Analysis of Emotional Support Intervention on Acute Lymphoblastic Leukemia Patient with Anxiety

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Abstract

Objective: This study aimed to describe nursing care provided for Acute Lymphoblastic Leukemia (ALL) patient who was affected by anxiety with case study approach which conducted for five consecutive days.

Methods: The emotional support intervention which was provided for 30-45 minutes in each of 5 days and evaluated by hemodynamic values monitoring, observation of patient's general condition, and the Hospital Anxiety and Depression Scale (HADS) revealed the effectiveness of the intervention. The monitoring of hemodynamic values was performed prior to and following the intervention.

Results: The result suggested the stability of hemodynamic values within 5 days of intervention. There was no sign of bleeding, though the patient complained for cough and cold. The patient was still required to undergo blood transfusions due to low platelet counts. The patient reported that he felt more exuberant and seemed vigorous within those 5 days. The patient was also able to perform ADLs including eating, changing clothes, and praying independently on the bed, and seemed to be smiling all the time and remained a cheerful and sociable figure with his surroundings.

Conclusion: Anxiety level score using HADS was decreased to 7 with normal category.

Keywords: Acute Lymphoblastic Leukemia (ALL); anxiety; emotional support intervention.

Introduction

Leukemia, based on predominant cells involved, is classified into myeloid or lymphoblastic and also categorized into acute or chronic 1. Acute Lymphoblastic Leukemia (ALL) predominantly affects children (80%) and adults (20%). However, several studies suggested an increase in ALL prevalence up to 46% in Europe 2, 37% in California 3, and 0.5%-0.8% annually in United States 4. ALL mostly affects males (59%) than females (41%) 2 and 58% of the case occur in people aged older than 20 years 4. The definite cause of leukemia is yet to be established up till now. Infection, exposure to chemical or physical agents, and genetic factors may contribute to development of leukemia 4.

ALL patient is more likely to be affected by anxiety. This patient may be afraid to express his fear and anxiety 1. ALL patient shares a common fear that is fear of disease process and treatments which they are required to undergo regularly, disengaging with comfortable activities, and adopting new life style as the treatments require. Nurses play a pivotal role in promoting quality of life in ALL patient.

Emotional support is among the interventions that could be provided for them with approaches such as listening to all of their worries, providing education, identifying their coping mechanism, providing explanation and options for treatment, and regularly monitoring hemodynamic values and general condition 1. Therefore, authors were concerned to provide nursing care for ALL patient and anxiety through emotional support intervention.

Method

This study was case study method which analyzing emotional support in ALL patient. This intervention was for 5 consecutive days. Each session was commenced with agreeing a contract, asking the patient about how he feels, topics of discussion, measurement of vital signs before and after the intervention, observation of general...
condition, and analyzes HADS on the first and fifth days.

In patients with terminal illnesses including ALL there is an anxiety scale that can be measured through the Hospital Anxiety and Depression Scale (HADS). HADS focuses on non-physical symptoms that can see the existence of anxiety and depression in patients with physical illness.

The results or scale of HADS are divided into 3, score of 8-10 mild, 11-14 moderate, and 15-21 severe. HADS is categorized into two parts, to assess depression and anxiety/anxiety. Scoring ratings on HADS have a total of 0 to 21 for anxiety and 0 to 21 for depression. Analysis of scores from 0 to 7 to be considered in the normal range, a score of 11 or higher indicates abnormalities or cases of mood disorders and scores of 8 to 10 belong to abnormal borderlines or mild depression or anxiety. Anxiety and depression scoring in HADS is independent.

Result

The result after 5 days revealed the effectiveness of the intervention. Hemodynamic values were evaluated by authors prior to and following the intervention. The result suggested stability of hemodynamic values within those days. There was no sign of bleeding, though patient complained for cough and cold. This patient was still required to undergo blood transfusions due to low platelet counts. This patient reported that he felt more exuberant and seemed vigorous within those 5 days. He was also able to perform ADLs including eating, changing clothes, and praying independently on the bed, and seemed to be smiling all the time and remained a cheerful and sociable figure with his surroundings. Anxiety level score using HADS decreased from 8 to 7 (normal).

