

The COVID-19 pandemic caused many hospitals and treatment centers to temporarily restrict or prohibit visitors to control viral spread. This article presents a case study of a patient receiving a bone marrow transplantation who experienced psychological distress during hospitalization because of social isolation. The National Comprehensive Cancer Network guidelines for distress management are used as a framework to outline a nursing plan of care for managing social isolation-related psychological distress in patients who are hospitalized during a worldwide pandemic.

AT A GLANCE

- Restrictions on patient visitations are necessary for healthcare centers to control the spread of COVID-19.
- For some patients, visitation restrictions can be a source of increased psychological distress secondary to social isolation.
- The National Comprehensive Cancer Network distress management guidelines offer an evidence-based framework for nurses managing psychological distress in hospitalized patients caused by social isolation.

KEYWORDS

distress; social isolation; bone marrow transplantation; COVID-19; pandemic

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Social Isolation

Managing psychological distress in hospitalized patients during the COVID-19 pandemic

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Hospitals and health-care centers across the United States adopted strict visitation policies in response to the COVID-19 pandemic caused by the novel severe acute respiratory syndrome coronavirus 2. Many of these policies discouraged or prohibited patient visitors (Balduzzi et al., 2020; Willan et al., 2020). Although these restrictions were critically necessary to help decrease nosocomial transmission of COVID-19, for some patients, social isolation during hospitalization heightened experiences of psychological distress (Bajwah et al., 2020; Brooks et al., 2020).

The National Comprehensive Cancer Network (NCCN) defines distress as a multifactorial unpleasant psychological, social, spiritual, and/or physical experience that has the potential to interfere with an individual's ability to cope effectively with the diagnosis of and treatments for cancer (Riba et al., 2019). Psychological distress is common among patients with cancer, and transitions in care, such as a hospital admission, can be periods of high vulnerability for distress even under normal circumstances (Mehnert et al., 2018; Riba et al., 2019).

Patients receiving stem cell transplantation are prone to extensive hospitalizations because of prolonged myeloid recovery and complications from transplantation, such as fevers, gastrointestinal toxicities, and graft-versus-host disease (Ezzzone, 2012). Coping with the demands of stem cell transplantation in a hospital environment without loved ones in close proximity can be an enormous

psychological challenge, particularly in the context of a pandemic.

Sari et al. (2019) demonstrated the benefits of caregiver support in improving the ability of patients with cancer to cope with their disease and treatments. Restricting the presence of caregivers can potentially exacerbate distress for patients who are hospitalized during a pandemic (Albrecht & Rosenzweig, 2012; Wallace et al., 2020). Given the potential for future pandemic crises, oncology nurses can apply evidence-based methods to support psychological health and coping for patients with cancer during periods when caregiver support may be limited.

The NCCN distress management guidelines provide a useful framework for managing psychological distress among patients with cancer during periods of increased vulnerability (Riba et al., 2019). This article discusses distress management interventions for hospitalized patients and applies the NCCN guidelines to a nursing plan of care for a patient receiving bone marrow transplantation (BMT) who experienced increased psychological distress from social isolation during hospitalization.

Distress Screening

Effective psychological distress management begins with early identification. According to Riba et al. (2019), distress screening is important to complete at every medical visit. During a pandemic, inpatient nurses may consider incorporating distress screening into routine patient assessments (i.e., admission intake assessments and shift rounds) because