discussions about patients' fears and concerns, thereby impeding the establishment of a trusting relationship. (Kendall, 2007)

### *Lack of Training and Education*

While nurses are well-versed in the clinical aspects of care, the provision of emotional support may not receive adequate attention in their training. Insufficient education on effective communication and compassionate listening can leave nurses ill-equipped to address the nuanced emotional needs of cancer patients. Professional development programs that emphasize emotional intelligence and communication skills are crucial to enhancing nurses' ability to provide comprehensive care. (Jenkins et al., 2010)

### *Burnout and Compassion Fatigue*

The emotional toll of caring for cancer patients can contribute to nurse burnout and compassion fatigue. Witnessing the suffering of patients, combined with the emotional investment required for empathetic caregiving, can lead to emotional exhaustion and a diminished capacity for empathy. This burnout not only jeopardizes the well-being of nurses but also compromises the quality of care provided to patients. Notwithstanding these difficulties, nurses are vital in delivering emotional care and assistance to patients, serving as champions for their emotional welfare. (Kendall, 2007)

### 5.2.3 Nurse being a canopy for emotional care for patients with cancer

Several research studies highlight the importance of integrating emotional support into nursing care for cancer patients. The study proposes a three-stage model of patient-centred communication that underscores the value of empathetic communication in addressing the emotional distress of patients with cancer. This model emphasises the value of compassionately communicating with patients, paying attention to their worries, and offering them emotional support. (Holopainen et al., 2019)

Nurses not only provide emotional care, but also serve as a shield for patients, creating a safeguarded and nurturing atmosphere to assist patients in navigating their cancer experience. The authors (Holopainen et al., 2019) examine the notion of the caring encounter in nursing, highlighting the significance of nurses in establishing a nurturing atmosphere for patients diagnosed with cancer. Nurses create a secure environment for patients to openly communicate their feelings and worries, providing solace and assurance during challenging circumstances. (Holopainen et al., 2019)

#### *Establishing a Nurturing Atmosphere*

Nurses have a crucial role in establishing a conducive atmosphere for cancer patients, wherein they feel secure and at ease in expressing their emotions. The study conducted by Kristiansen et al. (2010), a qualitative research about emotional support in Denmark, laid out how emotional support was provided by nurses. The study emphasising the significance of emotional support offered by nurses. Nurses' emotions and active atmosphere by engaging in empathetic active listening, acknowledging, and affirming patients' emotions, and offering reassurance and motivation. Patients with cancer also value the prerequisites for emotional support which are having enough time with their nurse, relational continuity of having the same nurse, and nurse's ability to understand and embrace patients' reactions. (Kristiansen et al., 2010)

Exploration is the stage in which nurses establish a nurturing atmosphere for patients to express their emotions openly. This entails recognising and affirming emotions and offering empathy. Utilising open-ended inquiries and empathic responses promotes patient disclosure and enhances therapeutic communication. (Dean & Street, 2014, p. 145)

### *Addressing Physical Symptoms*

Nurses have a vital role in managing the physical symptoms that come with cancer treatment, as well as addressing emotional concerns. There is no text provided. establish clinical practice guidelines for managing distress in oncology, highlighting the significance of addressing both physical symptoms and emotional distress. Nurses utilise a range of techniques, including pain management and symptom control, to mitigate physical symptoms and enhance the overall well-being of patients (Holland et al., 2010).

In general, nurses face a range of difficulties when it comes to offering emotional support to cancer patients. These challenges involve dealing with emotional anguish, establishing a nurturing atmosphere, and overseeing physical symptoms. Notwithstanding these difficulties, nurses play a vital role in providing patients with support during their cancer experience, delivering solace, reassurance, and empathetic treatment.

5.3 How can nurses effectively engage with and manage challenging emotions while fulfilling their responsibilities in caring for patients with cancer?

#### 5.3.1 Encounter social support with patients with cancer

Nurses play a crucial role in providing social support to patients with cancer, assisting them in managing the emotional difficulties that accompany their diagnosis and treatment. This section explores the strategies employed by nurses to engage with and manage challenging emotions while fulfilling their responsibilities in caring for patients with cancer.



