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Interdisciplinary Integrative Oncology

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NURS 595: Advanced Nursing Field Work

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Therapeutic Nursing

Throughout this integrative oncology presentation, the discussion will occur from the standpoint of Jean Watson's Nursing Theory to illuminate the deep relationship between nurse, patient, and health. Using Jean Watson's Concepts and Caritive factors to show transpersonal caring relationships between nurse and patient; the important life healing that nurses provide to the patient through this cosmic relationship moment of caring to realign the patient (body, mind, soul) in a shared moment in time.

From the framework of Watson's concepts, nurses apply caritive processes. Watson delineates 10 caritive processes. These processes are practicing loving-kindness, being authentic, cultivating own spiritual practices, being present and supportive of feelings, engaging in genuine teaching, creating a healing environment, assisting with human needs, opening and attending dimensions of life-death, and soul and self-care. These processes are at the forefront of establishing and nurturing a caring and compassionate relationship with a patient (McEwen & Wills, 2019). Applying these caring traits are the interventions that provide healing, promote patient wholeness, and are the center of the human caring science theory.

As the nurse caring for an oncology patient, knowledge attainment is needed in the focus of integrative oncology. The difference in terms of complementary, alternative, and integrative in the setting of oncology is- complementary refers to the non-mainstream treatment and alternative refers instead of. Balneaves (2018) integrative oncology is defined as "a patient-centered, evidence-informed field of cancer care that utilizes mind and body practices, natural products, and/or lifestyle modifications from different traditions alongside conventional cancer treatments" (p 1). Internationally estimated that greater than 40% of patients confirm using complementary

and about 3-6% state they sought alternative treatment lends to the importance of integrative holistic approaches including mind-body, nutrition, physical activity, and sleep in nursing assessment and education practices.

Previously Turner (2014) studied thousands of “radical remission” survivors on changes incorporated into their lives. In her research, she writes of 9 reoccurring themes common among this population. These themes include changes in diet, herbs and supplements, mind and body, socialization, spirituality and drive for life.

Nurses currently collaborate with the oncologist for patient treatment needs. Nurses also need abilities to utilize inter-collaboration between nutritionists, spiritual leaders, and mind-body teachers to truly provide holistic care.

Once complementary care transitions into mainstream, oncology nurses’ integrative oncology understanding, ability to implement, and ability to inter-collaborate must match the level of evidence-based interventions while maintaining proficiency in aspects of oncology care for our patients. The nurse-patient unique role encompasses the whole patient and authentic goals must be based on the patient's functional health in addition to our conventional patient education. Matched topics from (Turner, 2014) and Balneaves (2018) serve as presentation topics and are aimed at updating nurse knowledge in integrative nutrition, mind-body interventions, and sleep.

Nutrition

Food is medicine- derived from a Hippocrates statement over 2000 years ago is undervalued. Our scientific term today is nutraceutical or medicinal properties that come from food or a part of the food (Nasir, 2020). Current evidence informs us that nutrition has a

relationship between genes, disease, and cancer. We have learned that different bioactive compounds promote health. Nutrigenomics is the study of how individual gene function to given bioactive compounds which derive from the food we eat (Nasir, 2020). Experienced oncology nurses understand the importance of preventing cachexia and provide broad education on maintaining a variety of fruits, vegetables, and lean proteins, but there are more specific individual considerations now available to patients. Understanding nutrigenomics and which foods contain which bioactive compound. Even more specific is finding out one's deficiencies allows for tailored nutritional care to promote needed cancer-fighting bioactive compounds. However, when considering the cost to test, one site recommended by, The Society of Integrative Oncology Conference: nutritongenome.com was close to \$400.00. Limiting availability for lower socioeconomic patients.

McMillin et al. (2001) concluded there is a “significant relationship” (p 64) between cancer, prognosis, and survival based on C-reactive protein (CRP) levels and albumin. Evidence-based research conducted by Sanchez-Rosales et al. (2022) concluded: “there are favorable changes in CRP and adiponectin” (p 1) for dietary patterns (high intake of colorful vegetables and fruits) evaluated in diabetic patients. Additionally, Aggarwal (2009) “many spice-derived nutraceuticals have been shown to induce apoptosis in different types of cancer cells through a wide variety of mechanisms” (p 6). Tumor cell proliferation, invasion, and angiogenesis could be altered by bioactive compounds found in herbs and spices.

Mind-body Interventions

Mind-body therapies have been around for thousands of years. Originally in India, these mind-body techniques such as meditation, yoga, and guided imagery were used for healing. Currently, Yoga in particular is transitioning into mainstream practice as repeated studies continue to infer or result in decreased markers of inflammation among variable groups studied. Falkenberg et al. (2018) found “current evidence suggests that yoga can downregulate pro-inflammatory parameters and may thus hold potential for the complementary treatment and prevention of inflammation-associated diseases” (p 480). Acupuncture, meditation, qigong, tai chi, and mindfulness-based stress reduction are just some available mind-body interventions. According to Jaime (2022) “the rise in popularity of mind-body interventions as treatment for inflammation and its related diseases comes down to access to information, diverse representation within health fields and knowledge becoming more accessible to a wider demographic.” (p 69).

With the available information, patients like those represented in Turner (2014), are utilizing any information with aims to enhance response to treatment, improve quality of life and gain control over their health where chaos has been. Given this positioning in integrative oncology: What could integrative oncology look like?

Collaboration

Given the possible health benefits of adding evidence-informed integrative care, the nurse can play a pivotal role in educating patients about other disciplines. Nurses spend the most time

with patients during treatment such as chemotherapy. This allows the time to have a genuine caring conversation as Watson's theory outlines. The chance to assess the whole patient, learn their desires and be authentic partners in care. This is the integrative nursing care we can provide in addition to the standard science of nursing care we already provide. To be effective, nursing must stay up to date with evidence-informed interventions that may improve outcomes, improve tolerability, or quality of life for patients.

The current practice at the University of New Mexico Comprehensive Cancer Center is a traditional approach. Should the patient have objective data such as a 10% decrease in weight, or radiation effects limiting the ability to eat- then the nurse would request a dietician for the patient. When assessing chemotherapy-associated fatigue with a patient reporting fatigue moderate, then the nurse provides a handout of the benefits of activity in reducing fatigue. The future is changing as integrative therapies continue to be studied nurse's role will continue to change with the evidence. Future patient and nurse time together will yield the patient's desire and act as change agents in advocating for additional integrative roles. Upon arrival and meeting with the patient the nurse will not only prepare, educate, and assess the patient for primary therapy such as chemotherapy, radiation, or surgery but also assess the patient understanding of additional evidence-informed benefits that could be integrated. Therefore, from day one, implementing mind-body, tailored nutrition, and conventional treatment could start. Limiting or preventing reactive interventions and instead, implementing proactive interventions tailored to the individual patient.

As oncology nurses' we come alongside oncology patients, supporting them on their journey in the capacity they are most comfortable with. Integrative removes barriers from patients being able to implement once disregarded treatments.

Integrative oncology could be implemented with ease. Currently patients check in and wait for their laboratory and port access. Then, to proceed to check in to their providers visit and again wait to be seen. I propose using these “wait” times to implement these practices. Imagine while waiting for your name to be called you could implement a 10 to 20 minutes mind-body practice such as message. Then while you “wait” to be seen by provider you could promote your health with instructor led yoga in the clinic’s meditation room. Finally, while receiving treatment being able to converse about your diet with an integrative oncology nutritionist. This is just one example of providing integrative care without increasing patients’ time at the facility or additional appointments to patients as patients value their own time.

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