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Insights from hospital-based psycho-oncology consultations during the COVID-19 pandemic

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Abstract

Introduction. The work of hospital psychologists aims to address the psychological and social needs of patients and their families through psychological assessment, follow-up, and psychotherapeutic intervention.
Goals. To characterize the main complaints presented by adult patients attending clinical psychology and psycho-oncology consultations during the COVID-19 pandemic at a hospital in northern Portugal.
Method: Data were collected during a curricular internship through clinical record review. Data source was an electronic clinical registry system used to support psychological consultations, gathering sociodemographic, physical, emotional, psychological, and social information, as well as clinical notes regarding the patient and their family.
Results: The sample included 25 patients (mean age = 51.5 years, SD = 12.8), the majority female (n = 20). Ten participants were aged between 50 and 60 years, 13 resided in the municipality of Vila Real, and 16 lived in rural areas. Regarding education, 13 patients had completed primary school, six secondary school, and six had higher education. All but one lived with relatives (collateral, ascendant, or descendant). Most were married or in a *de facto* union (n = 18). Three cases were unrelated to oncological disease. Among oncological cases, 15 involved breast cancer, and 16 patients were undergoing active treatment. Most (n = 16) had undergone surgery within the previous 12 months. Six patients reported physical pain during consultations. The most frequent reasons for referral were anxiety, sadness, and depression, with most referrals originating from medical oncology (n = 16) and psychiatry (n = 5). Additional issues identified included personal and family crises, interpersonal conflict, and experiences of domestic or marital violence. The most frequently used interventions were psychoeducation, emotion identification, cognitive restructuring, and correction of maladaptive beliefs.
Discussion: The findings are consistent with the literature on predictors of psychological distress in oncology, including emotional suffering, previous cancer history, self-perceived diagnosis/prognosis, social support, sociodemographic characteristics, and coping strategies.
Conclusion: During the pandemic, psycho-oncology consultations were significantly influenced by pandemic-related factors. Many patients faced additional personal and family difficulties, including violence and alcoholism. Psycho-oncology provides a therapeutic context in which psychological phenomena intertwined with personal, family, and social experiences can be better understood and addressed, thereby reducing dysfunction in patients and their families across multiple domains.

Keywords: Cancer, Clinical and health psychology, COVID-19.

Introduction

The COVID-19 pandemic significantly hindered access to healthcare due to changes in organizational structures and the work planning of professionals, leading to a marked reduction in the number of first consultations and surgeries, according to the Conselho Nacional de Saúde (CNS, 2020). Oncology centers were forced to balance the risks of delayed diagnosis and treatment (Morais et al., 2021). According to these authors, cancer patients faced a double disadvantage during the pandemic: they were affected by a reduction in cancer diagnoses and also faced a heightened risk of COVID-19 infection due to their vulnerability. This situation, as Félix (2021) observed, increased the likelihood of deterioration in

patients' health status. The decline in cancer diagnoses, observed across multiple countries, raises the concern of a potential new epidemic – cases of advanced-stage tumors, which carry a significantly worse prognosis (Figueiredo et al., 2021). Delays in rescheduling healthcare and the absence of targeted communication for individuals with severe acute or chronic illnesses may have had a considerable impact on morbidity and mortality, exceeding that explained by COVID-19-related deaths alone (CNS, 2020).

Confinement measures and restrictions on hospital visits likely contributed to social isolation and increased psychological distress among patients. The pandemic has had adverse effects on personal well-being, social relationships, and economic stability (Pinto & Cardoso, 2021; Relvas et al., 2020). Physical distancing measures, while necessary, hindered interpersonal relationships, including psychotherapeutic interactions, with significant consequences for patients' mental health (Brooks et al., 2020; Torales et al., 2020).

This context demonstrated the value of telemedicine in ensuring continuity of psychological care for chronic patients, especially in high-risk environments such as oncology. However, it also exposed the challenges in establishing satisfactory technical, psychological, and social relationships between psychologists and patients through remote formats, with notable differences in quality between voice calls and video calls (Nogueira & Farate, 2021).

Oncological disease has been an increasing burden in Portugal, both in terms of case numbers and associated healthcare demands (Miranda et al., 2016). The pandemic's impact may have weakened the healthcare system's capacity to respond to oncological needs, aggravating the psychological suffering of patients and their families. Between 2009 and 2010, Portugal recorded a 4% increase in malignant tumor diagnoses, along with a steady rise in hospital care for cancer-related diseases. Geographic disparities persist, with inland–coastal differences and regional variations in cancer incidence and lethality – for instance, higher rates of stomach cancer in the north and inland regions, and higher incidence of prostate and breast cancers nationally (Miranda et al., 2016).

According to Costa (2021), the pandemic revealed warning signs that the national health system had reached its operational limits. The division between "COVID patients" and "non-COVID patients" disrupted the latter group's treatment routines and access to care in favor of the former. Hospitals, inpatient units, and health centers faced shortages of material, technical, and human resources, compounded by a lack of hospital bed availability. These shortages were associated with professional exhaustion and increased rates of anxiety, depression, and peritraumatic stress among healthcare workers (Costa, 2021; Pinto & Cardoso, 2021).

