

NEUK-1337

Patient centered case study

Introduction

This case study is about a woman who developed breast cancer in the age of 55. She had undergone surgery and chemotherapy and nursing care throughout the course of treatment. Her patient journey is discussed in this essay. The element of care that is to be discussed throughout the case study is patient-centeredness and partnership working. This case study will cover the assessment of patient and individualizing nursing care as well as multi-disciplinary team care. The model of assessment that has been used is referred as the Roper-Logan-Tierney Model of Nursing (Williams, 2017). The care of nursing in both conditions, like before operation and after operation will be discussed in this essay. The NMC code of nursing practice and NICE guidelines of palliative care refers to the policies and standards that nurses are required to follow in their health promotion strategies and care with respect to patient centeredness and care processes that exhibit holistic care approaches like effective communication through a variety of models (Bramhall, 2014; McCabe and Timmins, 2013; Riley, 2015; Bach and Grant, 2015). This case study patient that appeared with the symptoms of malignancy was diagnosed with stage 4 cancer. Due to confidentiality purposes, in regards with the NMC code of Confidentiality (2020), the patient discussed in this case study will be referred as patient W. The family background and social factors have been altered in order to meet the confidentiality guidelines.

Case study presentation

The patient W is a 55 year old woman who had persistent unrest and hardness inside her breast for days and she has been observing a significant increase in size in her left breast presented into the general ward, where after assessing her symptoms she was referred to gynecology clinic. The patient lives along with her husband and two children and she came to the hospital along with her 28 year old son on foot and apart from unrest and pain, she was fine and in full consciousness. She

hadn't felt the need to come to hospital via ambulance so she came by her own means of transport. From the past two days she noticed a white discharge from the area and also has been experiencing pain and change in the texture of the skin of that area (Breast cancer in women, 2019). She had have presented to the gynecology ward before with symptoms but upon mammography, there had been two benign findings of 2 cm or less. She has no familial history of cancer, no exposure to carcinogenic agents and environment and thus her benign findings were not taken as much of a concern. Patient W was recommended to repeat the ultrasound after every 6 months. But after 4 months or so the symptoms started to become more specific and hinted upon malignancy probably due to some mutation. Upon ultrasound and other tests like biopsy, it was found that in addition to the increase in size, the tumor has also spread onto the breast wall. In hospital, upon taking her history and based on her test results, she was referred to the surgery ward. Since, she was diagnosed with stage 4 breast cancer, she got admitted in hospital in the oncology department for treatment purpose. The suggested medical plan for her would be surgeries and chemotherapy, all would be conducted under a very patient centered nursing care plan. Patient W was informed of her condition and was taken consent in order to proceed her surgeries and medical plan. She gave consent with the support of her son, husband and nurses in the hospital. Furthermore, she presented her case into the consultation clinic, from where she got referred to the gynecology clinic. The gynecology clinic performed her ultrasound and biopsy and confirmed her diagnosis of stage 4 breast malignancy (How does tumor size relate to breast cancer stage?. 2019) and got her admitted into the oncology department for further treatment procedure and care process. When she was admitted in the oncology care setting, she underwent a series of surgeries and chemotherapy. Since her tumor was diagnosed in the stage after it had been metastized into neighboring areas the surgeries and chemotherapy did not completely remove the malignancy inside her body. So she spent some

of her post-operative days inside a palliative care setting and then was sent home to be cared by family. She later hired a home nursing care when her husband and children got busy in their lives and she started requiring help to perform daily activities of living.

