



Perceived autonomy supportiveness provided by nurses and anxiety in sarcoma patients

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Introduction

Sarcomas are a rare type of solid cancer (bone or soft tissue cancer) associated with several negative psychological outcomes (Paredes, Canavarro & Simões, 2011).

Screening patients for distress is important to identify potential psychosocial problems and ensure adequate treatment (Pirl et al., 2014). The time of screening should occur at the time of diagnosis and at appropriate time points after the first clinical visit (Pirl et al., 2014).

Oncology nurses have an important role in providing support to sarcoma patients (Spears, 2008). According to Self-Determination Theory (SDT) receiving autonomy support predicts psychological health (Deci, La Guardia, Moller, Scheinar & Ryan, 2006) and physical health (Ng et al., 2012).

Objectives

- This is a longitudinal study aimed:
- ✓ To characterize the level of anxiety in patients with sarcoma during three phases of treatment;
 - ✓ To characterize the perceived autonomy supportiveness provided by nurses during two phases of treatment;
 - ✓ To explore socio-demographic and clinical determinants of the perceived autonomy supportiveness provided by nurses and the level of anxiety in patients with sarcoma during treatment;
 - ✓ To study the association between the perceived autonomy supportiveness provided by nurses and levels of anxiety in patients with sarcoma during treatment.

Methods

Participants		Material
24 Portuguese adult patients of both sexes, mean age of 41 (SD = 16,8), diagnosed with sarcoma:		- Sociodemographic and Clinical Questionnaire
<ul style="list-style-type: none">• Marital status: Married/co-habiting - 12 patients (50%); Divorced/single/widowed - 12 (50%)• Education: Less than high school: 12 (50%); High school or more: 12 (50%)• Employed: 12 patients = 50%• Tumour type: soft tissue (14 patients); bone (9 patients)• Treatment: Surgery (for the large majority - 71%), complemented with Chemotherapy and/or radiotherapy		<ul style="list-style-type: none">- Portuguese version of the Health Care Climate Questionnaire (HCCQ) – Lemos & Garret (2010) – six itens, scored in a Likert scale 1-7. The total score ranges from 6 – 42. Higher scores express more autonomous support.- Portuguese version of the Hospital Anxiety and Depression Scale (HADS) – Pais-Ribeiro et al. (2007) - 14 items, on a scale of 0–3 (3 indicates higher symptom frequencies); Scores for each subscale (anxiety and depression) range from 0 to 21 with scores categorized as follows: normal 0–7, mild 8–10, moderate 11–14, and severe 15–21. For this study, we only used the anxiety subscale.

Results

Characterization the level of anxiety and the perceived autonomy supportiveness provided by nurses during the course of treatment

Patients were assessed in the beginning of treatment (Ph1) and 4 (Ph2) and 9 (Ph3) months after, and the results show:

- ✓ a decrease in levels of anxiety;
- ✓ a positive perception of the support provided by nurses at 4 and 9 months.

		Ph1	Ph2	Ph3
HADS		ANXIETY		
		n (%)	n (%)	n (%)
	Normal	12 (50)	13 (54,2)	15 (62,5)
	Mild	8 (33,3)	7 (29,2)	5 (20,8)
	Moderate	4 (16,7)	3 (12,5)	4 (16,7)
	Severe	0	0	0
HCCQ		AUTONOMY SUPPORT		
Wilcoxon Test: Z = - 0,44; ns			M (SD)	M (SD)
			36,7 (4,86)	36,0 (5,63)

Socio-demographic and clinical determinants of the perceived autonomy supportiveness provided by nurses and the level of anxiety during treatment

Overall, younger patients, with more education and without a partner, reported:

- ✓ more autonomous perceived support provided by nurses;
- ✓ lower levels of anxiety.

Association between the perceived autonomy supportiveness provided by nurses and levels of anxiety during treatment

The results evidence that a more autonomous perceived treatment climate is associated with lower levels of anxiety, nine months after the beginning of treatment.

		HADS Anxiety	
		Ph2	Ph3
HCCQ Autonomy support	Ph2	ns	- 0,42*
	Ph3	ns	- 0,61**

* p < 0,05; **p < 0,01

Conclusions

- ✓ Although many patients with sarcoma don’t suffer from clinical levels of anxiety in different phases of illness, a significant group present mild to moderate levels of anxiety and would benefit from psychological interventions, in order to help decrease distress during treatments.
- ✓ The study emphasizes the importance of the autonomous support provided by nurses in the disease management process, and the need to identify the most vulnerable patients in terms of emotional distress, in order to plan psychosocial interventions to promote patients’ wellbeing.
- ✓ Oncology nurses have an opportunity to address significant distress in a timely manner and to provide supportive care interventions.

References:

Deci, E. L., La Guardia, J. G., Moller, A. C., Scheiner, M. J., & Ryan, R. M. (2006). On the benefits of giving as well as receiving autonomy support: mutuality in close friendships. *Personality & Social Psychology Bulletin*, 32(3), 313-327.

Lemos, M., & Garrett, S. (2013). HCCQ: H-D Questionário de Perceção do Ambiente Terapêutico: Saúde - Diabetes. In Marina S. Lemos, Ana M. Gamelas, & José A. Lima (Eds). *Research Instruments Developed, Adapted or Used by the Developmental, Educational and Clinical Research with Children and Adolescents Group*. Universidade do Porto, Faculdade de Psicologia e de Ciências da Educação, Porto.

Ng, J. Y., Ntoumanis, N., Thøgersen-Ntoumani, C., Deci, E. L., Ryan, R. M., Duda, J. L., & Williams, G. C. (2012). Self-determination theory applied to health contexts: A meta-analysis. *Perspectives On Psychological Science*, 7(4), 325-340. doi:10.1177/1745691612447309

Pais-Ribeiro, J., Silva, I., Ferreira, T., Martins, A., Meneses, R., & Baltar, M. (2007). Validation study of a Portuguese version of the Hospital Anxiety and Depression Scale. *Psychol Health Med*, 12(2), 225-235; quiz 235-227. doi: 10.1080/13548500500524088

Paredes, T., Canavarro, M. C., & Simões, M. R. (2011). Anxiety and depression in sarcoma patients: emotional adjustment and its determinants in the different phases of disease. *European Journal of Oncology Nursing*, 15(1), 73-79. doi: 10.1016/j.ejon.2010.06.004

Pirl, W. F., Fann, J. R., Greer, J. A., Braun, I., Deshields, T., Fulcher, C., & ... Bardwell, W. A. (2014). Recommendations for the implementation of distress screening programs in cancer centers: Report from the American Psychosocial Oncology Society (APOS), Association of Oncology Social Work (AOSW), and Oncology Nursing Society (ONS) joint task force. *Cancer* (0008543X), 120(19), 2946-2954. doi:10.1002/cncr.28750

Spears, J. (2008). Emotional support given by ward-based nurses to sarcoma patients. *European Journal of Oncology Nursing*, 12(4), 334-341. doi: 10.1016/j.ejon.2008.03.001