Cancer disrupts personal, relational, and family stability, with anxiety disorders frequently accompanying the diagnosis. Approximately 24% of cancer patients exhibit symptoms of anxiety (Meireles, 2021). A cancer diagnosis often generates intense anxiety and psychological distress by evoking fears of death, uncertainty about the future, apprehension about treatment side effects, isolation, stigma, and feelings of guilt (Domingues & Albuquerque, 2008). Patients addressing the Portuguese National Health Service (SNS) were among the most affected during the pandemic (Costa, 2021), experiencing heightened doubts and fears fueled by media reports and concerns about the deterioration of their health, social, or economic circumstances. This vulnerability was evident from the beginning of the pandemic (CNS, 2020). Domingues and Albuquerque (2008) report that approximately half of cancer patients exhibit what is considered a normal psychological reaction to the disease, 30% develop an adjustment disorder, 13% present symptoms compatible with major depression, and 17% have other psychiatric conditions, some predating the cancer diagnosis.

Psychological processes during cancer are shaped by personal and environmental variables. Over time, the initial "normal" reaction often stabilizes, influenced by factors such as disease type and stage, treatment, relationship with the therapeutic team, disease

progression, and psychosocial variables – personality traits, emotional maturity, life stage, and the availability of financial, emotional, and social support from family, friends (Domingues & Albuquerque, 2008).

Psychological adjustment is a dynamic, multidimensional process that cannot be reduced to the mere absence of a psychological disorder. Maladaptive reactions may manifest as adjustment difficulties, namely with symptoms of depression or anxiety, requiring specialized psycho-oncological intervention. These difficulties may stem from the patient's inability to express emotions at certain disease stages or from constraints in the therapeutic setting imposed by pandemic-related restrictions. During the study period, such constraints included physical distancing between patients and professionals, the presence of physical barriers, use of personal protective equipment, and reduced consultation times.

Effective psychological care for chronic patients begins with identifying conditions and risk predictors, informed by up-to-date scientific knowledge, to guide diagnosis and action planning. The primary predictors of psychological risk include emotional distress, prior medical history, perception of diagnosis and/or prognosis, social support, sociodemographic characteristics, and individual coping strategies (Paiva et al., 2021).

The individuality of each person takes on particular importance in coping with oncological disease. During the study period, follow-up was provided to patients with primary and recurrent tumors, as well as cancer survivors and their families. Consultations were held with patients who had a history of psychological distress prior to diagnosis, those who developed it during treatment or in relation to the disease, and those experiencing distress due to the physical, functional, psychological, emotional, and social sequelae of cancers affecting the breast, prostate, lung, central nervous system, stomach, intestine, uterus, ovaries, or blood. This diversity of psychological profiles, life histories, and cancer sites underscores a single constant: the necessity of psychological follow-up whenever the patient or family expresses the need.

Psychological intervention

Cognitive Behavioral Therapy (CBT) is a structured, short-term treatment model that can be applied to cancer patients to address illness-related or comorbid psychological problems. Studies involving interventions such as psychoeducation, relaxation techniques, problem-solving strategies, and stress management – delivered in group settings and/or remotely – have demonstrated effectiveness, with remote delivery becoming more common during the pandemic. Addressing topics such as quality of life, anxiety, depression, fatigue, and body image in cancer patients has proven particularly beneficial.

The application of CBT is an effective approach for managing illness-related issues and can make a significant contribution to the overall care of individuals with cancer (Ferreira et al., 2021). Numerous studies have reported that psychological intervention benefits multiple dimensions of psychological and biological functioning. Nevertheless, it remains essential to further develop knowledge in this area to ensure that psychological care is fully aligned with the specific needs of cancer patients. This should be undertaken while recognizing that the psychologist's role is centered on mental health and the concerns presented by both patients and their families, and is carried out through psychological procedures such as assessment, psychodiagnosis, ongoing psychological follow-up, and psychotherapeutic intervention. The clinical psychologist's work encompasses evaluation and diagnosis, the provision of psychological treatment, and activities in teaching, training, and research (Twining, 2007).

To guide intervention strategies, between October 2020 and June 2021 – already in the pandemic period – we collected data on patients' age, educational level, gender, tumor type and treatment, presence of pain, difficulties in family interactions, and emotional, cognitive, and social concerns related to diagnosis/treatment information and social support.

These variables were chosen because they are frequently cited in the literature as predictors of psychological distress and are relevant to psychosocial intervention in cancer care, alongside the clinical approach.

Accordingly, the objective of this study was to describe the problems presented by patients in the psycho-oncology consultation of a hospital in northern Portugal during a stage of the pandemic in which the national alert level shifted from "contingency" to "calamity," using data obtained from clinical records.