Discussion

Assessment of the patient

According to the Roper-Logan-Tierney Model of Nursing, patient W was assessed for her daily activities of living upon admission and thereon, suggested a patient centered nursing care plan (Tirodkar et al., 2015; Tseng and Hicks, 2016; Tzelepis et al., 2015; Liang et al., 2020). The assessment of patient W indicated a sound status of daily activities of learning. She came to the hospital walking on her own and also she wasn't having much trouble eating and eliminating. Although she did have low appetite these days but there was no nausea and gut related problems. Amongst daily activities of living, her breathing was a bit harder and under constrain as deep breathing was causing her breast to feel pressured which enhanced the feeling of pain and stiffness. But that does not suggest any inflammation in lungs. However, there was pain in the surrounding lymph nodes under arms. On the basis of dependence/ independence continuum, she was mostly assessed to be on the independent side. However, that was her status before surgery. According to the patient journey in the wider aspect, she was on the dependent side post-operation and chemotherapy (Lin et al., 2016). Most of her daily activities of living declined in the earlier course of treatment but as soon as the course of treatment subsided and her medication dose of chemotherapy reduced her daily activities of living was assessed to get better and on the independent side again. This assessment is carried out throughout the course of illness, treatment and then recovery. The R-L-T Model also includes the assessment of lifespan which shortens with the passage of time for obvious reasons however, the acceleration of shortening depends on the

nature and progression of illness. The assessment model also includes the factors influencing activities of living. According to this aspect her social, biological, psychological, sociocultural and environmental factors were assessed to be supporting her daily living activities. She was coming from a sound family, social and financial status. Her family can address her hospital care needs within their financial adjustments. The only adjustment left to be done was psychological, she had to be assessed with a psychologist when she was informed of her illness status. According to the R-L-T Model of Nursing, patient W was assessed to be performing daily activities of living normally and in full condition. However, these activities are influenced and altered throughout the patient journey. Patient W is recommended care in the oncology setting where she will undergo surgeries and chemotherapy. Both of these aspects of treatment will require regular and timely assessment of daily activities of living and calls the need for the care plan to be modified accordingly. Patient W is also assessed for her dependent to independent status as of now and will also be assessed when and if it shifts to the other side during surgeries and chemotherapy.

Patient centered care

According to NMC code of patient care the first and foremost aspect is to prioritize patient and their health needs. Their preference needs to be understood and implemented according in their nursing care plan. The patient is to be approached with care, respect and effective execution of the nursing practice. The effective execution of nursing practice requires good communication and listening skills. The nurses need to understand the needs of the patient including both which they state by words and which they don't. That caters the prospect of verbal and non-verbal communication skills. Patient-centered and person-centered care is highly focused upon by nurses in the oncology care setting (Young et al., 2020). And the care process is influenced by effective communication and relationship between the patient and the care providing team.

Patient centered care of patient W will require nurses to develop understanding of her needs and preferences. Patient W presented with the history of benign findings which now has converted into malignant tumor. She probably underwent through some mutagens and encounter/exposure with carcinogenic substances which turned her benign encapsulated tumor into a malignant one. It progressed into a metastatic stage and caused inflammation in the walls of breast. Nurses would be required to talk her into understanding, assessing and then avoiding those mutagens after recovery.

The care of nurses would be subjected to pre-operative and post-operative care. The pre-operative care would require nurses to effectively talk the patient and her family into the treatment process, its side-effects and consequences. Whereas post-operative care would be under the category of pain-management and activity handling. As stated above, the status of daily activity of living would be assessed routinely and would have altered results during different stages of the treatment process. Therefore, the mark of dependence-independence scale would shift anti-parallel after surgery which will require the nurses to effectively manage her daily tasks in their own hands or through family support. Moreover, the provision of patient-centered nursing care can also effectively manage and prevent the healthcare complications and disparities that arrive post-surgery. And appropriate care helps manage the patient condition towards a stable and steady recovery. It is reported that effective care practices enables the patient to recover sooner and better. It counts for the patient to stay in hospital for shorter periods of time and avoid post-operative complications. All of which enhances patient's safety and nurses professionalism and record. However, it is to be considered for patient W that the incorporation of invasive procedures like surgery has to be included for the treatment of cancer. But invasive procedures take longer hospital

stay for the patient to be recovered and be on their own, per se, improve the independence status. But appropriate nursing care do help in physical as well as psychological recovery.

