

## Investigating the Effect of Home Care on Death Anxiety in Patients with Gastrointestinal Cancer

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*please cite this paper as:*

Borji M. Investigating the Effect of Home Care on Death Anxiety in Patients with Gastrointestinal Cancer. *Govaresh* 2017;22:131-132.

### Dear Editor

As a chronic disease, cancer is facing a growing prevalence(1). Following the diagnosis of cancer in patients, complications such as crisis arousal, disruption of personal relationships, reduced self-confidence, lack of compatibility mechanisms, and readmissions can occur, which consequently bring about mental tensions in the patients and also add to the risk of depression among them(2). In fact, affliction with chronic diseases raises enormous needs among individuals suffering from cancer and meeting such demands will not be possible without the help and support of a healthcare team(3). To control psychological symptoms in such patients, pharmacological and non-pharmacological methods can be employed. In this respect, the use of pharmacological therapies is thereby accompanied by complications. For example taking antipsychotics, anti-anxiety medications, as well as antidepressants can result in cardiac arrhythmias and sudden death. Besides, pharmacological therapies can lead to drug resistance and dependence in patients over time and similarly impose lots of costs on countries(4).

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Received: 18 Jan. 2017

Edited: 10 Apr. 2017

Accepted: 11 Apr. 2017

It should be noted that a healthcare team can offer numerous home care. Community health nurses play the most important roles in this respect to promote and improve health status of individuals through visiting home care nursing services(5,6). Community health nurses can also play a leading role in providing nursing home care and presenting therapeutic, care-related, educational, and rehabilitation programs through exploring and understanding patients' problems(7). Thus, the purpose of this study was to investigate the effect of home care on death anxiety in patients with gastrointestinal cancer living in the city of Ilam, Iran in 2016.

To this end, patients suffering from gastrointestinal cancer were randomly assigned into two experimental (n=30) and control (n=30) groups. The data associated with death anxiety of the patients were collected using Templer Death Anxiety Scale (TDAS)(8). In this respect, the control group received routine home care by their families but two sessions of home care were administered for the patients in the experimental group. Within these sessions, the community health nurses taught patients in terms of familiarization with the method of eye movement desensitization and reprocessing (EMDR). The given therapy comprised eight stages, which were implemented in the patients' homes and lasted between 45 to 60 minutes(9). The ethical considerations in this research included obtaining a permit from the Council of Ethics in Research at Ilam University of Medical Sciences, obtaining written informed consent from the patients to participate in the present study, observing the provisions of the Declaration of Helsinki/Belmont Report, imposing no costs on the patients, using a random assignment for experimental and control

groups, providing the possibility for the patients to withdraw from the study at any time, safeguarding data confidentiality, and granting necessary training to the control group following the intervention. Finally and after data collection, the data were analyzed using SPSS software version 16. Descriptive statistics, independent t test, paired t test, and Chi-square test were used as appropriated.

The findings of this study showed that most patients participating in the present study were male ( $n = 36$ , 60%). In terms of level of education, they had degrees below diploma ( $n = 44$ , 73.3%) and their level of income was lower than 500 thousand Tomans (about 143 dollars) per month ( $n = 38$ , 63.3%). Likewise, most patients were married ( $n = 39$ , 65%). The mean age  $\pm$  SD the patients participating in this study was  $69.18 \pm 11.58$  years. Prior to the intervention, there was also no statistically significant difference between the mean of death anxiety among the patients ( $p < 0.05$ ); however, a significant decreasing trend was observed in death anxiety of the patients in the experimental group following the given intervention ( $p < 0.02$ ). It should be noted that, no statistically significant difference was found between the demographic characteristics of the experimental and the control groups before the study intervention ( $p > 0.05$ ).

The results of this study also revealed that the implementation of home care could significantly affect death anxiety in patients suffering from gastrointestinal cancer and subsequently reduce such anxiety in these patients. In the study by Aktas and colleagues in which the impact of visiting home care nursing services on the quality of life of the patients with cancer had been investigated, the findings demonstrated that visiting home care nursing services could increase the quality of life in those patients (10), which were consistent with the results of the present study in terms of the improvement of health status among such individuals. Given the effectiveness of home care provided by community health nurses and its positive effect on relieving death anxiety in patients with gastrointestinal cancer, it is suggested to use the given therapy by community health nurses for patients with gastrointestinal cancer. Furthermore, it is recommended to provide home care for other patients and the elderly whose accessibility to healthcare services are at lower rates than other groups.

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