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THERAPEUTIC PRESENCE: THE NURSE'S ROLE IN ADDRESSING PSYCHOSOCIAL NEEDS DURING CANCER TREATMENT

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ABSTRACT
Cancer treatment, particularly chemotherapy and radiation, presents not only physical challenges but also profound psychosocial stress for patients. Nurses play a pivotal role in addressing these psychosocial needs through what is known as therapeutic presence—the intentional and compassionate use of self to support emotional, mental, and spiritual well-being. This paper explores the nurse's role in providing psychosocial care during cancer treatment, emphasizing key interventions such as active listening, emotional support, patient advocacy, and communication facilitation. The impact of these interventions on patient outcomes, such as reduced anxiety, improved coping, and enhanced treatment adherence, is examined through an evidence-based lens. Integrating therapeutic presence into daily oncology nursing practice fosters trust, alleviates distress, and promotes holistic care. This approach not only supports patients through their cancer journey but also enhances the quality and humanity of care delivery in oncology settings.

Keywords*: oncology nursing, psychosocial support, cancer treatment, emotional care, nurse patient relationship, holistic nursing, patient-centered care.*

INTRODUCTION
Colorectal cancer ranks among the most prevalent malignant tumors globally. Its development involves the activation of specific proto-oncogenes—such as *k-ras* through point mutations—and the inactivation of tumor suppressor genes, including *p53*, *DCC* (Deleted in Colorectal Cancer), and *MCC* (Mutated in Colorectal Cancer). These genetic alterations drive the transition from normal colon epithelium to invasive cancer. Research suggests that tumor formation in the colon typically requires the accumulation of mutations in at least five key genes. Additionally, growth factors and their corresponding receptors also play a significant role in the pathogenesis of human colorectal cancer(34)

Neoadjuvant chemotherapy is the standard treatment for locally advanced and inflammatory breast cancer and has seen growing use in earlier-stage cases over the past decade. It offers several benefits, including targeting micrometastases, reducing tumor size, and providing insight into the tumor's in vivo responsiveness to treatment. Tumor downstaging also contributes to higher rates of breast-conserving surgery.(33)

Psychosocial needs of cancer patient
According to the world health organization (who), the global cancer burden reached 18.1 million new cases and 9.6 million deaths in 2018. Globally, around 43.8 million people were estimated to be living within five years of a cancer diagnosis. By 2030, who projects a 40% increase in new cancer cases in high-income countries and an over 80% rise in low-income countries. It is anticipated that 10 to 11 million new cancer cases will occur annually in low- and middle-income nations. Alongside rising cancer incidence, both survival rates and mortality are expected to grow, with the number of five-year cancer survivors remaining around 43.8 million globally and cancer-related deaths predicted to exceed 13 million by 2030(1)

Psychosocial needs refer to the need for support that affects an individual's psychological, emotional, and social well-being. While this concept is well-established in general cancer research, it has received comparatively little attention in the context of haematological malignancies. Given the distinct characteristics of blood cancers compared to other cancer types, further research is needed to better understand the specific needs of patients in this group. (2)

Emotional, social, and spiritual challenges during treatment
Initial research revealed that many journals have published articles evaluating the effectiveness of physical, psychological, social, and spiritual interventions for breast cancer survivors. To ensure a comprehensive search, various databases—including those beyond traditional biomedical sources—were explored. A balance between search sensitivity and precision was achieved through iterative testing of topic-related keywords across the following databases: medline, cinahl, embase, web of science, the cochrane library, and google scholar, which served as a supplementary tool for accessing references not found in standard biomedical literature..(3)

Breast cancer survivors frequently experience behavioral symptoms like fatigue, depression, and sleep disturbances, which are among the most prevalent and harmful issues following treatment. (4)

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Studies on stress and symptom burden have generally viewed stress as an immediate catalyst for the development of illness and related symptoms. [5]. In recent years, behavioral scientists have adopted a life-course approach to studying stress and illness, emphasizing that repeated exposure to different forms of adversity over time significantly contributes to symptom burden by disrupting the autonomic, neuroendocrine, and immune systems. [6

Stressful life events—such as experiencing abuse, living in low socioeconomic conditions, or facing discrimination—can influence cancer-related symptoms.