Table 1. Result of Emotional Support (Continue)

<table>
<thead>
<tr>
<th>Day</th>
<th>Coping</th>
<th>Vital Signs</th>
<th>Laboratory value</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Patient and family were shocked by the prognosis delivered by the physician. Patient’s mother stated “Alhamdulillah, we finally know what kind of disease affecting him.” Patient stated that he was not going to undergo chemotherapy and preferred to have honey therapy at home and be an outpatient just as his mother’s decision.</td>
<td>BP: 110/90 mmHg, Pulse: 110x/mnt, RR: 20 x/mnt, Temperature: 36°C, Pain Scale: 0</td>
<td>Leucocyte: 1.830 μL, Neutrophil: 11.5%, Trombocyte: 11000μL, Haemoglobin: 7.6g/dL, Hematocryte: 23%</td>
</tr>
<tr>
<td>4</td>
<td>Patient mood is stable after yesterday’s shock The family decides for not run chemotherapy and switch to honey therapy.</td>
<td>BP: 110/90 mmHg, Pulse: 110x/mnt, RR: 20 x/mnt, Temperature: 36°C, Pain Scale: 0</td>
<td>Leucocyte: 1.830 μL, Neutrophil: 11.5%, Trombocyte: 11000μL, Haemoglobin: 7.6g/dL, Hematocryte: 23%</td>
</tr>
<tr>
<td>5</td>
<td>Patient mood is very good. Patient asks Regarding chemotherapy and the process. Family say the plan will be treated at home</td>
<td>BP: 110/80 mmHg, Pulse: 111x/mnt, RR: 20 x/mnt, Temperature: 36°C, Pain Scale: 0</td>
<td>Hospital Anxiety and Depre Scale: 7 (normal)</td>
</tr>
</tbody>
</table>

Discussion

Emotional support intervention is associated with patient’s level of anxiety. Factors affecting anxiety...
include psychological, cognitive, and age. Emotional and psychological impact of cancer diagnosis on patient is varied and correlated with patient’s developmental stage. Cognitive, psychological, and social development of individual is directly proportional with age. However, advancing age also increases the risk for anxiety. A study reported that adult patient with cancer had a significantly lower score of Health-Related Quality of Life (HRQL) than the younger ones. On the other hand, cognitive skill at any age should also be considered when assessing emotional function. It is common that decline in cognitive function affects patient’s mood and habit. Patient with leukemia is more likely to have a greater level of anxiety and depression, and chemotherapy increases that risk.

Emotional support is an intervention that may be provided for ALL patient. The intervention was applied specifically according to patient’s age with cognitive, psychological, and social approach. Age is also a key component in determining patient’s perception on coping. Young adult patient tends to question things directly to health professionals.

Emotional support is perceived as intriguing and challenging intervention by authors in enhancing life quality of ALL patient. A meta-analysis study reported effect of psycho-oncology intervention with non-pharmacological approaches, including education, coping skill, psychotherapy, and relaxation. The study involved 22,238 participants aged 18 years or older who were diagnosed with any type of cancer.

Emotional support intervention which provided by authors included the assessment of HADS level, providing education and explanation for all inquiries from patient and his family, and evaluating their coping skills. Hemodynamic monitoring was also performed before and after the intervention. The observed hemodynamic values included vital signs, laboratory values, and objective evaluation of patient’s general condition. The intervention was performed for 5 successive days and 30 to 45 minutes in each day. The intervention was performed independently without cooperation or collaboration with any other health professionals. Hence, authors were able to concentrate in providing emotional support for the patient.

The effectiveness of emotional support interventions in fluid restriction which can be influenced by several factors, including an increase patient self-management and social support. Evan and Zeltder's Research (2006) explained that young adult patients have a relationship between family and better psychological condition. This is also very good in new patients diagnosed with cancer.

Giving informed consent at the beginning of the meeting also makes a good start. Carry out effective communication by agreeing on a contract, entering into a contract appropriately, and focus on providing emotional support interventions the patient is an effect on the quality of the intervention, and the quality patient psychology. The patient feels that there is someone who is willing to listen to patients, provides many alternative choices, discuss many things with professionals.

Conclusion

The conclusion of emotional support intervention was that patient experienced grief and shock due to the diagnosis. The patient reported that he had no poor lifestyle, smoking habit, nor consumption of unhealthy foods. Nonetheless, he accepted his fate. He stated that his mother’s decision is also his decision and the decision was to not undergo chemotherapy. He was not necessarily exasperated about the diagnosis and his own condition. He expressed willingness to have honey therapy and be an outpatient and undergo blood transfusion if necessary. Patient also stated that his life and death are on His mercy thus he would try to be more sincere. He chose to have a honey therapy as he believed that honey is a remedy for all kind of diseases as described in Al-Quran. Therefore, he resolved to have the therapy.

The author provides emotional support interventions based on literature studies and tries to apply within 30–45 minutes for 5 consecutive days. Meanwhile, the same study was carried out for more than 6 months. This affects the psychological condition of the patient and the patient's decisions in choosing existing therapies. Consideration in deciding on something requires the process and adaptation of the patient and family.

References
