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Nursing Interventions to Improve the Mental Well-Being of Cancer Patients

A Descriptive Literature Review

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Abstract

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Cancer diagnosis and its treatment result in significant mental distress and impact the mental well-being of cancer patients. The stress of cancer can affect the patient in different ways, such as emotional, cognitive and behavioral aspects. This study reviews the role of nursing interventions in improving the mental well-being of individuals who are suffering from cancer. The purpose of this bachelor's thesis was to conduct a descriptive literature review to describe the nursing interventions that can improve the mental well-being of cancer patients. This study aimed to produce new knowledge among nurses regarding effective strategies to improve the mental well-being of cancer patients. The literature search was done by using PICO analysis, which properly guided to creation of research questions and to search for relevant research articles. Seventeen articles were reviewed through inductive content analysis and carefully selected from reliable research platforms such as CINAHL and PubMed. The findings highlight that targeted nursing interventions significantly contribute to reducing anxiety, depression, and emotional fatigue. Adult patients who have received emotional support from effective nursing interventions have improved their mental well-being and quality of life. To gain better outcomes, nursing interventions that provide psychological support need to start from the early stage of cancer diagnosis. Although it takes more time to gain results than physical treatments, this study underscores the importance of integrating mental health support into oncology nursing practice to provide holistic, patient-centered care.

Keywords: cancer, cancer patients, mental well-being

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1 Introduction

Cancer is one of the most complicated health situations with a huge range of signs, symptoms and treatment plans that directly affect patients' mental health and overall quality of life (Shalata et al. 2024:2). Terminal illnesses cause physical and mental complications, including several physical symptoms and impairments of physical activities that may aid in increasing mental stress, anxiety and depression (Han et al. 2025:2). Depressive manifestations, fear of death and perceived loss of control are crucial risk factors to quicken death. The majority of death incidents happened due to illness-induced distress, a sense of burden and the feeling of loss of purpose in life. (Seiler et al. 2024: 2.)

According to the mental health problems diagnosed in end-stage cancer patients, depression and anxiety are the most common complications that are shown in most patients (Seiler et al. 2024: 3). According to the results of five different studies conducted in different countries, 16-38% of end-stage cancer patients suffer from depression, 93% show anxiety and 93.6% show stress during the treatment period. Apart from the psychological problems, those people are suffering from different kinds of physical discomfort. The pain is the most frequent physical suffering described by palliative care patients. (Biswas, Bhuiyan, Alam and Chowdhury 2024: 2.)

Patients suffering from cancer need advanced psychological guidance with physical discomfort management to enhance their quality of life (Seiler et al. 2024:2). Although the recognition of the psychological state of the patients is important, those needs are not fulfilled due to insufficient screening, lack of resources, high workload, lack of skills and shortage of health care professionals (Aquil, Mouallif and Elgot 2024:6). Various research findings have revealed that anxiety and depression are regularly not diagnosed and not treated in patients who have undergone palliative care (Bakhsh et al. 2024:2). The purpose of this bachelor's thesis is to describe the nursing interventions that can improve the mental well-being of cancer patients and the aim of this study is to produce new knowledge among nurses regarding effective strategies to improve the mental well-being of cancer patients.

2 Background

2.1 Cancer and cancer patients

Cancer is a broad term for a wide range of disorders that can affect any region of the human body. Malignant tumors and neoplasms are other medical terms of cancers. One of the most common features of cancer is the rapid multiplication of atypical cells that develop more than usual limits and have the ability to migrate to other parts of the body and spread to other organs of the body. That process is referred to as metastasis. Most of the time, widespread metastases are the primary cause of death of cancer patients. (WHO 2025.)

Cancer is an illness that begins with genome and epigenetic modifications arising in specific body cells. The physiological processes affected in cancer formation and neoplasm development are numerous and broadly different. (Piña-Sánchez et al. 2021: 2.) At this moment, cancer is one of the most common reasons that direct patients of death worldwide. According to WHO (World Health Organization) data reports in 2022, cancer is the second cause of death throughout the world, with 9.7 million deaths and there were nearly 20 million of newly diagnosed cancer cases. (Piña-Sánchez et al. 2021:7.)

There are more than a hundred cancer types that impact human beings; among those, the most common cancer types are bladder, breast, colorectal, endometrial, thyroid, leukemia, lung, prostate, renal, pancreatic, melanoma and non-Hodgkin lymphomas (Saini, Kumar, Bhatt, Saini and Malik 2020: 5). The most common types of cancers that lead to deaths throughout the world are lung, breast, prostate and colorectal carcinomas. And those cancers are mainly centralized in countries with a high human development index (HDI). Even though breast, prostate and colorectal cancers have a higher amount of cases, the death incidents of those cases are relatively low. (Piña-Sánchez et al. 2021:7.) Today, there is a broad range of treatment approaches for cancers such as surgery, chemotherapy, radiotherapy, immunotherapy and hormone therapy. Those therapeutic tools include elements that are developed scientifically with updated technology and through practical investigations. (Piña-Sánchez et al. 2021:8.)

The leading causes of cancer vary with different parts of the body. 22% of cancer deaths are due to tobacco usage, 10% are due to poor diet, unhealthy diet, obesity, excessive usage of alcohol, lack of physical activity, exposure to radiation, some

infections, environmental pollution and 15% of cancers due to some infections such as hepatitis B, hepatitis C, helicobacter pylori, human papillomavirus and immunodeficiency virus (HIV). The above reasons are at least slightly responsible for the alteration of genes. Generally transmitted defects from parents are also responsible for 5-10% of carcinomas. (Saini et al. 2020: 3.) The cancer diagnosis is made by doctors by using cancer screening tests such as colonoscopy, pap test and mammography. Other common tests such as CT scans, MRI scans, X-rays and ultrasounds and radionuclide tests, can be used to check abnormalities in the body before the screening tests. (Saini et al. 2020: 6.) The cancer treatments affect normal body cells and organs. Side effects are the results of treatments that appear with therapeutic effects. The most common side effects are loss of appetite, constipation, thrombocytopenia, anemia, pain, delirium, diarrhea and fatigue. (Piña-Sánchez et al. 2021: 8.)

Cancer is considered one of the most stressful illness categories. The stress of cancer can affect the patient in different ways, such as emotional, cognitive and behavioral aspects. Anxiety-inducing stressors directly affect to functions of the chemical pathways of the body, such as the immune, endocrine and nervous systems. Cancers can cause massive changes in human life and considerably destroy the activities of daily living and disrupting the connection between the patient and their loved ones. The above disconnection mostly creates emotional distress. The intensity of the cancer symptoms directly affects the level of anxiety and depression of the patients. (Łuczyk et al. 2024:2.)

2.2 Mental well-being of cancer patients

Mental well-being is a phase of mental health that facilitates people to endure the hardships of daily life, recognize their full capabilities, perform effectively and support their community. Therefore, Mental well-being is an essential factor of health for making sufficient decisions, developing relationships and building the world. In addition, it is a fundamental factor for in-person growth and social and economic development. According to the World Health Organization(WHO), almost 1 in 5 people is diagnosed with cancer. Approximately every family is directly or indirectly affected by cancer. Due to the importance of learning the psychological needs of the people who are affected by cancer, the WHO designed a survey to identify the personal experiences of people who have been diagnosed with cancer. (WHO 2025.)

Patients who have been experiencing cancer encounter numerous changes in their daily lifestyle, relationships, work and their position in society. These changes usually become intense psychological burdens and overwhelming pressure. Consequently, this affects the compliance of treatment and leads to mortality. Considering all the mental issues experienced by cancer patients, anxiety and depression are the most prevalent problems. (Biswas et al. 2024:4.) Level of anxiety, depression or long-term distress may vary due to cancer type, stage, treatment options, gender or age (Bakhsh et al. 2024:4). In the beginning, many patients may feel uncertainty or denial to accept the situation. This may often come with anger or frustration toward themselves, family members, or health-care workers. (National Health Service 2023.) Even though the patient has a positive prognosis or has completed all the treatments, fear of recurrence is a common reason for prolonged distress (Park et al. 2020:3).

The study conducted on the mental well-being of rectal cancer patients discusses thoroughly the impact of nursing care on post-operative patients. It states that post-operative patients often struggle with negative emotions due to physical pain and lifestyle changes.(Sun, Zhong, Lu and Zhuang 2021:3.) In Addition, a follow-up study discusses the influence of nursing interventions regarding peri-operative lung cancer patients and how it affects the quality of life of the cancer patients(Zhao, Ma, Chen and Liu 2021:2).Therefore, it is crucial to address the patient's psychological needs to enhance the quality of life of the patient for better outcomes (Bakhsh et al. 2024:3).

3 Purpose, aim and research questions

The purpose of this bachelor's thesis is to describe the nursing interventions that can improve the mental well-being of cancer patients.

The aim of this study is to produce new knowledge among nurses regarding effective strategies to improve the mental well-being of cancer patients.

1. What nursing interventions help improve the mental well-being of cancer patients?
2. How nursing interventions affect the mental health of cancer patients?