The researches indicate that breast cancer patients who remaining under the care of nurses during the course of their treatments including surgery and chemotherapy reported a high level of satisfaction and chances of becoming cancer survivors (Brennan, 2014). This status of satisfaction is resultant to the care of nurses who exhibit sound execution of care plan according to the professional guidelines by NMC (Kang and Suh, 2015). These nurses achieve the level of trust and safety in the minds of patients through their characteristics of respect and successfully understanding and implementing the patient's needs. There is an establishment of partnership between patient and the nurses and with the patient's primary carers or supporters, for example, family. The partnership includes the provision of shared decision making and modifying the care plan as per the demands and recommendations of the patient. However, these aspects are duly recognized and considered depending upon the nature of admitted patient (Mehmeti et al., 2016; Legare and Witteman, 2013; Friedberg et al., 2013; Hoffmann et al., 2014). To exemplify this statement, it is stated that cancer patients whose level of activities and cognition is significantly lowered, leaves the decision of care plan solely upon nurses. But whereas patient W is concerned she, and her supporters were in sound state to participate in the patient's care practice. This partnership is developed with co-operation and trust. Here, the compliance of patient is also to be considered to reach that level of trust. Furthermore, it is nurses' responsibility to make the patient feel comfortable with the environment of care location and everything that's involved in care practice.

Individualizing nursing

The process of nursing care comes under the umbrella of individualizing nursing which aims to assess the patient and then plan a specified nursing care plan according to the situation and demands of the patient. It then aims to implement the planning and evaluate the outcomes, per se to further modify the process and improvise it accordingly. This model of Nursing under the guidelines of R-L-T is collectively called as individualizing nursing. The assessment is carried out on the basis of patient's ability to conduct daily living task with respect to the nature and stage of illness and to create an idea of lifespan and mortality prediction. The level of dependence is also an important factor to consider when assessing these cancer patients. All of these factors aids the nurses to create a holistic plan of care which caters the understanding of the problems, approaches to solve these problems under the context of structurally building the stages of care process and progression towards recovery. When creating a plan, it is important to consider that there are some factors which may influence patient's activity of living as well as nurses' care plan. This holistic approach helps determine the effectiveness of nursing plan accordingly.

It is to be considered that if the breast cancer has metastized into several parts of the body than surgeries of the breast alone would not be sufficient and thus, patient W might be declared under the category of terminal illness. The course of care could then proceed towards palliative care approach which will also be partook according to the needs of patients under a multi-disciplinary care providing team. It is a notable factor that chemotherapy has extreme consequences and side-effects and the patient needs to be taken out of the vortex of consequences with appropriate care and management.

The individualized care of nursing professionals involves health promoting interventions such as effective communication skills. To communicate effectively nurses need to demonstrate understandable terminologies, understanding of non-verbal signals, active listening skills,

understand triggers and sensitivities either personal, situational, cultural or religious, thoroughly and timely evaluate the understanding of opposite side in case the need for modification or alteration arise and avoid language barriers in order to agree upon a common language (Wittenberg-Lyles et al., 2013). Also the communication within professionals is another important notable factor which enables the nurses to have appropriate knowledge of the patient current condition, history and recommendations by the specialized oncologists and surgeons. In order to practice effectively the multidisciplinary team have to have sessions either alone or with patients or with primary carers as well so that all the involved individuals be informed of the condition and progression of care and illness. Furthermore, the functional decline calls for the need of assistance with daily activities therefore communication cues are to be established regarding those activities as well.