The study identified, quantified, and assessed the healthcare resources utilized by breast cancer patients. Monthly pharmacotherapy costs covered by the national health insurance fund (nhif) were reported separately for each treatment type. Reimbursement rates and the unit prices paid by the nhif for all breast cancer medications (icd c50) listed in the bulgarian positive drug list were taken into account. Unit prices for medications were sourced from the positive drug list, while information on other healthcare resources was gathered from the nhif website and reports from the national statistical institute. (7).

Fatigue is a frequent symptom experienced by both healthy individuals and those with medical conditions such as major depression, chronic fatigue syndrome (cfs), and autoimmune disorders. It is also a significant side effect associated with cancer treatment. (9). Fatigue commonly occurs in the general population as well as in individuals with health conditions like major depression, chronic fatigue syndrome (cfs), and autoimmune diseases. It is also a notable adverse effect of cancer therapies. (10)

Nearly all individuals who receive conventional cancer treatments experience fatigue, which can last for years after treatment ends, diminishing quality of life and potentially indicating reduced survival. (11).

Photodynamic therapy (pdt) is a minimally invasive method that, unlike ionizing radiation, can be administered multiple times at the same location. It is especially attractive in cancer treatment, as prior use of chemotherapy, radiation, or surgery does not rule out the application of pdt, and it can be used alongside any of these treatments. Pdt involves a light-sensitive drug that becomes active when exposed to light of a specific wavelength. When the targeted tumor area is illuminated with this activating light, it triggers a non-free radical oxidative process that destroys the cancer cells. (12)

Photodynamic therapy (pdt) has been primarily used to treat cutaneous basal-cell carcinoma with agents like ala and porfimer sodium, though early findings also show potential in treating bowen’s disease and breast cancer recurrences on the chest wall. In solution, ala can penetrate abnormal keratin but not healthy keratin, leading to selective photosensitization in diseased tissue. While large-scale studies have shown complete response rates of approximately 80% with pdt, one study with a longer follow-up period reported only a 50% complete response at a median of 17 months. (13)

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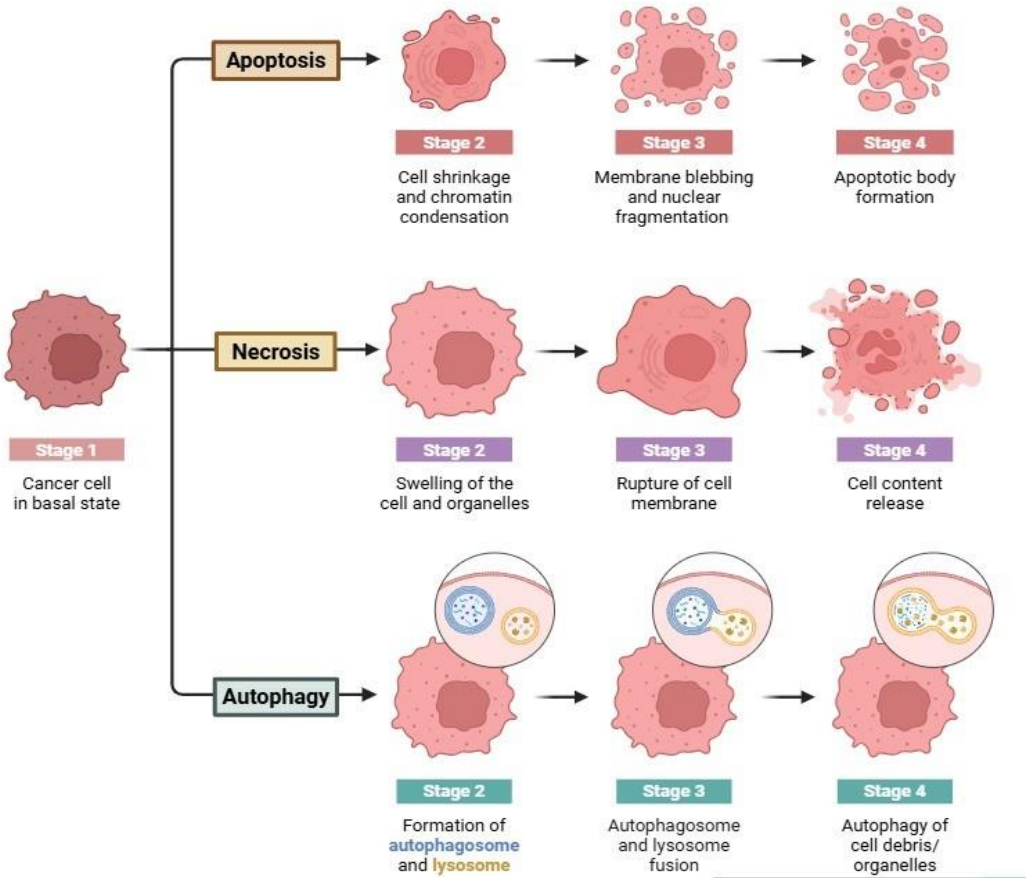