4 Methodology and methods

4.1 Methodology

A qualitative research study defined the inquiry process of recognizing a social or personal problem, according to the advanced, holistic approach created with words and reporting in a natural context. Qualitative data collection methods include semi-structured interviews, observation of the participants, documents, texts, observation, field work, focus groups and questionnaires. Those data forms usually show as words rather than numbers. (Jabar et al. 2009: 2.)

Research studies produce data that defines the words who, what and where the situations and human experiences from a subjective way. According to philosophical perception, this research approach is ideally aligned with constructionism and critical theory that use naturalistic methods. Those philosophical perceptions characterized the view that reality exists within different contexts and those are transformative and perceived in various ways according to the subject, therefore, reality is multiple and subjective. In qualitative research, this transforms into researchers' concerns with a deep understanding of the human experiences in their unique context. (Doyle, McCabe, Keogh, Brady and McCann 2020: 2.) Qualitative research in nursing science and healthcare research provides a deep understanding of particular phenomena and it can be used in various ways, including as a standalone research design and commonly as qualitative mixed-method studies (Doyle et al. 2020: 3).

4.2 Data collection methods

A descriptive literature review mainly provides a summary of existing research on a relevant topic, concentrating on reviewing and organizing the main findings, patterns and trends. Instead of analyzing or evaluating the quality of the studies, it describes what has been published and how the field of knowledge has developed over time. This strategy gains a clear understanding of the study framework, the methodology that is used and significant contributions made by different studies. The descriptive literature review highlights categorizing studies based on common features like subject matter, methodologies, or theoretical approaches. This procedure often includes grouping studies into chronological order and discovering gaps or areas that need further investigation. This type is beneficial in the early stages of study, which aims to gather fundamentals of knowledge and form a basis for future studies. (Paré and Kitsiou 2016: 162-163.)

This study is guided by a descriptive literature review. The data are collected from primary peer-reviewed articles to find answers to the research questions and validate the theme. It is considered that this study can lead to the production of new knowledge among nurses regarding effective strategies to improve the mental well-being of cancer patients.

4.3 Data search and selection

The literature search was done by using PICO analysis, which properly guided to creation of research questions and to search for relevant research articles. PICO is a structure that is mostly applied in qualitative research methods. It assists with forming clear and specific research questions. It consists of three parts, including **Population**, **Interest** and **Context**. Moreover, PICO analysis guides design and organizes the study, specifically when looking for information in databases.(Frandsen et al. 2020:3.) The following table (Table 1) shows the PICO analysis along with the relevant search terms.

Table 1. The PICO analysis

P	Population	Cancer patients
I	Interest	Nursing interventions
Co	Context	Mental well-being

Boolean operators were applied to combine keywords and which leads to specific search results related to the research topic and enhances the reliability of the search results. For example, search phrases contain such as "**Cancer Patients**" AND "**Nursing Interventions**" AND "**Mental Well-being**" as well as "**Oncology Patients**" AND "**Nursing Strategies**" AND "**Emotional Support**". This method ensured a precise and comprehensive data retrieval that integrated with the research questions.

Table 2. Boolean table

Population		Interest		Context
Cancer patients OR	AND	Nursing interventions OR	AND	Mental well-being OR
Oncology patients OR		Nursing strategies OR		Emotional support OR
An individual with cancer		Nursing care		Psychological well-being

The selection of the applicable research articles conducted through reputable academic databases, including CINAHL and PubMed, to secure high-quality data retrieval for the literature review. To narrow down the focus of the research and improve the precision of the search, used strategically chosen keywords and search methods. These keywords include cancer, cancer patients, mental well-being and nursing interventions, as those are closely related to the research topic.

According to the initial search, which resulted in a large number of research articles, an extensive set of inclusion and exclusion criteria was formulated to further the article selection process. The inclusion criteria define that articles must concentrate on publications published within the last five years (2020-2025), nursing science articles with primary studies, studies that are available in full text, studies written in the English language, no review articles, and participants are only adult patients. The above criteria ensure the research quality with up-to-date information and that information is strongly applicable to the target population. (Table 3) shows the inclusion and exclusion criteria as follows.

Table 3. Inclusion and exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Research articles published within the last five years. (2020-2025)	Research articles published before 2020
Nursing science articles	Other than nursing science articles
Primary studies and peer-reviewed articles	Non-peer-reviewed articles
Studies written in English	Studies that are published in other languages.
Studies were done with adults (older than 18 years). Not children	Studies done with children (under 18 years)
Studies that focused on nursing interventions for cancer patients	Studies not focused on nursing interventions for cancer patients

The process of article selection from the databases is demonstrated by the PRISMA flowchart. Initially a total of 857 articles were found from CINHAL and PUBMED databases. Among them, 645 records were excluded due to titles and duplication. The remaining 212 further reduced to 97 by excluding 115 records based on screening of abstract. Among 97 records, 80 articles were excluded after reviewing the full text. Finally, 17 articles were selected for this study. (Figure 1) shows the overview of the article selection as below.

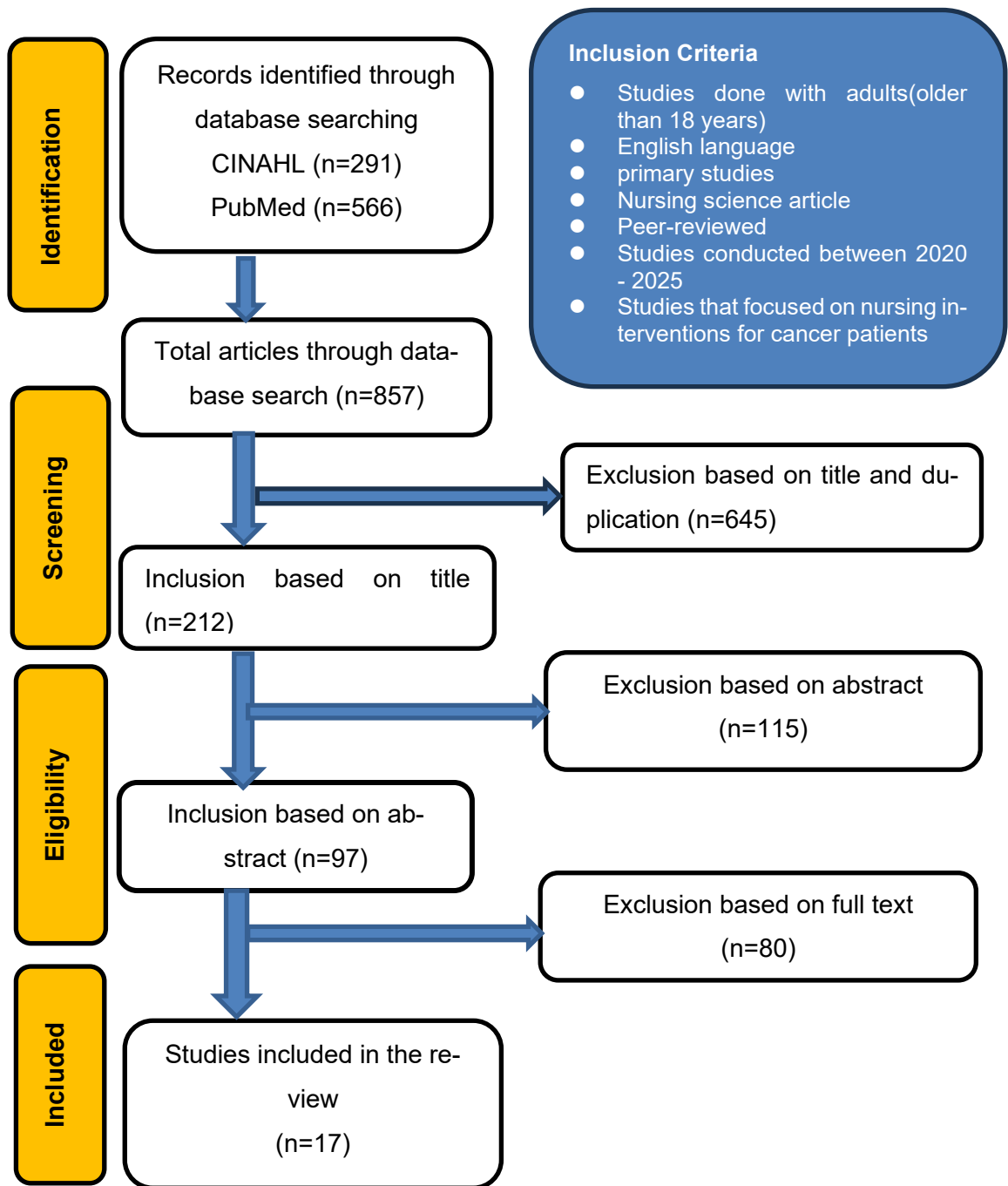


Figure 1. Prisma flow chart

4.4 Data analysis

The data analysis for this thesis was carried out using content analysis based on an inductive approach. Inductive content analysis was chosen due to its validity for detecting, organizing and analyzing trends and themes systematically within qualitative data. It is commonly used in nursing and health care research fields. The inductive approach is used due to a lack of previous knowledge or the knowledge is disjointed. In contrast, the deductive content approach is recommended when the research is based on existing knowledge. (Elo & Kyngäs 2008:109.)

