

Effects of a Mindfulness Intervention on Hospitalized Patients With Hematologic Malignancies and Their Caregivers

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OBJECTIVES: To examine the effects of a mind-body intervention on the psychological distress of hospitalized patients with hematologic malignancies and their caregivers.

SAMPLE & SETTING: 29 patients with hematologic malignancies and 5 caregivers were recruited from the bone marrow transplantation unit at Barnes-Jewish Hospital in St. Louis, Missouri.

METHODS & VARIABLES: After completing the Rotterdam Symptom Checklist (RSCL) to rate their levels of psychological and physiologic distress and quality of life, participants were taught a mindfulness activity. Two weeks postintervention, participants completed the RSCL again, reported how often they practiced the activity, and answered qualitative questions regarding their experience.

RESULTS: Participants reported increased relaxation and improved sleep and showed interest in practicing mindfulness as a part of their treatment plan.

IMPLICATIONS FOR NURSING: Nurses can help to alleviate symptoms of distress in patients with hematologic malignancies by integrating education on how to perform short and simple mindfulness activities into the care plan.

KEYWORDS mindfulness; hematologic malignancies; psychological distress; caregiver; quality of life
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Cancer is a disease with physiologic, emotional, and psychological effects, and treatment often requires long hospitalizations, which may increase the risk for experiencing additional stress and anxiety (Papadopoulou, Johnston, & Themessl-Huber, 2013; Zimmermann et al., 2013). Patients with hematologic malignancies, such as leukemia, lymphoma, and multiple myeloma, may require immediate and intensive treatment with extended hospitalization. For some patients, first-line treatment may include chemotherapy or a hematopoietic stem cell transplantation (Rautenberg, Gerding, Haas, Kobbe, & Schroeder, 2019). Hematopoietic stem cell or bone marrow transplantations can often lead to unpleasant or lengthy side effects and comorbidities (Negrin, 2018). Psychosocial issues and challenges can also occur at the time of initial treatment decisions and continue through to survivorship (Korol et al., 2017; McQuellon & Duckworth, 2016).

Background

The psychological impact of cancer on patients can be profound and long-lasting (El-Jawahri et al., 2017). Psychological distress is commonly assessed using measures that evaluate levels of stress, anxiety, and depression (Rouleau, Garland, & Carlson, 2015). Prolonged psychological distress has been shown to decrease immune function, indicating a need to develop coping skills and stress management strategies in patients with cancer (Rosenkranz et al., 2016). Identifying and addressing psychological distress can help to prevent decreased quality of life and disease-related morbidity and mortality (Andersen et al., 2014).

Increased levels of depression and anxiety can be experienced by patients with cancer or their caregivers