### 5.3.2 The role of empathy in investigating emotional distress

Empathy is crucial in investigating emotional discomfort since it promotes comprehension and connection between healthcare professionals and patients. Nurses exhibit empathy by engaging in polite and helpful communication and acknowledging and validating patients' experiences and feelings. Engaging in empathetic replies during contact with patients fosters trust and encourages patients to provide information. The study examines the influence of nurse responses on patient disclosure. The reactions of nurses, whether they are empathic continuers or terminators, have a significant impact on the extent to which patients reveal their emotional anguish. Empathetic individuals who continue the conversation help to foster more discussion, but those who terminate the conversation may impede future opportunities for patients to express themselves. Gaining insight into the influence of clinician reactions is crucial for promoting transparent dialogue and confidence. Patients may hesitate to express their emotions due to many factors, including apprehensions about privacy or ambiguity surrounding the clinician's responsibilities. Therefore, health providers should take the initiative in overcoming resistance to engaging in emotional conversations. Nurses should actively address patients' hesitancy by investigating their inclinations for managing emotional distress and establishing a patient-centric approach to healthcare. (Dean & Street, 2013)

### 5.3.3 Educational assistance

Nurses offer informative and instructive assistance to cancer patients by providing them with knowledge and direction to comprehend their diagnosis, treatment alternatives, and self-care routines. In their study, investigate the encounters of individuals undergoing palliative care and emphasise the significance of nurses' educational assistance in enabling patients to make well-informed choices regarding their care. (Haavisto et al., 2022)

According to Haavisto et al. (2022), nurses are vital in delivering precise and easily understandable information to patients, addressing their concerns, and enhancing their comprehension of their illness and treatment. This educational

support serves to alleviate patients' anxieties and uncertainties, enabling them to actively participate in their care journey (Haavisto et al., 2022).

Encountering social support during cancer treatment can significantly influence the mental and emotional health of patient. Social support can come in various forms, including emotional support, informational support, and tangible support. In this text, it is focused on the educational support aspect of social support and its importance in the cancer journey. Educational support refers to the information and resources provided to patients to help them understand their diagnosis, treatment options, and the various aspects of cancer care. According to the American Cancer Society, "Education is an essential component of cancer care. It can help patients and their families make right decisions about their treatment and care" (American Cancer Society, 2020).

One of the primary ways educational supports is provided to patients is through cancer support groups. These groups offer an appropriate setting for patients to exchange their experiences, inquire, and obtain emotional support from individuals facing similar difficulties. "Cancer support groups aid patients and their families in managing the emotional and practical difficulties associated with cancer." (National Cancer Institute, 2019).

#### 5.3.4 Communication behaviour

Nurses employ communicative behaviour to establish a connection and cultivate trust with cancer patients, enabling them to express their emotions and concerns freely and honestly. Studies from Dean & Street (2013) has proposed a 3-stage model of patient-centred communication that highlights the significance of empathetic communication in addressing the emotional distress of cancer patients. Nurses employ active listening, empathy, and nonverbal communication to create a supportive atmosphere that promotes patients' willingness to express their emotions and share their experiences. (Dean & Street, 2013) This form of communication promotes trust and strengthens the nurse-patient relationship, allowing nurses to effectively meet patients' emotional

needs. Nurses are encouraged to engage in empathetic communication, empower patients, and facilitate active participation in their care. (James et al., 2010)

#### 5.3.5 Training on providing informational advocacy to patients

Encountering social support with patients with cancer is an essential aspect of nursing care. It involves providing patients with the necessary resources, information, and guidance to navigate their cancer journey effectively. One approach to fostering social support is through informational advocacy training. Nurses support patients with cancer by offering information and advocating for their needs within the healthcare system.

In Kendall's (2007) study, the author examines how nurses perceive their role in caring for patients with cancer and emphasises the importance of nurses advocating for patients' emotional well-being. Nurses promote the interests of patients by guaranteeing their access to suitable support services, organising referrals to mental health experts, and championing their emotional well-being within the healthcare team.

Informational advocacy training equips nurses with the skills and knowledge to empower patients with cancer by providing them with accurate and relevant information. This training focuses on the significance of proficient communication, attentive listening, and comprehending the distinct requirements and preferences of each patient only offer direct assistance, but also empower patients through informational advocacy by educating them about the resources at their disposal and encouraging them to advocate for themselves. (Kendall, 2007)

During informational advocacy training, nurses learn techniques to effectively educate patients about their diagnosis, treatment options, and potential side effects. They also assist patients in understanding medical terminology and help them make informed decisions regarding their care. Nurses empower patients by furnishing them with thorough information, allowing them to engage

actively in their treatment plans and assume responsibility for their health. (Kendall, 2007)

Nurses skilfully handle difficult emotions when caring for cancer patients by offering informative assistance, engaging in effective communication, and advocating for the emotional well-being of patients. Nurses play a crucial role in delivering cancer support to patients by implementing these strategies. They assist patients in managing the emotional difficulties that come with their illness and treatment. (Kissane et al., 2012)

To sum up, encountering social support with patients with cancer through informational advocacy training is a vital aspect of nursing care. By providing patients with accurate information, connecting them with support systems, and empowering them to actively participate in their care, nurses play a crucial role in enhancing patient outcomes and overall well-being.