The analysis process consisted of three main phases: preparation, organizing, and reporting. The preparation phase is similar for both inductive and deductive methods. In the initial phase (preparation phase), all gathered data is read multiple times thoroughly and highlighted important words, phrases and sentences to find out familiarization. The second phase is different in both inductive and deductive methods. Within the organizing phase of the inductive approach, codes can be identified as relevant to research questions by using meaningful units. Following that, these codes were then assembled into categories grounded in similarities, trends and patterns that developed naturally from the data without pre-existing theories. The organizing phase of the deductive approach means classifying facts systematically based on previous theories or a framework. The final stage is reporting the results in a relevant and systematic way. (Elo and Kyngäs 2007:108.)

In this study, inductive content analysis was used as a data analysis method. Data was collected from 17 scientific articles related to nursing interventions that help to improve the mental well-being of cancer patients and how they affect the mental well-being of cancer patients. Once familiarized with the collected records, meaning units were highlighted and copied from the selected articles. Each meaning unit was classified into small phrases that represent the whole idea of the meaning unit. These small phrases are called codes. Figure 2 presents an example of coding of research question 01 and Figure 3 presents an example of research question 02.

<p>“Then they were instructed, providing knowledge and supporting appropriate attitudes towards symptom management, thus improving their knowledge and self-management ability of symptoms.” (Article 8)</p>	<p>Patient motivation and self-management skills education</p>	<p>Enhancing self-care ability</p>	<p>Psychoeducational strategies</p>	<p>Nursing Interventions to Improve Mental Well-being</p>
<p>“Hospitals need to provide education and counseling related to hereditary breast cancer knowledge from the time when patients are first diagnosed with cancer, ongoing psychological counseling related to physical changes, and attention and interventions regarding lymphedema management.” (Article 15)</p>	<p>Patient education and counselling in the initial phase</p>	<p>Early intervention education</p>	<p>Psychoeducational strategies</p>	<p>Nursing Interventions to Improve Mental Well-being</p>
<p>“Professional health-care workers explain cancer-related knowledge to patients, such as the causes, incidence, clinical manifestations, and treatment of cancer, etc., to guide patients to understand cancer correctly, and at the same time, adopt the form of cancer health lectures and interviews to help patients and their families to understand the basic situation of cancer.” (Article 18)</p>	<p>Cancer education for patients and families</p>	<p>Increasing illness awareness</p>	<p>Psychoeducational strategies</p>	<p>Nursing Interventions to Improve Mental Well-being</p>

Figure 2. Example of the data analysis (Research question 01)

Meaning Unit	Codes	Subcategory	Generic Category	Main Category
<p>“Exercise and other physical activity can help to relieve stress and provide emotional satisfaction. Further, social support and psychological factors such as depression can affect the health Promoting the lifestyle of cancer patients. Therefore, in the study, we implemented an approach to combining exercise, education, and emotional support for cancer patients and found that it was effective in reducing stress illness and shifting subjects’ lifestyle toward health promotion” (paper 1)</p>	<p>Exercise, education, and emotional support</p>	<p>Reducing stress and promoting wellness</p>	<p>Reduction in psychological stress</p>	<p>Effects of Nursing Interventions on Mental Health</p>
<p>“Positive changes in illness stress and the stress management dimension of health promotion lifestyle. By contrast, the control group, who did not participate in the program, actually showed a slight increase in illness stress” (paper 1)</p>	<p>Positive lifestyle changes Stress management programs</p>	<p>Enhancing stress management</p>	<p>Reduction in psychological stress</p>	<p>Effects of Nursing Interventions on Mental Health</p>

Figure 3. Example of the data analysis (Research question 02)

A bunch of similar codes were grouped and formed one subcategory. Multiple subcategories were formed for each research question. Moreover, similar subcategories are further grouped into one generic category. Then, multiple generic categories were developed, one main category for each research question. Overall, two main categories were formed. Figure 4 presents the summary of categorizing research question 01 and Figure 5 presents the summary of categorizing research question 02.

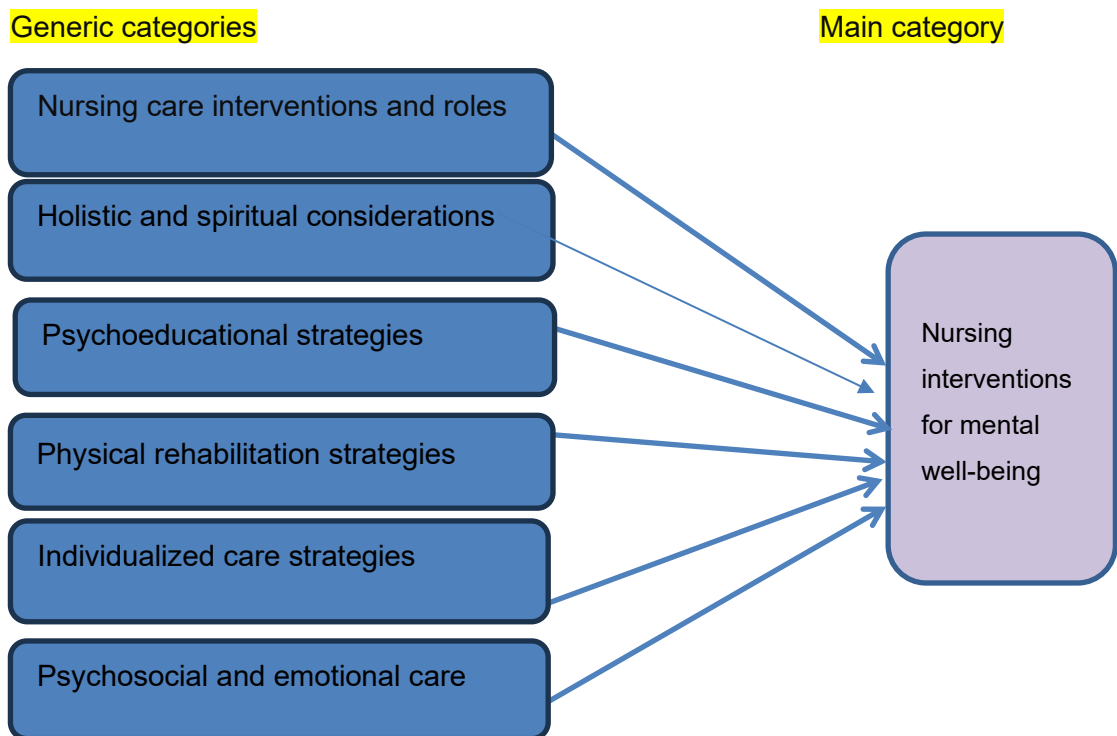


Figure 4. Summary of research question 01



Figure 5. Summary of research question 02

5 Results

In this bachelor's thesis, seventeen research articles were used to answer the following questions: "What nursing interventions help improve the mental well-being of cancer patients?" and "How nursing interventions affect the mental health of cancer patients?". Among those selected articles, three studies have used the qualitative research method and fourteen have used the quantitative method. There were four (n=4) research studies from Europe (Denmark, Netherlands, Portugal and Spain), one from USA (n=1), one from Turkey (n=1), eight (n=8) from China, two (n=2) from Korea and one (n=1) from India. All the above articles were analyzed using inductive content analysis. Thereafter, 75 sub-categories, 10 generic categories and two main categories were created according to inductive content analysis. The two main categories were the same as the two research questions. Such as 1. what nursing interventions help improve the mental well-being of cancer patients, which originated from six generic categories and 49 subcategories and 2. How nursing interventions affect the mental health of cancer patients? which originated from four generic categories and 26 subcategories. Those categories and results can be seen as follows.

5.1 Nursing interventions help improve the mental well-being of cancer patients

Per the analyzed data of nursing interventions, such as nursing care interventions and roles, holistic and spiritual considerations, psychoeducational strategies, physical rehabilitation strategies, individualized care strategies and psychosocial and emotional care clearly outlined the various nursing interventions as follows. These interventions addressed multiple aspects of care under the six generic categories. The following section provides a detailed overview of these interventions.

5.1.1 Nursing care interventions and roles

Nurses emphasized that managing psychological needs is one of the fundamental aspects of nursing care, especially in supporting patients to cope with uncertainty and the mental health implications of terminal outcomes. Therefore, psychosocial care is recognized as the most critical aspect in nursing intervention of cancer patients, as identified by both nurses and physicians. Psychological interventions are regularly required to assist patients in managing the significant challenges resulting from the

cancer diagnosis. The importance of effective communication was highlighted, with nurses distinctly capable of offering such support, mainly in emotionally charged scenarios such as providing care to patients with ostomies. (Feito, Iglesias, Zulueta and Lopez 2024: 12.) While physicians mainly concentrated on medical treatments, they acknowledged barriers in responding to emotional needs, additionally emphasizing the role of nurses as the leading practitioners in recognizing the psychological concerns, particularly identifying the initial assessment phase in the admission process (Feito et al. 2024:8). Moreover, nurses observed that individuals who receive care often seek the chance to engage in dialogue, convey anxieties and obtain knowledge in a manner that honors personal preferences, especially regarding conversations about end-of-life matters and social stigma (Feito et al. 2024:10). These outcomes confirm the specialized competence of nurses to identify and manage emotional and social needs within an integrated care approach.

