

The Link Between Physical and Mental Health

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Florence Nightingale once said, “wise and humane management of the patient is the best safeguard against infection”. Through this statement, the perceived Founder of Nursing created the notion that good physical health can only be brought about when compassionate care and support of the patient’s mental health is also implemented. No matter which scope of practice a nurse decides to dedicate their career to, mental health will always be a major aspect of care. This became evident during my second clinical round I had ever experienced as a student nurse. I encountered a patient who was evidently struggling with both physical ailments as well as mental illness. I quickly realized I could not treat one, without treating the other.

I was on the Oncology Unit at the largest hospital North of Boston when I had my first interaction with a terminally ill patient. She was diagnosed with Stage IV Melanoma, which was inoperable and therefore, incurable. I read this woman’s chart before entering her room to meet her. Not only did she have cancer spreading throughout her body, she also had a handful of other comorbidities that were brought about by the diagnosis, one of which being Major Depressive Disorder. I experienced an uneasy feeling that I could not identify at that time. I now realize that I was so distraught about introducing myself to this patient because I could not begin to understand the mental state of a fifty-five year old woman who knew she was going to die.

Eventually, I built up the courage to go introduce myself to my second patient I was ever assigned to. To my surprise, her smile rarely faltered and she appeared in good spirits. We got to know each other well throughout the day, and the anticipation I first encountered subsided quickly. Eventually, the patient’s doctor entered and I left the room to allow them to speak privately. When I returned, I found my patient in tears. I held her hand, and she asked me if she

was going to die in the hospital. At this point, I did not think for a second about the fact that I wasn't considered a real nurse yet or that I had no previous experience with this kind of situation. I sat at the edge of the client's bed for almost an hour and listened to her worries about life and death, her family and her past, and anything else she wanted to get off of her chest. I am grateful that I only had one patient this day, and I could be the support this woman needed. I now realize the meaning of Florence Nightingale's wise words. Mental health care is absolutely necessary in order to provide care for physical maladies.

By speaking with my patient, I learned that she had worked as a school teacher in the past, where she met her closest friends. Also, she is a single mother of two children; a son in his mid-twenties and a daughter who is slightly older, who had been diagnosed with autism during her childhood. That being said, I determined that my patient had a steady support system, and a history of education and employment. I also discovered through patient care and her chart, that she does not have a history of alcohol, tobacco or other substance use. Though I got a good understanding of my client's social standpoint, I did not assess her spirituality dimension or religious background. This is certainly something I would look further into, especially as the patient is nearing the end of her life. I would also assess the effect the Coronavirus has had on my patient, specifically in regards to restrictions set on visitation hours. My patient's depression may worsen if she is unable to see her friends and family.

In regards to the social domain, I would give my client the nursing diagnoses of interrupted family processes due to the restrictions on visitors while in the hospital, and caregiver role strain related to impaired ability to care of the patient's daughter with autism. Biologically, I would diagnose my client with fatigue and a self care deficit due to weakness and deterioration

in functional ability related to course of cancer. For the psychological domain, I would give this patient the nursing diagnoses of low self-esteem, ineffective individual coping, and possibly hopelessness. A diagnosis of Stage IV Melanoma is not easy news to receive, and every patient handles it differently. Patients in general who are diagnosed with a terminal illness are 14% more likely to develop Major Depressive Disorder (Boyd & Luebbert, 2020). It is important that the care of individuals such as this patient is specific and patient-centered. After spending time and talking with my client, I think that the therapeutic relationship was helpful in managing her depression, which may indicate that she would also benefit from interpersonal therapy. I would also suggest inpatient cancer support groups, especially if this patient's stay is longer than expected. In addition, as this client's nurse, I would make a point to promote adequate nutrition, hydration and sleep. I noticed in the patient's MAR that she is taking Sertraline, which is hopefully aiding in the symptoms of depression. In general, I think that spending as much time as possible with this patient, treating symptoms, and increasing comfort measures are most important for the client at this time.

As for discharge planning, I believe this patient is returning home to her family with the help of a palliative care aid, family, and friends. I believe this is the best option for my client, as she will be able to live out her days in the place she is most comfortable, surrounded by those she loves. From what I could tell, my patient's time at the hospital helped to address both her physical and mental health problems effectively. I was happy to get the chance to meet and talk with an individual who had an entirely different outlook on life than I. The gratification I felt when I returned to the unit the next week and she remembered my name was unmeasurable. I doubt I will soon forget the patient who taught me that mental health is just as important as

physical health. With the knowledge I learned from this woman, I can become a nurse who recognizes the meaning behind Nightingale's words, and use this in my practice to provide the best care possible for all of my future patients.

References

Boyd, M. A., & Luebbert, R. (2020). Chapter 21: Depression. In *Boyd: Essentials of Psychiatric Nursing* (Second ed., pp. 311-330). Philadelphia, PA: Wolters Kluwer.