Integration of an Innovative Complementary Approach Inspired by Clinical Hypnosis into Oncology Care: Nurses' Perception of Comfort Talk

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Abstract: Background: Chemotherapy infusions often lead to a cluster of co-occurring and difficult-to-treat symptoms (nausea, tingling, etc.), which may negatively impact the treatment experience at the outpatient clinic. Although several complementary approaches have shown beneficial effects for chemotherapy-induced symptom management, they are not easily implementable during chemotherapy infusion. In response to this limitation, comfort talk (CT), a simple, fast conversational method inspired by the language principles of clinical hypnosis, is known to optimize the management of symptoms related to antineoplastic treatments. However, the perception of nurses who have had to integrate this practice into their care has never been documented. Study design: A qualitative descriptive study with iterative content analysis was conducted among oncology nurses working in a chemotherapy outpatient clinic who had previous experience with CT. Semi-structured interviews were conducted by phone, using a pre-tested interview guide and a sociodemographic survey to document their perception of CT. The conceptual framework. Results: A total of six nurses (4 women, 2 men) took part in the interviews (N=6). The average age of participants was 49 years (36-61 years). Participants had an average of 24 years of experience (10-38 years) as a nurse, including 14.5 years in oncology (5-32 years). Data saturation (i.e., redundancy of words) was observed around the fifth interview. A sixth interview was conducted as confirmation. Six themes emerged: two addressing contextual and organizational obstacles at the chemotherapy outpatient clinic, and three addressing the added value of CT for oncology nursing care. Specific themes included: 1) the outpatient oncology clinic, a saturated care setting, 2) the keystones that support the integration of CT into care, 3) added value for patients, 4) a positive and rewarding experience for nurses, 5) collateral benefits, and 6) CT an approach to consider during the COVID-19 pandemic. Conclusion: For the first time, this study describes nurses' perception of the integration of CT into the care surrounding the administration of chemotherapy at the outpatient oncology clinic. In summary, contextual and organizational difficulties, as well as the lack of training, are among the main obstacles that could hinder the integration of CT in oncology. Still, the experience was reported mostly as positive. Indeed, nurses saw HC as an added value to patient care and meeting their need for holistic care. HC also appears to be beneficial for patients on several levels (for pain management in particular). Results will be used to inform future knowledge transfer activities related to CT in oncology nursing.

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