## 6 DISCUSSION

In the comprehensive literature review, this thesis explores the complex interactions between nurses and cancer patients, specifically examining the difficulties nurses encounter when providing emotional support. It also proposes solutions for effectively addressing these obstacles. The literature review examines the important role of nurses in addressing the distress that cancer patients experience, as it has a significant effect on their overall health and quality of life during treatment. This analysis is based on findings from multiple studies (Dean & Street, 2013; Holopainen et al., 2019; James et al., 2010; Kendall, 2007).

The literature highlights the wide range of distress that cancer patients experience, including psychological, emotional, social, and spiritual aspects. This distress can be caused by various factors such as treatment side effects, fear

of the cancer returning, financial worries, and uncertainty about what lies ahead (Carlson et al., 2012; van der Meulen et al., 2018). Neglecting to address distress might impede patients' capacity to properly manage their condition, comply with treatment regimens, and actively engage in healthcare decision-making.

Nurses are recognised as primary healthcare providers who have the responsibility of rapidly identifying signs of distress, initiating conversations about patients' emotional well-being, and providing appropriate interventions and support (Haavisto et al., 2022). Nurses can enhance the care experience for patients by utilising validated tools to regularly screen and assess for distress, allowing them to identify those who require extra support in a proactive manner (Carlson et al., 2012; van der Meulen et al., 2018).

Dean & Street (2013) present a detailed three-stage model of patient-centered communication that focuses on addressing the emotional distress of cancer patients. The model emphasises the importance of empathetic communication and active listening in promoting meaningful interactions between nurses and patients. (Dean & Street, 2013)

Nevertheless, the research recognises the challenges that nurses encounter when it comes to provide emotional support and care to cancer patients, especially those in palliative care environments (Kendall, 2007). Challenges encompass upholding a professional demeanour while demonstrating empathy, effectively managing emotional responses, and negotiating intricate social interactions and conditions that impact the providing of emotional support.

In conclusion, the argument emphasises the crucial significance of nurses in addressing the emotional requirements of individuals with cancer and enhancing their overall welfare and quality of life. The thesis emphasises the significance of continuous education, support, and collaboration among healthcare professionals to effectively meet the complex emotional needs of cancer patients. It emphasises the importance of adopting a patient-centred approach to cancer care. (Kristiansen et al., 2010; McCarter et al., 2017).

## 6.1 Ethical considerations

Research ethics govern the standards of conduct for scientific researchers. To protect the dignity, rights, and welfare of research participants, adherence to ethical principles is essential. As a result, an ethics committee should review all research involving human subjects to ensure compliance with the relevant ethical standards to advocate for ethical standards and systems that support the highest ethical standards in research. (WHO-World Health Organisations, 2016).

This thesis will adhere to appropriate principles of research ethics and conduct according to TENK (2023), the researcher will consider the work and accomplishments of other researchers by citing and appropriately valuing their work. Since our thesis did not involve direct contact with participants but rather a review of the literature on nurses' encounters with cancer patient emotions, we will ensure that our literature review is conducted ethically by citing the appropriate sources and giving credit to the original authors. In addition, prior to evaluating the thesis, we conduct a plagiarism check to ensure that the sources have been properly cited and that all direct and indirect quotations have the appropriate in-text citations and reference list entries.

We are aware that the accepted thesis of a higher education institution is always a public document that is permanently archived (SAMK, 2022). Consequently, as authors, we are aware of our rights, responsibilities, and the essential evaluation principles (TENK, 2023). All the research and studies for the thesis were derived from evidence-based articles, scientific resources, and academic databases, such as PubMed, Google Scholar, and SAMK Finna. Our thesis is comprised of articles from various nations, but they are all written in English. The research findings will be noted and discussed in a straightforward, sincere, and forthright manner. (TENK, 2023)

## 6.2 Validity and reliability

Although the literature offers significant insights on the interactions between nurses and cancer patients, there are several limits and potential areas for future research to explore. The evaluated studies may exhibit biases or limitations intrinsic to their techniques, such as small sample numbers or the inclusion of specific patient populations. To strengthen the reliability of research in this field, forthcoming studies should concentrate on rectifying these constraints and investigating supplementary variables that affect nurse-patient interactions, such as cultural disparities, communication obstacles, and the consequences of interdisciplinary collaboration on patient care results.