Combination with sustained health care delivery, individuals who underwent treatment were motivated to be proactively involved with post-treatment care through various modes, such as virtual consultation, phone-based follow-up and a micro letter program (Chen, Fang, Chen and Cai 2024:7). These outcomes reveal that mental health strategies alone might be inadequate to enhance patients' physical symptoms and functional capacity holistically. Therefore, it is suggested that nursing interventions are integrated with physiotherapy, pharmacological therapy, or other multidimensional strategies (Chen et al. 2024:8). One recommended intervention involves combining exercises, health education and psychological assistance into healthcare delivery. Furthermore, nurses play a key role in instructing cancer patients to independently manage their health, enhancing their quality of life, which is essential for reducing cancer recurrence and enhancing stress coping both in the domestic and non-hospital care environments.(Sung et al. 2021:134.)

5.1.2 Holistic and spiritual care considerations

The findings emphasize the significance of integrating an individualized patient care approach in oncological care, particularly in managing spiritual and humanistic requirements. Older adults, especially those aged 60-65, were found to be more positively engaged with care that recognizes their hobbies and lifestyle preferences, highlighting the importance of respecting their personal needs.(Lin et al. 2023:7.) Despite this, nurses emphasize the somatic dimensions of healing, neglecting patients' spiritual dimensions- a critical component in dealing with a severe medical condition

like cancer. Several patients conveyed that their religious beliefs were rarely considered, with religious care frequently neglected by healthcare professionals. (Feito et al. 2024:4.) Identifying this deficiency, one study recommended enhancing the identification of emotional-spiritual conflict in patients, enabling personalized nursing care that reflects with holistic and empathetic care approach (Martins, Domingues, Carvalho, Timmins and Caldeira 2023:790). Together, these findings emphasize the need for attentiveness to spiritual concerns and holistic care in oncology nursing.

5.1.3 Psychoeducational strategies

Delivering accurate and well-timed data was recognized as an essential approach to improving cancer patients' knowledge and resilience. Many respondents highlighted that health education is most beneficial during the initial period of post-diagnosis, when major therapeutic decisions must be made and patients often feel emotionally burdened. (Chen et al. 2021:20.) Interventions that aimed at enhancing health literacy and perceptions toward control of clinical symptoms led to enhanced self-regulation skills and more effective symptom management (Zhang et al. 2022:13). Hospitals were encouraged to formalize instructional and advisory programs from the initial identification of the illness, particularly regarding familial breast carcinoma, bodily alterations and disorders, including lymphedema, alongside sustained emotional care (Kim & Park 2024:78). Moreover, registered nurses fulfilled an essential role in conveying oncology-specific information such as causes, symptoms and treatments using teaching methods such as educational seminars and one-on-one consultations, thereby assisting individuals undergoing treatments and their families in achieving a clear understanding of the disease condition (Yang et al. 2024:927). These combined approaches highlight the significance of psychological education in enhancing patients' autonomy to make informed decisions, control symptoms effectively and build psychological strength throughout their cancer treatments.

5.1.4 Physical rehabilitation strategies

Encouraging physical activities is a vital factor in maintaining physical wellness as well as psychological well-being. Nurses can play a significant role in helping patients identify the most appropriate physical activities that they enjoy and advise them to start slowly, step by step. Motivating patients to maintain an exercise diary is also important to relieve stress. Further, when necessary, nurses can refer patients for physiotherapy or rehabilitation programs as well. (Wildeman, Golde and Nooter 2021:18.) According to

the facts state that nurse-physician cooperation took a significant step to decrease complications of Brachytherapy in patients with cervical cancer. Furthermore, it helps to improve the mental well-being of patients. In addition, nurse-physician cooperation guarantees suitable and accurate responses to patients' requirements.(Guan, Han, Li and Liao 2024:11.)

5.1.5 Individualized care strategies

Sleep status is also a required factor in the mental well-being of cancer patients. The study suggests that routine nursing activities should have minimal interference with the sleeping habits of the patients. Adjusting routine activities, including measuring vital signs, can be changed in flexible hours while the patient is waking. These decisions need to be made after discussion with the consultants. The ultimate goal of this intervention is to avoid sleep disturbance in patients as much as possible.(Kim & Park 2024:79.) Especially, nursing management for patient-centered care enhances patients' motivation and self-management skills (Bidstrup et al. 2023:10).

Providing emotional comfort during admission to the hospital is another important nursing intervention. Familiarizing the hospital environment, responding to patients' questions and evaluating their psychological condition helps them to get rid of the strangeness and adapt easily. Creating a warm and welcoming environment helps to improve the mental well-being of patients(Yang et al. 2024:927).

5.1.6 Psychosocial and emotional care

The relevance of family and community support was identified as an essential element of mental and social care interventions for cancer patients. Nursing professionals highlighted the importance of evaluating the sociocultural circumstances of patients, as these often affect their psychological adaptation and participation in treatment. Identifying the patient-family relationship as a vital support system, nurses highlighted the critical role families play in supporting mental well-being during the cancer treatments.(Feito et al. 2024:8.) Implementing strategies that include family support structures, economic burden and other social influencing factors was considered crucial to improving patients' holistic well-being(Chen et al. 2024:7). Findings from nurse-led care programs showed that encouraging involvement in family activities notably enhanced their psychological conditions and quality of life, particularly in patients diagnosed with thyroid cancers (Zhang et al. 2024:11). In addition, oncology

nurses' active participation with patient relative partnership delivered prompt psychological and educational assistance, lessening the stress on both parties(Chen, Kao, Reuille and Northouse 2021:20). Prompting the relatives and family members to provide psychological care contributed to the re-establishment of patients' self-esteem, social connectedness and strengthening their social identity and affective coping capacity(Yang, Yin and Chen 2024:926). These results indicate that integrating family engagement and wider sociocultural factors into nursing interventions is crucial for providing holistic emotional and social support to cancer patients.

The study indicates an effective nursing intervention called supportive emotional ventilation by assessing psychological needs and providing necessary counselling to control patients' negative feelings and let patients reveal their emotional distress. Moreover, the study suggests that practicing optimistic breathing training techniques helps to grow strong positive energy to face problems related to life and interpersonal relationships.(Yang et al. 2024:926.) Introducing yoga as a treatment has had successful results for the well-being of breast cancer patients. It is relatively cost-effective and improves both physical and mental well-being.(Silva et al.2024:101.) Participating in social activities, hobbies and various stress-release activities such as laughter therapy and medication therapy makes a huge impact on patients' mental well-being (Sung et al. 2021:134).

Nursing professionals play a vital role in recognizing and managing loneliness, which is common among cancer patients, particularly after the first phase of treatment. By offering emotional care, encouraging participation in peer groups, and fostering nurse-patient relationships, nurses can help reduce feelings of isolation and significantly improve the patient's mental stability and overall life satisfaction.(Erdoğan & Koç 2021:510.) In addition, providing psychological care is an essential nursing task during hospitalization. It requires time to notice the emotional disturbances of the patients. Therefore, spending a considerable duration with the patient and establishing a trust-based approach can identify any psychological problems. Tailored communication strategies and therapeutic engagement are important tasks for building trust with the patients. Encouraging to have peer group discussions has a positive impact on the well-being of patients. Sharing experiences helps to decrease their fear and anxiety towards the disease and treatments. Further, effective communication skills and maintaining professional boundaries are vital key points of nursing interventions.(Lyu, Jiang, Lee, Yang and Sun 2024:9.) The emotions of the patients can vary in each cancer stage after undergoing

treatments. The study showed that stage-based emotional awareness of nurses is beneficial when providing emotional support. (Feito et al. 2024:10.)

5.2 Effects of nursing interventions on mental health

According to the effects of nursing interventions, there were four generic categories such as reduction in psychological stress, increased self-esteem, empowerment and improved quality of life. The findings highlight the improvement of mental well-being according to the nursing interventions. These effects are described as follows.

5.2.1 Reduction in psychological stress

The combination of physical exercises, health education, and psychological assistance was identified as a successful nursing intervention to enhance psychological well-being in cancer patients. A combined care approach that included physical exercises alongside health, educational, and emotional support sessions led to a significant enhancement in patients' stress levels and comprehensive emotional well-being. Participants in the experimental group exhibited positive outcomes in disease-related stress in their stress coping capacity, reflecting adoption of health-promoting habits. Comparatively, the control group, who were not exposed to the comprehensive strategy, demonstrated a slight elevation in disease stress, highlighting the efficacy of multidimensional care approaches in reducing emotional suffering and enhancing emotional coping capacity in cancer care. (Sung et al. 2021:134.)

