

## The Factors that Influence the Use of Psychology Services in a Palliative Care Outpatient Population

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### Introduction

A bio-psychosocial-spiritual approach is required in palliative care to address the patient holistically. Spirituality is frequently a topic of discussion in such situations; however it is important to distinguish spirituality from religion. Spirituality in palliative care focuses on the psychological and spiritual aspects of care, assisting in the relief of the patient's, family members', and healthcare workers' physical, emotional, social, and spiritual distresses caused by such circumstances. Psychologists may include an assessment of their patients' spiritual requirements in therapy as part of their ethical responsibility, since it will aid in identifying the patients' values, belief systems, spiritual history, suffering, and needs. All patients have varied requirements; some may require religious/spiritual advice, which can be provided in partnership with spiritual care workers, while others may not have such needs. The most important thing is that each patient be treated as a "whole," with his bodily, psychological, social, and spiritual needs being addressed. Palliative care emphasizes a holistic, transcultural, comprehensive, and patient-centered approach, bolstering the bio-psychosocial-spiritual paradigm, which was proposed as a response to treat the totality of a patient's relational existence – physical, psychological, social, and spiritual. The expansion of the bio-psychosocial model to incorporate patients' spiritual issues would alert healthcare providers to the importance of attending to patients as entire people. Persons can be thought of as creatures in connections; however, disease can be seen of as a disturbance in biological ties, which impacts all of a person's other relational aspects [1].

In medical care, a standard usually refers to a diagnostic or treatment procedure that a practitioner should follow for specific types of patients, illnesses, or clinical situations. Evidence, expert consensus, and/or ethical and safety issues may all be used to define standards. Standards of care in the psychosocial domain are recommendations for the organization and implementation of psychosocial treatment that apply to all patients seen in cancer settings. Clinical practice guidelines are more specific than standard of care in most cases. They

are intended to provide information that can aid in clinical decision-making based on the patient's individual characteristics (e.g., age, comorbidities), the sickness (e.g., disease severity), or the clinical situation (e.g., symptom presentation). Clinical practice guidelines, like standards, can be based on data, expert consensus, and/or ethical and safety concerns. Existing clinical practice recommendations for cancer patients' psychosocial care have been established using a range of methodologies and organized for presentation in a variety of formats. In general, examining the extent to which the actual organization and delivery of care corresponds to standards of care and clinical practice guidelines are what quality of care measurement entails. The structure of care (e.g., resources or staff), the processes of care (e.g., performance of certain diagnostic procedures or treatments) and the outcomes of care are all significant factors to examine when evaluating quality (eg, survival rates). Methods for evaluating the quality of psychological care are still in their early stages of development, with the focus thus far on evaluating care processes [2]. The expanding number of standards and clinical practice guidelines for psychosocial care reflects a growing understanding of the importance of assessing and managing the psychological impact of cancer as part of ordinary clinical practice. These efforts have expanded beyond initiatives led primarily by members of the psychosocial oncology community to include the integration of psychosocial care into standards for safe chemotherapy administration, as well as standards for the organization, delivery, and monitoring of cancer programme services. These results suggest that the need of providing psychological therapy is becoming more widely recognized in the oncology community [3].

### References

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Received October 05, 2021; Accepted October 19, 2021; Published October 26, 2021

Citation: Oliver L (2021) The Factors that Influence the Use of Psychology Services in a Palliative Care Outpatient Population. *J Palliat Care Med* 11: 432.

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