Figure -1 mechanisms of cell death: necrosis, autophagy, cell lysis, and autophagosome formation

MECHANISM OF ACTION IN MOLECULAR TARGETED GENE THERAPY

Molecular targeted therapies in cancer treatment can have various functions and properties. Depending on their targets, they interact with cell surface antigens, growth factors, receptors, or signaling pathways that control processes such as cell cycle progression, cell death, metastasis, and angiogenesis. (14)

Molecular targeted therapy agents are categorized into small molecules, monoclonal antibodies, cancer immunotherapy vaccines, and gene therapies (national cancer institute, 2017; padma, 2015). These drugs work by blocking signals that promote cancer cell growth, disrupting cell cycle regulation, and/or inducing cell death to eliminate cancer cells. (15). These drugs can target both cancer cells and components of the tumor microenvironment, helping to activate the immune system. (16). In terms of their specific actions, these drugs can hinder tumor progression and invasion, or resensitize resistant tumors to other treatments when used alongside chemotherapy. (17).

Barriers to effective psychosocial support

Nurses provide round-the-clock care for patients and families, often offering psychosocial support alongside addressing physical needs and managing symptoms. Delivering effective psychosocial care to cancer patients can be particularly challenging for healthcare professionals, and its success depends on the training, skills, attitudes, and beliefs of the staff. Evidence suggests that oncology nurses experience high levels of stress. To provide quality psychosocial care, establishing a relationship with the patient is crucial, which begins with earning the patient's trust. Once trust is established, psychosocial care can be effectively offered. A key factor in building trust, as noted by participants, was being the primary nurse, which often provided one-on-one access to the patient and supported continuity of care. Other important factors included demonstrating competence in routine care and showing a deep understanding of the patient's complex medical history. (18)

Breakdown in communication processes

The literature on social support during and shortly after cancer treatment highlights the significance of identifying which types of support are most beneficial and from which individuals.(19)

In addition to challenges specific to the cancer site and treatment, persistent side effects like fatigue and pain are common across various cancers and treatments. These symptoms are particularly difficult to evaluate due to

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their combination of physiological and psychological causes. However, it appears that higher levels of these symptoms are associated with poorer emotional outcomes. (21)

Regarding training content, multidisciplinary teams most frequently received training in patient care, followed by cancer and health education, and the development of navigator skills (45%, 36%, and 27% of studies mentioning these topics, respectively). Lay navigators typically received training in patient care, followed by navigator skills development and cancer and health education (52%, 43%, and 43%, respectively). Professional navigators most often received training in patient care or navigator skills development, with cancer and health education following (50%, 50%, and 33%, respectively).(22)

If cancer is an unavoidable consequence of specific evolutionary changes, the inherent risk of cancer represents a developmental constraint. When the initial risk is high enough, anti-cancer selection will result in an evolutionary constraint. Further investigation into how cancer relates to other variations in the body plan could provide deeper insights into the role of internal selection as a source of evolutionary and developmental limitations. The strong connection between cancer and congenital abnormalities suggests that cancer, as a driver of internal selection, is likely to act in conjunction with the negative effects of congenital abnormalities..(23)