Multidisciplinary team care

The care of oncology patients involve the efforts of a multidisciplinary care team that focus solely on the needs of the patient under more than one context to be recovered fully (Fogolino, 2016; Grassi, 2017; Soukup, 2018). These contexts are dependent on physiological and psychological factors. The medical treatment plan was suggested under the shared decision of a gynecologist, surgeon and oncologist. But in order for the care to be devoted towards patient-centered care, the role of nurses is extremely significant (Gillick, 2013). These professionals stated above are required to provide the patient with their medical needs and progression of treatment, however the role of nurses and psychologists

Another noteworthy aspect of multidisciplinary team care is partnership working under autonomous boundaries. To explain it further, it is stated that team care is provided effectively if there is an effective partnership within the healthcare team and with the patient. The healthcare

team develops relationship between professionals to plan and execute the decisions taken for the patient's care. Sessions and meetings are conducted inside the hospital setting in which the topic of discussion is patient's care and treatment. Patient W healthcare multi-disciplinary team had gynecologists to suggest the physiology, anatomy and endocrinology of breasts and related hormones, oncologists to demonstrate the knowledge and understanding of cancer, evasion of checkpoints, stages of cancer and metastasis and surgeon to share the provision and timings of surgery (Robinson et al., 2013). All of these professionals are involved in the medical plan of treatment for breast cancer in patient W. This session also includes nurses and psychologists to ensure the effective care throughout the treatment with proper counselling, handling and communication. All of these professionals are autonomous bodies and work individually inside a team which thereon includes the prospect of team working as well. This concludes the holistic approach of partnership working inside a multi-disciplinary team.

Conclusion

This case study has discussed the patient-centered care approach under the context of nursing care of breast cancer patient. The patient was admitted into oncology care upon diagnosis of stage 4 breast cancer with previous history of benign findings 4 months earlier. This case study has also covered the assessment of patient's condition and status of physical activity via the Roper- Logan and Tierney Model of Nursing. The patient was assessed to be having normal daily activity of Living but with the passage of time and treatment the activity status declined. Her dependence-independence status was also observed to have shifted throughout the course of treatment and medical plan. After the treatment she was under the care of nurses for her effective recovery, however, the status of physical activity remained low. And thereon she was given palliative care at home by nursing professional. After assessment by the model of nursing, her treatment and care

plan was decided and executed by a multi-disciplinary care team. The main health promotion intervention and strategy that was carried out by the nursing professionals was the effective and holistic communication skills via the understanding and demonstration of verbal and non-verbal signals. The patient centered care was given to patient W via autonomous and team based partnership working of the healthcare team. The prospect of partnership working was also discussed where shared decision making was undertaken between the healthcare, patient and patient's family. Throughout this case study essay, the patient journey of patient W inside an oncology care setting has been reviewed under the context of nursing and nursing required skills and practices. Diseases like cancers are long-term and longer-timed complicate illnesses which require a patient and sound care processes in order to gain the individual's satisfaction.

References

- Bach, S. and Grant, A., 2015. *Communication and interpersonal skills in nursing*. Learning Matters.
- Bramhall, E., 2014. Effective communication skills in nursing practice. *Nursing Standard* (2014+), 29(14), p.53.
- Breast cancer in women. (2019). *NHS*
- Brennan, M.E., Gormally, J.F., Butow, P., Boyle, F.M. and Spillane, A.J., 2014. Survivorship care plans in cancer: a systematic review of care plan outcomes. *British journal of cancer*, 111(10), pp.1899-1908.
- Fogliino, S., Bravi, F., Carretta, E., Fantini, M.P., Dobrow, M.J. and Brown, A.D., 2016. The relationship between integrated care and cancer patient experience: A scoping review of the evidence. *Health Policy*, 120(1), pp.55-63.
- Friedberg, M.W., Van Busum, K., Wexler, R., Bowen, M. and Schneider, E.C., 2013. A demonstration of shared decision making in primary care highlights barriers to adoption and potential remedies. *Health Affairs*, 32(2), pp.268-275.
- Gillick, M.R., 2013. The critical role of caregivers in achieving patient-centered care. *Jama*, 310(6), pp.575-576.
- Grassi, L., Spiegel, D. and Riba, M., 2017. Advancing psychosocial care in cancer patients. *F1000Research*, 6.
- Hoffmann, T.C., Legare, F., Simmons, M.B., McNamara, K., McCaffery, K., Trevena, L.J., Hudson, B., Glasziou, P.P. and Del Mar, C.B., 2014. Shared decision making: what do clinicians need to know and why should they bother?. *Medical Journal of Australia*, 201(1), pp.35-39.
- How does tumor size relate to breast cancer stage?. (2019). *Medical News Today*
- Kang, J. and Suh, E.E., 2015. Perceptions of quality of patient-centered nursing care among women with breast cancer. *Perspectives in Nursing science*, 12(2), pp.115-123.

