

Why an organization  
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Why an organization should implement an in-person group facilitated patient orientation program for patients diagnosed with cancer? Having cancer is a stressful event in any patients life. This stress is further accentuated when the patient first attends an outpatient oncology clinic out of a referral by a physician. This has been reported to be an intimidating experience comprising of fear, premonition, tension, anxiety, and related stress. The patients often fear a positive diagnosis, a prognosis construed by self with prior experience from other patients and misinformation, and the possible treatment which in itself can be very stressful (Scheier and Carver, 2001). Research has shown that such stress of the potential patients attending in an outpatient cancer clinic can be amplified by several factors experienced in such clinics. Some of these are long waiting time, lack of information, absence of psychosocial care, and paucity of communication between care personnel and the patients. Stress in such situations can be ameliorated considerably since part of this stress is self-inflicted, part due to reasons that may be corrected or reverted, and part real. Moreover stress can impact the outcome in such patients in case a positive diagnosis may be made. If an intervention can be designed and implemented which can alleviate this stress of first-time visit to a outpatient cancer clinic, it could be instrumental in generating better patient outcome and client satisfaction which may align to the organizational goal of providing quality care to such patients through measures which have positive benefits over costs incurred (Gallant and Coutts, 2003).

With the background that such patients have several physical, psychological, and educational challenges leading to considerable negative emotions, an

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intervention can be designed which employs principles of group psychology and educational approaches with the aim to ameliorate stress and negative emotions. At the minimal level, the goal may be to facilitate information exchange where facilities of treatment, actual nature of the disease, available resources at different stages of the management so the patients at least can be assured about the positive aspects that can be accessed, and the patients may be encouraged to conquer the fear about the unknown. These pieces of information can be graphically designed in the form of a printed handbook and all can be recorded in an interactive DVD. The patients who are not able to attend in person can access these if the hospital authority mails this along with the handbook to the prospective patient who demonstrates interests. The sessions may occur in the hospital environment where the presentation may run through a period of 90 minutes with scheduled breaks to facilitate retention of information. The patients may attend these sessions in groups, and the sessions may run twice weekly. Studies have indicated that cancer patients often benefit from brief group programs that provide psychosocial support and education on coping skills. Such programs have been demonstrated to improve mood and enhance quality of life in these cancer patients. It has also been indicated that presence of a group leader who helps these patients navigate through such programs facilitate such programs and increase their effectiveness. The most important beneficial effects of such programs are that they improve the quality of life of such patients. Other studies have indicated that the methods of delivery of such orientation programs are important since these methods may contribute to higher levels of satisfaction and lower levels of

anxiety in patients with newly diagnosed cancer and in the support persons attending each patient. Outpatient scenario therefore becomes the ideal location of implementation of such programs (Leydon et al., 2000). In their study Deshler et al. (2006) indicated that an orientation video and handbook can help reduce state and trait anxiety, improve satisfaction, facilitate understanding of the organization, improve awareness and guide use of resources, help ameliorate stress and coping. Although classroom sessions have been effective, mailed versions produce better results in all these categories (Deshler et al., 2006)

### Conclusion

During the diagnostic phase of cancer for the first time attendees to an outpatient cancer unit such patient orientation programs in groups are effective in helping these patients through an educational approach to alleviate anxiety and stress. Through this approach, the patients can have an introduction to the organization where they would be planned to be treated, can receive information about the treatment they would go through, allowed to ask questions, and would be better informed about the available support services. As indicated in literature all these combined would increase patient cooperation and satisfaction and would improve treatment outcomes.

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