5.2.2 Increased self-esteem and confidence

Nursing strategies that integrate emotional and social assistance significantly enhance the mental well-being of cancer patients by promoting psychological strength, interpersonal engagement and therapeutic engagement. A combined approach comprising physical activities, health education and emotional support, including laughter therapy, mindfulness practices and physical exercises, proved positive results in reducing stress and encouraging health-promoting behaviors among cancer patients. Significantly, patients in the experimental group showed notable improvement in their social interactions and stress coping capabilities. (Sung et al. 2021:134.) Additionally, engaging family members in the treatment process was an essential element of psychosocial nursing care interventions. Psychological assistance from family, promoted by nurses, restores self-confidence, self-esteem and awareness of social identity. Sharing positive treatment experiences and involving family members in

mental health sessions also contributed to inspiring patients to actively participate in their therapeutic process and rehabilitation.(Yang et al.2024:927.)

5.2.3 Empowerment

Nursing strategies that centered on patients' specific needs significantly impacted the mental well-being of cancer patients by responding to their personal preferences, communication styles and age-related needs. Implementing a physical activity and health educational program was found to encourage wellness-oriented lifestyle, which may help to promote recurrence reduction and enhance overall well-being. (Sung et al. 2021:134). For older adults with colon cancer in particular, integrating recreational practices based on individual preferences led to improved emotional regulation during the treatment period and increased interpersonal engagement, contributing to psychological and social rehabilitation. Additionally, promoting interpersonal communication and self-expression supported emotional and social integration. An interactive care approach further reduced emotional distress and promoted multiple aspects of mental well-being among adult colon cancer patients. (Lin et al. 2023:7), highlighting the efficacy of tailored interventions in nursing practice.

Emotional distress is an important element that negatively affects the patient's beliefs and reactions towards continuing treatments. It disrupts the process and lowers devotion. Effective nursing interventions empower patients to eradicate unnecessary thoughts and focus on the treatment regimens. (Lyu et al. 2024:9.)Nurses have a higher responsibility towards patient satisfaction than other healthcare professionals. Statistics presented that nursing care has a huge impact on patient satisfaction, instead of consultant care for emotional coping. As for the reason, it indicates that patients can reveal any issues without hesitation to the nursing staff.(Zhang et al. 2024:10.)

According to the analysis of the "three-session focus program", nurses could empower the patient-caregiver dyad to engage in collaboration as a team by providing personalized information and emotional support. Both individuals found confidence in their ability to deal with the condition. Study facts displayed a major improvement in self-efficacy in coping with illness and caregiving.(Chen et al. 2021:24.)

5.2.4 Improved quality of life

After the surgery phase, a combination of both rational emotive behavior therapy (REBT) and follow-up care is an important strategy to decrease prostate cancer patients' negative feelings of anxiety and depression and enhance their interpersonal communication. According to the study outcomes, after six weeks of rational emotive behavior therapy and follow-up care helped to establish effective social interactions with others and encouraged to participate in social activities, which enhanced the quality of life of patients. Rational emotive behavior therapy not only reduces anxiety and depression but also changes the illogical beliefs of patients.(Chen et al. 2024:7.)

Moreover, the results of the study conducted on breast cancer patients found that psychological nursing interventions have a positive impact on lessening the negative emotions of the patients. This is because anxiety and depression are more common for breast cancer patients due to clinical management such as mastectomy, chemotherapy and social problems arising due to sudden changes of body image. Therefore, psychological nursing interventions have a productive result in improving the mental well-being as well as the quality of life of patients.(Li, Xie, Xu and Li 2022:2045.)

Building treatment confidence is another crucial factor of successful nursing intervention. According to the statistics of the study that was done for lung cancer patients, building up self-confidence and acceptance for treatments can be accomplished by introducing positive surgical outcomes and providing counselling to family members as well. Study results presented that practicing positive thinking can create positive energy and elevate the coping ability of the patients. In addition, psychological nursing interventions combined with exercises can strengthen the quality of life and reduce anxiety of cancer patients.(Yang et al. 2024:926.)

Advising and arranging peer group discussions is another nursing intervention that showed successful outcomes for the mental well-being of cancer patients. Statistically proven that sharing ideas, own experiences of successful clinical treatments and getting to know other patients who have undergone with same treatments are helpful for mind relaxation and creating a safe space for recently diagnosed patients. It motivates patients to face the treatments confidently. On the other hand, the study identified that nurses' emotions are also a considerable factor in the psychological well-being of cancer patients. To maintain a professional appearance, nurses often do not show emotions. However, when dealing with frustrated patients and dissatisfied family

members, nurses need to regulate their emotions because their expressions could affect the patients.(Lyu et al. 2024:10.)

The results have shown that ongoing treatments and after the operation made a significant impact on the quality of life of thyroid cancer patients. According to the statistics, there was a significant difference between patients who received follow-up nursing care after 12 months with patients who did not receive nurse-led care rather than consultant-led care. Effective follow-up nursing support improved patients' motivation to engage in family gatherings. Providing follow-up nursing sessions encouraged patients to reveal physical and emotional difficulties. Carrying on their lives as before without isolation and encouraging social activities enhanced patients' satisfaction and improved the quality of life of patients.(Zhang et al. 2024:10.)

Multiple elements, including financial issues, family problems and disappointing treatment results, affect confidence and willingness to continue clinical management. Supportive nursing strategies like soothing and comforting facilitated to decrease of patients' anxiety and enhanced self-confidence for ongoing treatments. Enabling emotional openness occurs by establishing a therapeutic relationship based on trust. This leads patients to present their emotional troubles willingly and accept nursing guidance.(Lyu et al. 2024:10.)

6 Discussion

The findings of this study affirm the vital role nurses play in responding to mental health difficulties encountered by cancer patients. Nursing professionals were identified as primary healthcare providers, uniquely placed to recognize and manage psychosocial concerns, particularly at key points such as a patient's hospital admission or during sensitive treatments like ostomy-related clinical procedures. While medical practitioners primarily focused on medical strategies, the clinical dimension of care was largely assigned to nurses, who offered empathetic communication, supported individuals in facing end-of-life realities, and supported patients through emotionally taxing discussions about the social stigma and death.(Feito et al. 2024:10.) This is consistent with findings from recent research done in Saudi Arabia, which revealed elevated emotional tension and mental strain among cancer patients, often exacerbated by non-clinical burdens such as psychological burden, therapeutic coordination issues, lifestyle upheavals (Bakhsh et al. 2024:11).Despite frequent physical symptoms like body pain and fatigue, these did not regularly correlate with

psychological outcomes, suggesting the necessity for psychosocial care to be both personalized and comprehensive. Sustained participation of nurses through follow-up care such as telephone-based monitoring, online consultations and health education about wellness adaptation further expands their therapeutic function in post-acute settings. This holistic, patient-centered approach not only supports psychological endurance but also enhances individual autonomy in care and facilitates long-term mental health stability, especially when combined with other physical treatments such as physiotherapy and medication. (Chen et al. 2024:7; Sung et al. 2021:134.) Therefore, nursing interventions are most effective when integrated into a collaborative health care framework that treats the emotional as inseparable from the physical dimensions of cancer care.

The findings emphasize the rising awareness of holistic and spiritually sensitive care as fundamental elements in nursing interventions for cancer patients. Focusing only on the physiological concerns of illness neglects significant factors influencing patients' mental endurance and comprehensive well-being. As highlighted in the results, elderly patients, particularly those aged 60 to 65, showed more positive receptiveness when their individual preferences and core beliefs were recognized. (Lin et al. 2023:7.) which supports a more patient-specific and person-centered care model. However, despite the benefits of such recognition, numerous healthcare professionals consistently undervalue spiritual needs, with patients reporting inadequate engagement or support related to their religious beliefs. (Feito et al. 2024:4.) This oversight can be detrimental, as spiritual well-being is increasingly seen as a protective factor against critical psychological challenges such as depression, fatigue and even existential distress.

In alignment with these findings, findings from a mindfulness-based cognitive therapy (MBCT) study showed significant enhancement in both spiritual well-being and quality of life among cancer patients, demonstrating that mental health strategies based on mindful awareness and purposeful reflection can reduce negative psychological outcomes and enhance patients' inner sense of purpose and peace. (Park et al. 2020:386). These results suggest that holistic nursing approaches, ones that integrate spiritual care, personal interests and emotional support, can lead to deeper involvement and enhanced coping among cancer patients. Therefore, oncology nurses should be equipped with the skills and training to recognize spiritual distress, support psychological integration and provide treatment that respects multidimensional patient well-being. Psychological and social care strategies, particularly those involving family and community-based support networks, play a vital role in enhancing the

mental well-being of cancer patients. The findings revealed that a thorough understanding of patients' socio-relational environment enables nurses to offer more tailored and effective responsive care. The recognition of the patient family relationship as an essential support network underscores how emotional and psychological assistance from family can significantly influence patients' mental endurance throughout their treatment process.(Feito et al. 2024:10.) Nursing interventions that address clinical, socioeconomic and familial realities of patients were found to significantly enhance quality of life and mental well-being, especially when these issues are addressed through nurse-directed programs. (Chen et al. 2024:8; Zhang et al. 2024:10).

These results align with research work conducted in Bangladesh, which found a strong negative correlation between perceived social support, particularly from family support and mental health disorders such as depression, anxiety and stress in cancer patients(Biswas et al. 2024:8). The study reinforces that family and social support act as a protective factor, especially in community-oriented societies, and significantly reduce psychological strain. Nurse-led interventions that involve family members and relatives in the treatment process provide emotional adaptability of patients.(Chen et al. 2021:20; Yang et al.2024:927.) Together, these findings advocate for a more socially grounded nursing framework that views family support not as a supplement but as an essential element of psychosocial support.