The research focused on evaluating the quality of the included studies by considering the essential factors of validity and reliability. Validity pertains to the degree of consistency and precision with which a study's methodology assesses its outcomes (Mohd Salleh et al., 2023). The methodical technique outlined in this study for data retrieval, review, and analysis can be duplicated in future research to guarantee consistent results. Providing a larger context for the investigations enhances the comprehensiveness of the study outcomes.

The inclusion criteria and the utilisation of the Critical Appraisal Skills Programme (CASP), as detailed in Appendix 2, establish benchmarks for the quality and dependability of the studies. Specifically, only articles that had undergone peer review were considered. To ensure the research's credibility and prevent plagiarism and misrepresentation, we meticulously utilised acceptable referencing methods to acknowledge and attribute all important works and ideas from other authors that were incorporated into this study. The thorough scrutiny and oversight by the study supervisor successfully reduced the chances of bias, plagiarism, and data fabrication, hence improving the credibility and reliability of the research findings. In addition, the appendices enhance openness, mitigating the risk of compromised integrity and involvement in deceptive actions.

### 6.3 Limitations and recommendations for future research

A possible drawback of this study is the limited time available for the researcher to carry out the literature review, which could lead to the possibility of overlooking important information and compromising the thorough evaluation of the reliability of the studies included. This constraint occurs due to the need to restrict the quantity of articles included within specified time periods included in the evaluation of several research. To overcome this constraint, future research endeavours could dedicate additional time to the literature review phase, thereby guaranteeing a comprehensive evaluation of the dependability of the studies. In addition, researchers should contemplate broadening the extent of their literature evaluation to include a wider array of studies, enabling a more thorough investigation of nurse-patient interactions within the context of cancer treatment and focus on addressing these limitations and exploring additional factors influencing nurse-patient encounters, such as cultural differences, communication barriers, and the impact of interdisciplinary teamwork on patient care outcomes.

## 7 CONCLUSION

In conclusion, the literature review provides a comprehensive analysis of encounters between nurses and patients with cancer, highlighting the challenges nurses face in providing emotional care and strategies to effectively engage with and manage challenging emotions. By understanding the complexities of nurse-patient interactions and implementing evidence-based interventions, nurses can play a crucial role in caring for patients through their cancer journey and improving their overall quality of life.

The chosen studies found that nurses greatly benefit from having organised and corroborated support from their organizations and administrations in the continuous improvement of their professional skills not just clinically but also



regarding how to provide meaningful and effective interactions with patients. Without this critical support, nurses are unlikely to provide the emotional attention that patients need and suffering burnout and stress in the process.

The findings categorised the three ways that nurses can encounter patients with cancer: encounter physical support, encounter psychological support, and encounter social support. Each of these topics is crucial for discussion, and nurses are well-positioned to take the lead in broaching and guiding conversations with patients on these matters. In addition, collaboration with other health professionals yield multidisciplinary positive impacts on encountering patients' emotions.

In recognising and dealing with emotional distress by nurses is crucial for enhancing patient care and optimising treatment results. Nurses can enhance patient well-being by fostering an environment encouraging open communication and supporting patients through investigation, empathy, and recognition of their emotions.

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## APPENDIX 1

The articles are tabulated alphabetically by authors' names

No.	Authors and years	Articles	Key findings Relevant to the aim of the Review	Research methods	CASP	CASP Score
1.	Carlson et al., 2012	Screening for Distress and Unmet Needs in Patients with Cancer: Review and Recommendations	Recommendations for screening distress in cancer patients to offer timely support and interventions	Literature review	Systematic review	6/10
2.	Dean & Street, 2013	A 3-stage model of patient-centered communication for addressing cancer patients' emotional distress	Prioritizes empathetic communication and active listening in nurse-patient interactions	Representative review	Qualitative studies	9/10
3.	Haavisto et al., 2022	Patients Receiving Palliative Care and Their Experiences of Encounters with Healthcare Professionals	Highlights the significance of nurses in providing empathetic care and psychological assistance to patients	Qualitative explorative	Qualitative studies	10/10
4.	Holland et al., 2010	Distress Management Clinical Practice Guidelines in Oncology	Provides evidence-based recommendations for addressing emotional distress in patients	Clinical guidelines	Clinical prediction rule	8/10
5.	Holopainen et al., 2019	The caring encounter in nursing	Emphasizes the importance of empathy and compassion in nurse-patient interactions	Literature review	Qualitative studies	6/10
6.	James et al., 2010	Emotional knowing in nursing practice: In the encounter between life and death	Highlights the psychological burden on nurses and the importance of self-care	Qualitative systematic review	Qualitative studies	11/11
7.	Kendall, 2007	Witnessing tragedy: Nurses' perceptions of caring for patients with cancer	Emphasizes the emotional difficulties nurses encounter and the need for coping strategies	Sampling narrative review	Qualitative studies	5/10
8.	Kristiansen et al., 2010	The benefit of meeting a stranger: Experiences with emotional support provided by nurses among Danish-born and migrant cancer patients	Highlights the significance of cultural sensitivity in providing emotional care to patients from various backgrounds	Narrative review	Qualitative studies	7/12

