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Comment on “pathways to psychological wellbeing for patients with bladder cancer and their partners-in-care” and contextualization in the COVID-19 pandemic

A R T I C L E  I N F O

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We read with great interest the study by Heyes and Bond (2020) on a specific care model aimed to support the psychological needs of patients who are living with bladder cancer. This study underlines all factors which can shape the level of psychological wellbeing, with a focus on “availability of family and social support”, and a “positive view of interactions with the health care system”. Therefore, we wish to support their findings of cancer patients’ responses to challenging circumstances, in light of the COVID-19 pandemic and our qualitative data on cancer patients’ needs during self-isolation at home.

The new pandemic of COVID-19 (Richardson et al., 2020) had a profound impact on patients with cancer in Italy, requiring them to postpone their visits and quarantine at home (Holmes et al., 2020; Amicucci et al., 2020; Biagioli et al., 2020). Our study on 195 patients with cancer (mean age = 50.3 years, SD = 11.3; females = 75.9%; hematological malignancies = 51.3%, breast cancer = 26.2%, and other solid tumours = 22.6%) included an inductive content analysis of qualitative data on self-isolation experiences. In particular, we asked patients two open-ended questions about what helped them during self-isolation, and which was the worst aspect of this situation. Four categories emerged: 1) Lack of freedom and social life; 2) uncertainty and worries; 3) feeling supported, and 4) dealing with isolation. Overall, their psychological wellbeing seems jeopardized by the increased psychological and emotional demands derived from the COVID-19 pandemic, as per the effects of difficult access to safe cancer care, as well as for loneliness, social distancing measures, increased sense of uncertainty, fear of being infected, and drastic changes of daily routines, which can result in stress, depression, and anxiety for the patients. In line with Heyes and Bond (2020), the availability of family and social support was considered crucial by participants during the quarantine.

Moreover, as the Italian Association of Oncology Nurses (AIIAO), we are moderately concerned for the lowered psychological wellbeing derived by the relatively negative experiences with the health care system during the COVID-19 emergency. Therefore, we urge healthcare systems not only to ensure safe access to cancer care but also to address the psychosocial needs of cancer patients and the promotion of pathways for their psychological well-being. For example, oncology nurses could play an important role in the early assessment of the psychosocial needs of patients with cancer while fostering trusting relationships between them and healthcare providers. In addition, they could provide quick psychological interventions.

Nurses can also play a crucial role in maintaining the continuity of care between in-hospital services and home-based cancer management (McMullen, 2013). Despite the evidence supporting that advanced nursing roles aimed at providing continuity of cancer services across the organization and healthcare systems can effectively enhance patient-related outcomes (Carter et al., 2018), the public investments to sustain these services are still heterogeneous worldwide (Irani et al., 2020) and very limited in Italy (Caruso et al., 2019). Therefore, it is necessary to foster nursing roles in different healthcare contexts with more determination, from primary (community-based) to tertiary care (specialized hospital-based care). A prompt activation of supports or pathways to psychological well-being (Heyes and Bond, 2020) can be strategic for closing the gap between the unmet cancer patients’ needs and appropriate healthcare services (Galea et al., 2020). In addition, this could empower a more structured interdisciplinary approach between nurses and other health professionals, leading to a better collaboration and networking.

In conclusion, we believe that continuous evaluation of the psychosocial needs of cancer patients, and the implementation of pathways for their psychological well-being, especially in the presence of unusual health conditions such as the COVID-19, can lead to improved nursing practice and patient outcomes. According to Heyes and Bond (2020), all these findings foster the need for a multidisciplinary model of care to better encounter the needs of patients with cancer, especially when additional environmental factors may worsen their psychological well-being.

Declaration of competing interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

References

Amicucci, M., Canesi, Rostagno, E., Bergadano, A., Badino, C., Botta, D., et al., 2020. COVID-19 containment measures adopted by Italian Paediatric Oncology and Haematology Association (AIEOP) centres to prevent the virus spread among healthcare providers. Eur. J. Oncol. Nurs. 101791. https://doi.org/10.1016/j.ejon.2020.101791.

Biagioli, V., Belloni, S., Albanesi, B., Piredda, A., Caruso, R., 2020. Comment on “The experience on coronavirus disease 2019 and cancer from an oncology hub institution
in Milan, Lombardy Region and reflections from the Italian Association of Oncology Nurses. Eur. J. Oncol. Nurs. 48 (2020) 101821.

Carter, N., Valaitis, R.K., Lam, A., Feather, J., Nicholl, J., Cleghorn, L., 2018. Navigation delivery models and roles of navigators in primary care: a scoping literature review. BMC Health Serv. Res. 18 (1), 96. https://doi.org/10.1186/s12913-018-2889-0.

Caruso, R., Rocco, G., Stieva, A., 2019. Current data of foreign-educated nurses in Italy and the recognition of their professional qualifications. Nurs. Adv. Q. 43 (1), 26–31. https://doi.org/10.1097/NAQ.0000000000000325.

Galea, S., Merchant, R.M., Lurie, N., 2020. The mental health consequences of COVID-19 and physical distancing: the need for prevention and early intervention. JAMA Intern. Med. 80, 817–818. https://doi.org/10.1001/jama.2020.1562.

Heyes, S.M., Bond, M.J., 2020. Pathways to psychological wellbeing for patients with bladder cancer and their partners-in-care. Eur. J. Oncol. Nurs. 46, 101757. https://doi.org/10.1016/j.ejon.2020.101757.

Holmes, E.A., O’Connor, R.C., Perry, V.H., Tracey, I., Wesely, S., Arseneault, L., et al., 2020. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. Lancet Psychiatry. 7 (6), 547–560. https://doi.org/10.1016/S2215-0366(20)30168-1.

Irani, E., Hirschman, K.B., Cacchione, P.Z., Bowles, K.H., 2020. The role of social, economic, and physical environmental factors in care planning for home health care recipients. Res. Gerontol. Nurs. 13 (3), 130–137. https://doi.org/10.3928/19404921-20191210-01.

McMullen, L., 2013. Oncology nurse navigators and the continuum of cancer care. Semin. Oncol. Nurs. 29 (2), 105–117. https://doi.org/10.1016/j.snon.2013.02.005.

Richardson, S., Hirsch, J.S., Narasimhan, M., Crawford, J.M., McGinn, T., Davidson, K.W., et al., 2020. Presenting characteristics, comorbidities, and outcomes among 5700 patients hospitalized with COVID-19 in the New York city area. J. Am. Med. Assoc. 323 (20), 2052–2059. https://doi.org/10.1001/jama.2020.6775.

Rosario Caruso*