Psychoeducational strategies emerged as a vital nursing intervention to improve the mental well-being of cancer patients. As revealed in the findings, the timing and delivery of information play a critical role, especially in the early stages of diagnosis, when patients often experience confusion and emotional vulnerability.(Chen et al. 2021:20.) Early and structured education interventions that promote understanding of disease progression, symptom management and treatment options empower patients to take a more active role in their care, ultimately leading to better psychological adjustment and symptom control(Zhang et al.2022:11; Kim & Park 2024:78).

This is consistent with existing literature that underscores the necessity for diverse and tailored communication strategies to support emotion regulation and coping (Łuczyk et al. 2024:8). Educational efforts, when grounded in cognitive behavioral principles, can enhance emotional resilience and prepare patients to manage the stressors associated with cancer diagnosis and treatment. Moreover, involving families in the educational process through health lectures or interviews.(Yang et al. 2024:926.) further enhances

the patient's support system, creating a more informed and emotionally prepared environment.

The findings also reinforce the importance of continuous and personalized education across the cancer treatment process, not only at the point of diagnosis but as an ongoing component of care. Such interventions serve dual purposes; they equip patients with practical tools for symptom management and act as a psychological buffer, helping reduce fear and uncertainty. This aligns with best practice models that advocate for integrating psychoeducational interventions into comprehensive nursing care to improve patients' overall quality of life.

Physical rehabilitation and personalized care emerged as essential nursing care strategies to promote the mental well-being of cancer patients. Promoting physical activity tailored to patient needs, together with other resources, including activity diaries, can reduce emotional burden and strengthen both physical and emotional coping capacity.(Sun et al. 2021:3.) Nurses also play a vital role in providing access to physical recovery programs when needed. A multidisciplinary approach between nurses and physicians, especially in treatments like radiation therapy, ensures accurate treatment and reduces psychological discomfort by managing adverse effects early.(Sun et al. 2021: 5.) Personalized care strategies additionally enhance outcomes by focusing on patients' quality of sleep and emotional comfort. Flexible scheduling of procedures and welcoming environments were shown to ease hospital adjustment and anxiety. This corresponds with findings from China, where continuous, tailored care and follow-up after discharge promoted patient satisfaction and physical restoration. (Kong, Zhao, Feng and Liu 2024:882.) Nevertheless, challenges persist in implementing holistic care. A Swedish study showed that nurses frequently lack clear roles and resources, making it difficult to evaluate and respond to patients' requirements despite their pivotal role in care. (Melander, Larsson, Rosell, Lagergren and Malmström 2025:8.) These findings highlight the necessity of an organized, patient-focused and organizational support to ensure that nursing interventions adequately manage the full range of mental health requirements in cancer care.

The findings strongly indicate that nursing interventions have a significant and multidimensional impact on the mental health of cancer patients by managing psychological distress, fostering psychological resilience and enhancing holistic well-being, integrative approaches, particularly those that combine physical activity, psychological support and health education have yielded notable effectiveness in

mitigating stress and exhibited better coping strategies and decreased cancer related anxiety as opposed to those who only received conventional clinical care. (Sung et al. 2021:133.) These results show that holistic, nurse-led interventions play a vital role in managing the emotional responses associated with cancer diagnosis and treatment.

Nursing care support that provides individual attention and caregiver support also appears to improve mental health outcomes. Emotional reinforcement from nurses, paired with family involvement in psychological counselling, not only improves self-esteem and motivation but also establishes a socially nurturing context that reduces feelings of isolation and emotional hardship. (Yang et al. 2024:926.) This finding is more relevant in collectivist cultures like Bangladesh, where family and social support are strongly linked to emotional resilience. Research from Bangladesh showed that perceived family and social support was significantly associated with lower levels of anxiety and depression among cancer patients, reinforcing the importance of relational care models. (Biswas et al. 2024:8.)

Psychological nursing interventions are more important for vulnerable groups, such as breast and lung cancer patients, who experience more severe mental health effects due to appearance changes and treatment side effects. Studies found that offering psychological counselling, enhancing self-esteem and building motivation for treatment helped reduce anxiety and depression while improving patients' willingness to continue with therapy. (Li et al. 2022:2045; Yang et al. 2024:927.) Similarly, the application of tailor-made care after surgery led to improved mental well-being and social functioning among breast cancer patients in China, highlighting the effectiveness of a holistic approach, patient-centered nursing care (Kong et al. 2024:882).

Further, nurse-led follow-up sessions have been shown to maintain consistency and enhance psychological stability following hospital discharge. Evidence from thyroid cancer patients showed that long-term follow-up care improved emotional openness, strengthened relationships and family bonds and reduced social withdrawal, leading to enhanced satisfaction and mental well-being. (Yang et al. 2024:926.) This is consistent with the results of the "three-session focus program," where individualized information and psychological support enabled patients and caregivers to collaborate more effectively with emotional stability (Chen et al. 2021:24). Importantly, psychosocial distress is not always mainly related to physical symptoms but can start from more complex existential and socio-practical issues. A study from Saudi Arabia emphasized that cancer patients suffer from a higher level of psychological distress because of

logistical, emotional and social problems rather than pain alone. The authors recommend mental health assessment and targeted nursing interventions as an integral aspect of comprehensive nursing care. (Bakhsh et al. 2024:11.) This further supports the argument that nursing roles must expand to encompass psychological competence, enabling nurses to identify emotional concerns early and implement interventions timely.

In conclusion, nursing interventions affect the mental health of cancer patients by creating a systematically organized, individualized and empathetic care setting. Whether through physical rehabilitation, educational support, emotional counselling or post-treatment follow-up, these interventions reduce the psychological burden and foster a stronger sense of autonomy, self-esteem, motivation and dignity in cancer patients. Tailoring nursing interventions to individual, cultural and environmental needs ensures that mental health support is not incidental but foundational to cancer care.

6.1 Ethics and validity

Ethical review means the in-depth examination and assessment of the research plan, conducted according to the ethical standards and maintaining precise scientific discipline. The main aim of the ethical review is to avoid any harm to the research, researchers or research participants. In Finland, the Medical Research Act (488/1999) manages medical-related research that includes human fields. For non-medical related research including human participants, the Finnish National Board on Research Integrity (TENK) has published a list of ethical principles. The Finnish National Board on Research Integrity (TENK) is the authority for research works that is governed by the Ministry of Education and Culture. TENK handles the ethical problems in scientific research and maintains research integrity (TENK 2025.)

In qualitative research, explaining the validity is complicated because it deviates from the clear and established standards used in quantitative research. The validity of the qualitative research studies is aimed to the explanation of the outcomes and the extent to which researchers' declarations coincide with the sophistication of human experience. Different from quantitative research, where the validity is more straightforward and transparent, qualitative research applies terms like trustworthiness, reliability, rigor and quality to evaluate credibility. Attempts to develop universal standards for validity in qualitative research are challenging since the research area lacks a consolidated theory or methodology. Hence, validity in qualitative works persists as a fluid concept, as it resists fixed definitions or guidelines. (Waheed, Kiazai and Bahadur 2020:132 .)

For this descriptive literature review, information was retrieved from trusted databases such as CINAHL and PUBMED. ChatGPT used to confirm the topic, purpose, aim and research questions. Therefore, several ideas were extracted from those resources, which enhanced the creation of original ideas. Nevertheless, a limited number of articles were found during the article search. Therefore, a discussion was conducted with the Metropolia informatician and finalize the search phases. Since this project is a literature review, including the evaluation of primary data without performing interviews, considerations of informed consent, privacy, confidentiality and bias were not considered. Metropolia's guidelines for written assignments were maintained throughout the process, and academic integrity was maintained under Metropolia's ethical guidelines. Nevertheless, the authors made an effort to provide an accurate interpretation of the original articles and avoid changing the original data from the articles.

This descriptive literature review was undertaken in adherence to clearly established inclusion and exclusion criteria, focusing on nursing interventions to improve the mental well-being of cancer patients. To ensure the significance and timeliness of the results, only peer-reviewed articles published between 2020 and 2025 were included. Academic databases such as PubMed and CINAHL were utilized, and primary research studies from diverse countries (Denmark, Netherlands, Portugal, Spain, USA, Turkey, China, Korea and India) were included, providing a global perspective that strengthens the transferability of outcomes across multiple healthcare contexts, including Europe. Although the research was carried out in Finland, its international coverage supports broader transferability. There were two research questions and they were guided in the search for the related articles using the PICO framework. Seventeen articles were selected according to the inclusion and exclusion criteria. The research supervisor was frequently engaged with the research work to ensure the relevance of selected articles. The validity and accuracy of the articles were evaluated using the critical appraisal tool JUF0. A total of seventeen articles were chosen following a thorough evaluation and fifteen articles fulfilled the JUF0 (2024) standard criteria, while two articles did not, but those were considered as applicable and included for review. To maintain originality and ensure validity, findings presented in the summary table were taken directly from the original articles without unmodified. Furthermore, the outcomes of the study were assessed using Turnitin software, a tool aimed at detecting possible occurrences of plagiarism and enhancing the overall quality of academic submissions. A detailed review and accurate citation of the original

authors' work were acknowledged and mentioned in the references list in accordance with Metropolia's written assignment guidelines.