## APPENDIX 2

Tabulated CASP sample of questions delineated alongside the 8 chosen articles.

<b>CASP</b> / <b>Authors</b>	Carlson et al.	Dean & Street	Haavisto et al.	Holland et al.	Holopainen et al.	James et al.	Kendall	Kristiansen et al.
1. Did the review address a clearly focused question?								
2. Did the authors look for the right type of papers?								
3. Do you think all the important, relevant studies were included?								
4. Did the review's authors do enough to assess quality of the included studies?								
5. If the results of the review have been combined, was it reasonable to do so?								
6. What are the overall results of the review?								
7. How precise are the results?								
8. Can the results be applied to the local population?								
9. Were all important outcomes considered?								
10. Are the benefits worth the harms and costs?								





CASP Checklist: 10 questions to help you make sense of a Systematic Review

**How to use this appraisal tool:** Three broad issues need to be considered when appraising a systematic review study:

- ▶ Are the results of the study valid? (Section A)
- ▶ What are the results? (Section B)
- ▶ Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

**About:** These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

**Referencing:** we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Systematic Review) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Paper for appraisal and reference:

Section A: Are the results of the review valid?





Paper for appraisal and reference:

Section A: Are the results of the review valid?

1. Did the review address a clearly focused question?

Yes

Can't Tell

No

HINT: An issue can be 'focused' in terms of

- the population studied
- the intervention given
- the outcome considered

Comments:

2. Did the authors look for the right type of papers?

Yes

Can't Tell

No

HINT: 'The best sort of studies' would

- address the review's question
- have an appropriate study design (usually RCTs for papers evaluating interventions)

Comments:

Is it worth continuing?

3. Do you think all the important, relevant studies were included?

Yes

Can't Tell

No

HINT: Look for

- which bibliographic databases were used
- follow-up from reference lists
- personal contact with experts
- unpublished as well as published studies
- non-English language studies

Comments:



4. Did the review's authors do enough to assess quality of the included studies?

Yes

Can't Tell

No

HINT: The authors need to consider the rigour of the studies they have identified. Lack of rigour may affect the studies' results ("All that glitters is not gold" Merchant of Venice – Act II Scene 7)

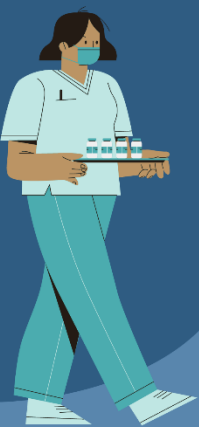


## APPENDIX 3

10 questions for nurses to broach the conversation's subject with patients with cancer

Satakunta University of Applied Science | 2023

# 10 QUESTIONS FOR PATIENTS



JOAN UWE & ANNA LÊ

- 1 What does your daily life look like?
- 2 How has the cancer changed your life?
- 3 What are the negative feelings that you have been having because of the cancer?
- 4 Who are your most important support network?
- 5 Are you part of / Would you like to be part of a cancer community support network?
- 6 What do you do to make yourself feel better?
- 7 How well do you cope with stress?
- 8 How often do you feel pain or discomfort?
- 9 Is there any activity that you have to rely on someone else to do it that you were able to do it yourself before the cancer?
- 10 Is there any other support you would like to receive from us or the other healthcare personnel?