Implication for nursing practice and policy

This special issue begins with a comparison between two countries regarding the role of the prostate cancer specialist nurse. Prostate cancer specialist nurses have been established within varying legal and professional frameworks and at different times, shaped by distinct political factors. The advantages of these specialized roles extend beyond just improving care quality; the literature indicates that they have led to increased patient satisfaction through a more tailored and responsive approach to meeting patients' needs.25,26)

Protocol

As of may 2019, 12 observational studies have explored the use of eras protocols in ovarian cancer patients.(27)

A separate study protocol for surgery in the early stages of gynecological cancers, such as ovarian cancer or advanced endometrial cancer, has also been published. (28)

Historically, the technique has been used for whole-body skeletal functional imaging in both oncology and non-oncology patients across various clinical indications, proving to be an affordable and sensitive method for imaging the entire skeleton. However, planar bone scans (bs) only offer basic structural details, and accurately characterizing solitary or indeterminate lesions often requires precise anatomical localization to distinguish between benign and malignant causes. The specificity of bone scans is also limited by uptake in benign conditions like inflammatory and degenerative joint diseases, fractures, and infections.(29)

Interdisiplinary collaboration

When individuals aim to make changes in their lives to enhance their health and quality of life, it is crucial to have medical information about their older relatives while also considering the potential benefits of discussing family health history and hereditary conditions with their children. Communication strategies focused on cancers with a significant hereditary component should involve both older and younger relatives, while also enhancing the ability to communicate about cancer within families. (30)

Building on models like those mentioned, research aimed at improving patient-provider communication on cancer prevention and control could incorporate skill-building exercises and role-playing activities. For instance, an intergenerational approach to communication about prostate cancer and aging has been suggested within african-american communities (31)

Although supported by a less extensive body of literature, moderate evidence was identified for addressing financial concerns, behavioral health issues in parents, psychoeducational and social interaction support for siblings, adherence monitoring, and early integration of palliative care and bereavement services. Mixed moderate and high-quality evidence was found for survivorship, while moderate-to-low quality evidence was found for communication, documentation, and training. [32]

CONCLUSION

The evolving landscape of cancer treatment and care presents numerous challenges and opportunities for improving patient outcomes. The global burden of cancer continues to rise, with significant increases projected, especially in low-income countries, where the rates of new cases and cancer-related deaths are expected to surge dramatically by 2030. This global trend underscores the importance of addressing psychosocial needs, which remain an underexplored aspect in the context of hematological malignancies. Further research is essential to better understand the specific needs of patients with blood cancers and to enhance support systems for these individuals.

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In the realm of cancer care, interventions focusing on physical, psychological, social, and spiritual well-being have shown promise, particularly for breast cancer survivors. However, persistent challenges such as fatigue, depression, and sleep disturbances highlight the ongoing struggle to improve quality of life for cancer patients post-treatment. As studies increasingly adopt a life-course perspective, understanding the cumulative effects of stress and adversity becomes critical in addressing symptom burden and improving emotional outcomes.

Molecular targeted therapies represent a significant breakthrough in cancer treatment, with growing evidence supporting their ability to block signals promoting tumor growth, regulate the cell cycle, and induce cell death. These therapies are particularly promising as adjuncts to chemotherapy, offering potential benefits in hindering tumor progression and overcoming resistance.

However, providing comprehensive psychosocial support remains a complex endeavor. Nurses, often on the frontlines of care, face the dual challenge of addressing both physical and emotional needs, with their ability to do so contingent upon their training, skills, and the ability to build trust with patients. It is essential to recognize the emotional, social, and spiritual challenges patients face, and ongoing training in communication and care strategies is crucial for improving patient-provider interactions.

Incorporating intergenerational approaches and enhancing communication about hereditary cancer risks could lead to more effective prevention and support for families. Additionally, as healthcare delivery continues to evolve, understanding and addressing barriers to effective psychosocial support, including financial concerns, behavioral health, and adherence monitoring, will be key to improving overall care.

Ultimately, these insights highlight the need for multidisciplinary collaboration, a holistic approach to cancer care, and further research to better address the needs of patients, caregivers, and healthcare professionals alike. As cancer treatment and survivorship evolve, so too must the strategies that support patients and their families through every phase of their journey.

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