6.2 Conclusion

Adult patients who have received emotional support from effective nursing interventions have improved their mental well-being and quality of life. Although it takes more time to gain results than physical treatments, the benefits of the outcome are received not only by the particular patient but also by the whole society. To gain better outcomes, nursing interventions that provide psychological support need to start from the diagnosis stage. Anxiety and depression are the most common challenges that need to be overcome to improve the mental well-being of the patients. There are unavoidable results that come from cancer. However, nursing interventions for emotional support need to address each step of treatment progress so that patients reveal their feelings and face more confidently. Several nursing interventions have been found to provide psychological support. Building trust, peer group discussions, encouraging social activities, encouraging personal interests such as hobbies and helping patients accept reality and help to carry on their lifestyle despite the physical barriers.

6.3 Recommendations

Based on the outcomes of this thesis, firmly recommended that hospitals need to prioritize the nursing interventions intended to improve the mental well-being of cancer patients. Nurses play a significant role in delivering comprehensive care, and specified interventions such as stress relief strategies, mental health awareness and psychoeducation should be included in routine nursing duties. Moreover, interdisciplinary collaboration with nurses and other healthcare professionals should be motivated to provide comprehensive patient-centered care. In addition, It is recommended to organize professional development training programs to develop skills in psycho-social care and emotional support. Further, more studies need to be done to assess the long-term effects of psychological nursing care of cancer patients.

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Appendices

Appendix 1. Database search results by using Boolean operators

Database	Search Phases	Number of hits based on the limitation	Selected based on the title	Selected based on the abstract	Selected based on the whole text
EBSCOhost/ CINAHL 23rd of March 2025	Nurs* AND ("Mental well-being" OR "Mental health" OR "Psychological well-being" OR "Emotional support") AND "Cancer Patients"	291 (Limited to the last 5 years)	102	69	15
Pubmed 23rd of March 2025	Nurs* AND ("Mental well-being" OR "Mental health" OR "Psychological well-being" OR "Emotional support") AND "Cancer Patients"	566 (Limited to the last 5 years)	110	28	02
Total number of included articles					17

Appendix 2. Summary of reviewed articles

Study(Title/Author /Year/Country)	Aim	Sample	Research design/Methods/ Analysis	Major findings	Limitations	J U F O
1. A psychological nursing intervention for patients with breast cancer on inflammatory factors, negative emotions, and quality of life Li, Xie, Xu and Li 2022 China	aimed to evaluate the effect of a psychological nursing intervention on inflammatory factors, negative emotions and quality of life in patients with breast cancer	Breast cancer patients at the Cancer Hospital of China Medical University from January 2017 to January 2020	Quantitative study. Retrospective analysis. negative emotions (self-rating depression scale (SDS) and self- rating anxiety scale (SAS)), Kolmogorov test	A total of 226 patients with breast cancer were included in this study. The social function, physiological function, mental health, physical pain, physical limitation, vitality, emotional functions and overall health were enhanced and there is a significant difference between the two groups after intervention.	A major limitation of the study is its retrospective design, which is subject to the selective bias.	1