- Légaré, F. and Witteman, H.O., 2013. Shared decision making: examining key elements and barriers to adoption into routine clinical practice. *Health affairs*, 32(2), pp.276-284.
- Liang, H., Tao, L., Ford, E.W., Beydoun, M.A. and Eid, S.M., 2020. The patient-centered oncology care on health care utilization and cost: a systematic review and meta-analysis. *Health care management review*, 45(4), pp.364-376.
- Lin, H.S., Watts, J.N., Peel, N.M. and Hubbard, R.E., 2016. Frailty and post-operative outcomes in older surgical patients: a systematic review. *BMC geriatrics*, 16(1), p.157.
- McCabe, C. and Timmins, F., 2013. Communication skills for nursing practice. Macmillan International Higher Education.
- Mehmeti, E., Nadia Spawn, M.S.N., McCarter, S.P., Ima Garcia, M.S.N., Lisa Hartle, M.S.N. and Katharine Szubski, B.S.N., 2016. Oncology nursing and shared decision making for cancer treatment. *Clinical journal of oncology nursing*, 20(5), p.560.
- Riley, J.B., 2015. Communication in nursing. Elsevier Health Sciences.
- Robinson, J.D., Hoover, D.R., Venetis, M.K., Kearney, T.J. and Street Jr, R.L., 2013. Consultations between patients with breast cancer and surgeons: a pathway from patient-centered communication to reduced hopelessness. *Journal of Clinical Oncology*, 31(3), p.351.
- Soukup, T., Lamb, B.W., Arora, S., Darzi, A., Sevdalis, N. and Green, J.S., 2018. Successful strategies in implementing a multidisciplinary team working in the care of patients with cancer: an overview and synthesis of the available literature. *Journal of multidisciplinary healthcare*, 11, p.49.
- The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates. 2020. Nursing and Midwifery Council.
- Tirodkar, M.A., Acciavatti, N., Roth, L.M., Stovall, E., Nasso, S.F., Sprandio, J., Tofani, S., Lowry, M., Friedberg, M.W., Smith-McLallen, A. and Chanin, J., 2015. Lessons from early implementation of a patient-centered care model in oncology. *Journal of oncology practice*, 11(6), pp.456-461.

- Tseng, E.K. and Hicks, L.K., 2016. Value based care and patient-centered care: divergent or complementary?. *Current hematologic malignancy reports*, 11(4), pp.303-310.
- Tzelepis, F., Sanson-Fisher, R.W., Zucca, A.C. and Fradgley, E.A., 2015. Measuring the quality of patient-centered care: why patient-reported measures are critical to reliable assessment. *Patient preference and adherence*, 9, p.831.
- Williams, B.C., 2017. The Roper-Logan-Tierney model of nursing. *Nursing2019 Critical Care*, 12(1), pp.17-20.
- Wittenberg-Lyles, E., Goldsmith, J. and Ferrell, B., 2013. Oncology nurse communication barriers to patient-centered care. *Clinical journal of oncology nursing*, 17(2).
- Young, A.M., Charalambous, A., Owen, R.I., Njodzeka, B., Oldenmenger, W.H., Alqudimat, M.R. and So, W.K., 2020. Essential oncology nursing care along the cancer continuum. *The Lancet Oncology*.