# APPENDIX 4

Sample of a search results from one of our search engines, Google Scholar

Google Scholar nurse AND patient AND cancer AND emotions AND encountering nurse AND SIGN IN

Articles About 17,100 results (0.35 sec) My profile My library

**Cancer patients' expressions of emotional cues and concerns and oncology nurses' responses, in an online patient-nurse communication service**  
GH Grimsbø, CM Ruland, A Finset - **Patient** education and counseling, 2012 - Elsevier  
... In their **encounters** with health care providers **patients** ... of **emotion** are of a similar nature in written e-mail exchange as ... cues to **emotions** and explicit expressions of **emotional** concerns ...  
☆ Save Cite Cited by 56 Related articles All 5 versions

**Patterns in clinicians' responses to patient emotion in cancer care**  
A Finset, L Heyn, C Ruland - **Patient** Education and Counseling, 2013 - Elsevier  
... to study **emotional** communication in clinical **encounters** is ... between **cancer patients** and clinicians (physician or **nurse**) ... how **nurses** and physicians differ in responding to **emotions** ...  
☆ Save Cite Cited by 93 Related articles All 4 versions

**Striving for emotional survival in palliative cancer nursing** [PDF] psu.edu  
A Sandgren, H Thulesius, B Fridlund... - Qualitative health ... , 2006 - journals.sagepub.com  
... such as psychologists help **nurses** to discuss **feelings**, and ... In **encounters** with **patients** and relatives, **nurses** seek ... palliative **cancer patients** and their relatives process **emotions** ...  
☆ Save Cite Cited by 157 Related articles All 11 versions

[HTML] **Patients' perceptions of their experiences with nurse-patient communication in oncology settings: A focused ethnographic study** [HTML] plos.org  
EA Chan, F Wong, MY Cheung, W Lam - PloS one, 2018 - journals.plos.org  
... need that **cancer patients** have for information and **emotional** ... technical **encounters**, with all three types of **encounters** being ... Is the Subject Area "**Cancers and neoplasms**" applicable to ...  
☆ Save Cite Cited by 126 Related articles All 12 versions

**Emotional and informational patient cues: the impact of nurses' responses on recall** [PDF] academia.edu  
J Jansen, JCM van Weert, J de Groot... - **Patient** education and ... , 2010 - Elsevier  
... This **may** in turn reduce the **patients' feelings** of distress, ... analysis of **cancer patients' cues** and **nurses' responses** to look ... videotaped **encounters**. We gratefully acknowledge the Dutch ...  
☆ Save Cite Cited by 130 Related articles All 12 versions

**Nurses' experiences of cancer**  
J Corner - European Journal of **cancer** care, 2002 - Wiley Online Library  
... of **nurse-patient** communication in **cancer** settings provide evidence that **nurses** do not always prioritize **emotional** ... illustrates the impact **encounters** with **cancer** can have on **nurses**, ...  
☆ Save Cite Cited by 109 Related articles All 6 versions

**Witnessing tragedy: nurses' perceptions of caring for patients with cancer**  
S Kendall - International Journal of **Nursing** Practice, 2007 - Wiley Online Library  
... Although the **nurses** recognized the **emotional** impact ... to investigate the impact of **nurse-patient encounters** on clinical learning ... , one participant summed up the **feelings** of many **nurses** ...  
☆ Save Cite Cited by 63 Related articles All 3 versions

**Admiring courage: Nurses' perceptions of caring for patients with cancer** [PDF] academia.edu  
S Kendall - European Journal of Oncology **Nursing**, 2006 - Elsevier  
... to investigate the impact of **nurse-patient encounters** on clinical learning ... **emotional** impact of their **nurse-patient encounters**. There are times **when nurses experience** mixed **emotions** ...  
☆ Save Cite Cited by 50 Related articles All 7 versions

**Caring and uncaring encounters within nursing and health care from the cancer patient's perspective**  
S Halldórsdóttir, E Hamrin - **Cancer nursing**, 1997 - journals.lww.com  
... as the pervasiveness of human **feelings** and treating **patients** ... They had a **feeling** of rejection, a strong **feeling** of ... maintenance of the **patient's** physical and **emotional** well-being...  
☆ Save Cite Cited by 297 Related articles All 7 versions

**The benefit of meeting a stranger: Experiences with emotional support provided by nurses among Danish-born and migrant cancer patients** [PDF] academia.edu  
M Kristiansen, T Tjørnhøj-Thomsen... - ... of **Oncology Nursing**, 2010 - Elsevier  
... with the **feelings** and **emotions** that the **cancer** diagnosis **may** ... of **emotional** support in **patients' encounters** with **nurses** ... for the **patient** to **feel** safe and able to verbalise **emotional** ...  
☆ Save Cite Cited by 20 Related articles All 9 versions

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1 2 3 4 5 6 7 8 9 10 Next

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