<p>2. Effect of a Nurse Navigation Intervention on Mental Symptoms in Patients With Psychological Vulnerability and Breast Cancer: The REBECCA Randomized Clinical Trial</p> <p>Bidstrup et al. 2023 Denmark</p>	<p>To compare the long-term effects of the REBECCA (Rehabilitation After Breast Cancer) Nurse navigation intervention vs usual care in patients with breast cancer who were psychologically vulnerable.</p>	<p>A total of 309 female patients were added.</p>	<p>Quantitative study. Parallel randomized clinical trial</p>	<p>In this randomized clinical trial of 309 females with breast cancer, nurse guidance did not show a significant reduction in distress.</p>	<p>120 patients per group were included at the 18-month follow-up</p>	<p>1</p>
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<p>3. Effect of the hospital based case management on psychosocial well-being and treatment outcomes in colorectal cancer patients: A quasi-experimental study</p> <p>Zhang et al 2022 China</p>	<p>To test the effectiveness of case management on psychosocial well-being and treatment outcomes in colorectal cancer patients</p>	<p>A total of 188 patients were hired from May 2015 to February 2017, from an oncology hospital in China</p>	<p>Quantitative study. This trial was a single-center, two-arm quasi-experimental study.</p>	<p>Repeated measurement ANOVA showed important intervention and time effects in global quality of life, anxiety and depression, symptom distress and oral chemotherapy adherence. The intervention group displayed statistically significantly better overall clinical management adherence and a lower unplanned readmission rate.</p>	<p>This study used a quasi-experimental rather than a randomized controlled design due to limitations of clinical practice. This study was conducted on a single site. Some data were collected by paper questionnaires, but others were collected online.</p>	<p>1</p>
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<p>4.</p> <p>Effect of nurse-physician collaboration on the incidence of complications, negative Emotions and quality of life in cervical cancer patients: a randomized controlled Study</p> <p>Guan, Han, Li and Liao 2025 China</p>	<p>To evaluate the effect of nurse-physician collaboration on the incidence of complications, anxiety and depression, quality of life, and satisfaction with nursing care among cervical cancer patients undergoing three-dimensional intracavitary brachytherapy</p>	<p>92 eligible cervical cancer patients</p>	<p>Quantitative study.</p> <p>Randomized, single-blinded, placebo-controlled trial</p>	<p>Results support the clinical adoption of a nurse-physician collaborative care model in the treatment of cervical cancer with three-dimensional intracavitary brachytherapy.</p>	<p>The generalizability of the findings may be restricted due to the specific implementation of nurse-physician collaboration in oncology radiotherapy Department for cervical cancer</p>	<p>1</p>
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<p>5. Effect on nursing postoperative respiratory function and mental health of lung cancer patients</p> <p>Yang, Yin and Chen 2024 China</p>	<p>To investigate the effect of nursing on postoperative respiratory function and mental health of lung cancer patients.</p>	<p>122 lung cancer patients who underwent surgical treatment</p>	<p>Quantitative study. Randomized controlled trial The Connor-Davidson Resilience Scale (CD-RISC), self-rating Anxiety Scale (SAS), and self-rating depression scale (SDS)</p>	<p>There was no difference between the two groups regarding age, gender, education level, surgical procedure, type of pathology, and treatment ($P > 0.05$). After treatment, MVV, 6-min walking distance, toughness, strength, optimism, and total CD-RISC scores were significantly higher in the observation group ($P < 0.05$), dyspnea scores, SAS, and SDS scores were substantially lower in the control group compared to the observation group ($P < 0.05$).</p>	<p>Only lung cancer patients participated</p>	<p>0</p>
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<p>6. Efficacy of a nurse-led yoga intervention on serum cortisol and psychological health outcomes of patients with breast cancer</p> <p>Silva et al. 2024 India</p>	<p>To determine the effect of the nurse-led yoga intervention on serum cortisol and psychological health outcomes in newly diagnosed breast cancer patients.</p>	<p>A total of 40 newly diagnosed cancer patients participated. The first 20 samples were grouped as a controlled group, and the other 20 samples into a nurse-led yoga intervention group</p>	<p>Quantitative study. Quasi-experimental study. Anxiety depression scale, Cancer Institute Quality of Life questionnaire, SPSS 20, Independent t-test, and Mann-Whitney U test</p>	<p>Serum cortisol levels were significantly decreased before surgery ($p=0.021$) and 2 months post-surgery ($p=0.003$) in the nurse-led yoga intervention group. Similarly, significant changes in the anxiety levels were presented before the 2nd and 3rd cycles of chemotherapy before surgery, and 2 months post-surgery were also found to be lowered ($p=0.001$). Additionally, quality of life also showed a significant change before the 2nd cycle of chemotherapy.</p>	<p>Small sample size Participants were homogeneous</p>	<p>0</p>
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<p>7. Exploring the adaptive leisure activities of the classified nursing model in elderly colon cancer patients: a perspective on interactive care</p> <p>Lin et al.2023 China</p>	<p>The aims of the study were first to explore the adaptive leisure activities of the classified nursing model from the perspective of nurse-patient interactive care, and to explore its impact on the physical and mental health of patients with colon cancer.</p>	<p>82 patients with colon cancer included.</p>	<p>Quantitative study. Self-rating anxiety scale, self-rating depression scale, self-care ability evaluation scale and health status survey brief from SPSS 22.0</p>	<p>The results were that the anxiety score ($t=6.656$, $p<0.001$) and depression score ($=4.851$, $p<0.001$) of the research group were lower than those in the control group, and the difference was statistically significant.</p>	<p>Colon cancer patients Age between 60-65</p>	<p>2</p>
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<p>8. Exploring the psychological needs of patients with cancer through the lens of the physicians and nurses</p> <p>Feito,Iglesias, Zulueta and L´opez 2024 Spain</p>	<p>To explore the experience of nurses and physicians regarding the psychosocial needs of patients with cancer and to describe their perception according to professional category and clinical setting.</p>	<p>14 nurses and 12 physicians participated from 3 hospitals and 4 primary care centers in northern Spain</p>	<p>A qualitative descriptive study, purposive sampling,</p>	<p>Four main results were identified. They are: the needs of patients with cancer, psycho-social care provided by health professionals, difficulties addressing psycho-social needs, and available resources.</p>	<p>Only semi-structured interviews were used for data collection</p>	<p>3</p>
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<p>9. Loneliness, death perception and spiritual well-being in adult oncology patients</p> <p>Erdoğan and Koç 2021 Turkey</p>	<p>The aim of this study was to determine the relationship among loneliness, death perception, and spiritual well-being in adult oncology patients.</p>	<p>347 oncology inpatients participated</p>	<p>Quantitative study. Cross-sectional correlational descriptive study</p>	<p>A significant negative relationship was found between UCLA-LS total scores and FACIT-Sp total scores ($r=-0.217$, $P<.01$). Positive significant relationships between FACIT-Sp total scores and the Afterlife($r=0.425$,$P><.01$),</p>	<p>The sample was not homogeneous</p> <p>Participants were in a single site</p>	<p>2</p>
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<p>10. Nurse-Led Care Versus Consultant-Led Usual Care in Patients with Thyroid Cancer: A Longitudinal Interventional Study</p> <p>Zhang et al. 2024 China</p>	<p>To evaluate the quality of life, anxiety, depression, survival, and personal satisfaction of Chinese patients in the Southeastern region of China with thyroid cancer</p>	<p>385 patients aged 18 years and above with biopsy-confirmed cases from December 15, 2020, to June 14, 2022, at the First Affiliated Hospital of Soochow University</p>	<p>Quantitative study.</p> <p>A retrospective study design was used</p>	<p>Supportive cancer management in post post-operative period is essential in patients with thyroid cancer. Nurse-led Care had beneficial effects on the quality of life, psychological conditions, survival, and personal satisfaction of patients with thyroid cancer during the follow-up period.</p>	<p>Patients identified with Alzheimer's disease, dementia, or psychiatric treatments were disqualified. Patients who were not allowed to read or write the Chinese language were rejected from the study.</p>	<p>1</p>
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<p>11. Oncology nurses' experiences of providing Emotional support for cancer patients: a qualitative study</p> <p>Lyu,Jiang, Lee, Yan g & Sun 2024 China</p>	<p>To gain an in-depth understanding of the experience of nursing staff in caring for cancer patients with emotional distress, and then to provide suggestions for the quality of clinical care and related education policies</p>	<p>Twenty-one Oncology nurses were interviewed</p>	<p>A qualitative descriptive design and semi-structured interviews were used in this study</p>	<p>Six themes were found, including: (1) dictating the abnormality of emotion, (2) soothing and comforting patients, (3) a lack of psychological knowledge and communication skills, (4) negative impacts of a lack of time, (5) managing emotional labor, and (6) reflecting on the experiences</p>	<p>Participants were chosen from only two different hospitals</p>	<p>1</p>
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<p>12.</p> <p>Prevalence, defining characteristics and predictors of the nursing diagnosis of spiritual distress in cancer patients undergoing chemotherapy</p> <p>Martins et al. 2022 Portugal</p>	<p>The aim of this study was to determine the prevalence, sensitivity, specificity, and predictors of the nursing diagnosis of spiritual distress of cancer patients undergoing chemotherapy.</p>	<p>274 participants</p>	<p>Quantitative prospective panel and Longitudinal study SPSS 24</p>	<p>The highest prevalence of spiritual distress was identified at 3 months after patients started chemotherapy. The highest value of specificity was lack of meaning in life and expressed suffering, and the highest value of sensitivity concerned spiritual distress diagnosis. The predictors of spiritual distress were expressed suffering, alienation, questioning the meaning in life, lack of serenity, questioning the meaning of suffering, hopelessness, and lack of meaning in life.</p>	<p>The limited time period for data collection</p>	<p>2</p>
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<p>13.</p> <p>Psychosocial issues during the treatment of non-muscle Invasive bladder cancer</p> <p>Wildeman, Golde & Nooter 2020 Netherland</p>	<p>To assess which psychosocial issues patients are confronted with during intravesical therapy with Bacillus Calmette-Guerin (BCG) or Mitomycin MMC, and the impact thereof on daily life, social, emotional and physical well-being</p>	<p>Study was conducted in a general hospital on 27 men and women undergoing intravesical therapy with BCG or MMC, aged between 40 and 94</p>	<p>A quantitative study. Data were collected by using the EORTC BLS-24, the Psychosocial Distress screening tool, and a questionnaire collecting demographic data.</p>	<p>32% of the participants indicated that intravesical therapy had an impact on emotional and physical well-being. Specific items were fatigue (55%), feeling out of shape/physical condition (39%), lack of sleep (34%) and muscle strength (23%). Emotional items were depression/gloom (28%), anxiety (28%), coping with emotions (28%) and self-confidence (20%)</p>	<p>small a group (n = 27) of participants. And no base-line limitation which to compare psychosocial distress among patients undergoing treatment, with patients that required no treatment and only 3 monthly cystoscopy checkups</p>	<p>1</p>
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<p>14..</p> <p>The effects of a tripod approach for cancer patients on illness stress, health-promoting lifestyle, hope, and resilience</p> <p>Sung et al.2021 Korea</p>	<p>This study aimed to investigate the effects of a tripod approach, including physical exercise, education, and an emotional support program on illness stress, health-promotional lifestyle, hope, and resilience in cancer patients.</p>	<p>A total of 72 cancer patients (experimental group 37 and control group 35 were participated.</p>	<p>Quantitative study.</p> <p>Quasi-experimental study design used.</p>	<p>The experimental group had a significantly lower illness stress score (F=17.35, P<.001) and increased health promotion lifestyle scores (F=4.25, P=.048) compared with the control group, especially social relationships (T= 1.85, P=.073) and stress management (T= 2.30, P=.027) .</p>	<p>Limited sample size and More than 70% of participants were highly educated; therefore, the results can not be used to those with lower qualifications.</p>	<p>2</p>
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<p>15.</p> <p>The effects of continuous care utilizing rational emotive therapy on prostate cancer patients</p> <p>Chen, Fang, Chen and Cai 2024 China</p>	<p>To investigate the impact of rational emotive behavior therapy in conjunction with continuity nursing on the negative emotions and quality of life of patients with radical prostatectomy (RPT)</p>	<p>A total of 82 patients who underwent RPT for prostate cancer</p>	<p>Quantitative study.</p> <p>quasi-experimental design</p> <p>The Self-rating anxiety scale and the self-assessment Scale of Depression</p>	<p>The Self-rating Anxiety Scale(SAS)and Self-assessment Scale of Depression(SDS)scores of the observation group after nursing care were significantly lower than those of the control group ($p < 0.01$). The scores of the observation group in the dimensions of vitality(VT), physiological functioning(PF), general health (GH), affective functioning (RE), mental health (MH), and social functioning (SF)were higher than those of the control group($p < 0.05$). Finally, the differences in both scores were statistically significant ($p > 0.05$).</p>	<p>The sample size is small</p> <p>Short-term study</p> <p>Single-centre study</p>	<p>2</p>
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<p>16.</p> <p>The Influence of Depression, Sleep Quality, and Mental Health Literacy on the Quality of Life in Breast Cancer Patients</p> <p>Kim and Park 2024 Korea</p>	<p>To investigate the relationship between depression, sleep quality, MHL, and quality of life among breast cancer patients and identify factors that influence quality of life</p> <p>In order to provide evidence for developing nursing interventions to improve the quality of life of breast cancer patients.</p>	<p>Women aged 19 years or older</p> <p>Those who were diagnosed with breast cancer, hospitalized at a university hospital in City B, and who are receiving one or more of the following treatments: chemotherapy, surgery, radiotherapy, targeted therapy.</p>	<p>Quantitative study.</p> <p>A cross-sectional descriptive survey</p>	<p>Depression, sleep quality, and mental health literacy were found to have a significant association with quality of life. The regression analyses showed that significant predictors on quality of life were depression ($\beta=-.64$, $p<.001$), sleep quality ($\beta=.19$, $p=.002$), and mental health literacy ($\beta=.11$, $p=.035$). These variables explained 61.0% of the impact on the quality of life in the breast cancer patients</p>	<p>Convenience sampling of breast cancer patients hospitalized in a single hospital located in B Metropolitan City,</p>	<p>1</p>
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<p>17. Treating patients with cancer and family caregivers as a unit of care</p> <p>Chen, Kao, Reuille, Northouse 2021 USA</p>	<p>To evaluate the feasibility and Preliminary effects of the FOCUS program at a local oncology outpatient clinic.</p>	<p>30 patient–caregiver dyads,</p>	<p>Qualitative study. Pre- /postintervention pilot study</p>	<p>Significant changes in outcomes were found, including increased self-efficacy in both patients and caregivers, higher QOL in caregivers, and decreased use of substances for coping in patients</p>	<p>The use of a small, convenience sample that primarily consisted of White and female participants</p>	<p>1</p>
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