Methods

Procedures

As part of the curricular internship for the master's degree and specialization in Clinical and Health Psychology, and within the framework of the project *"Knowledge of Psychological Response Patterns Regarding the COVID-19 Situation and Confinement"* at UTAD, we collected and statistically analyzed a set of data obtained during patient follow-up sessions.

Data were gathered through interviews, review of session records, and consultation of materials used during the sessions, both in digital and paper formats, as well as through prepared diaries and discussions with other health professionals involved in each clinical case. The records included sociodemographic variables (age, educational level, gender, place of residence), consultation type, medical diagnosis, and information related to oncological disease phases, diagnostic stages, medical and psychological treatment and progression, tumor type and location, presence of pain, difficulties in family interactions, emotional concerns, information on diagnosis/treatment, and available social support. This information was collected alongside the clinical approach.

Inclusion Criteria

The study included patients attending psycho-oncology consultations – both in person and remotely – at a hospital center in northern Portugal. For each case, the summary of collected data included at minimum the reason for consultation, the main presenting complaint, gender, and age.

Ethic issues

All research data were gathered confidentially between 6 October 2020 and 31 May 2021.

The study *"Knowledge of Psychological Response Patterns Regarding the COVID-19 Situation and Confinement"* was approved by the Ethics Committee of the University of Trás-os-Montes and Alto Douro (Doc24-CE-UTAD-2020).

Results

Data were collected from a convenience sample of 29 patients who attended a total of 117 psychological consultations, both in person and remotely. Records from 25 patients were included in the analysis; the remaining cases were excluded due to lack of progress in psychological assessment or because the patient discontinued consultation and/or follow-up.

Most patients were female (n = 20), with ages ranging from 20 to 76 years. Thirteen patients resided in the municipality of Vila Real, while the others lived in Santa Marta de Penaguião, Régua, Mesão Frio, Alijó, Murça, Mirandela, Valpaços, Mondim de Basto, and Sabrosa. Most participants (n = 16) lived in rural areas, within these municipalities.

Educational attainment was as follows: primary education (n = 13), secondary education (n = 6), and higher education (n = 6). Regarding occupation, 11 patients were on medical leave, six were employed, and the remaining eight were retired, unemployed, or in other situations. Twenty-four patients lived with collateral, ascendant, or descendant relatives, while

one lived alone. Marital status was most frequently married or in a *de facto* union (n = 18), followed by single (n = 4); the remaining participants (n = 3) were widowed or in other situations.

Three cases involved psychological distress related to difficulties in adapting to change, grief, or anorexia, and were unrelated to oncological conditions.

Characterization of the consultation and therapeutic setting

As shown in Table 1, most psychological consultations were conducted in person within the outpatient psycho-oncology service. A smaller number of consultations were carried out in the adult psychology specialty, all of which took place in an outpatient setting. Consultations were held at the hospital for two inpatients: in one case, four sessions were conducted, and in the other, a single evaluation session was completed. Additionally, two multidisciplinary group consultations were conducted without the patient being present.

Table 1. Distribution of psychological consultations performed by specialty, place of realization, and typology

Specialty	Location and typology of consultation (N= 117)				
	Outpatient consultation		Inpatient		
	Face-to-face	Non-face-to-face	Face-to-face	Non-face-to-face	Total
Psycho-oncology	95	4	5	0	104
Adult psychology	10	1	0	0	11
Group/multidisciplinary	0	0	0	2	2

The five telephone consultations that were performed were shorter in duration than the face-to-face consultations and were conducted for reasons attributable to the patient. None of the psychological consultations were compulsory, although some patients were under psychiatric or psychological follow-up with such an indication. On average, outpatient consultations lasted approximately one hour, while inpatient consultations averaged 45 minutes.

The therapeutic setting for outpatient sessions was the external consultation office; for inpatient sessions, it was the patient's ward with the curtains drawn. In outpatient consultations, the psychologist wore a white coat, while in inpatient settings, either a white coat or personal protective equipment was used, depending on whether the patient was isolated due to risk or hospital infection.

Owing to pandemic-related safety measures, all consultations were conducted with participants wearing surgical masks and/or FFP2 masks, as mandated by the institution's internal protocol. This requirement frequently affected patients' emotional expression and the psychologist's perception of the situation.

Characterization of the oncological problem

Of the 22 oncological cases under follow-up, 15 involved tumors located in the breast, while the remaining cases involved cancers of the lung, digestive system (stomach and intestine), prostate, and blood. Sixteen patients were still undergoing treatment at the time of data collection. The most common medical treatments included chemotherapy, hormone therapy, radiotherapy, and autologous transplantation (n = 14). Most patients (n = 16) had undergone surgical procedures within the previous 12 months. At

least six individuals reported experiencing physical pain during one of the consultations.

Request and complaints and personal problems

Most consultation requests were related to symptoms of anxiety, sadness, and depression. Most of these referrals were originated from the medical specialties of medical oncology (n = 16) and psychiatry (n = 5), with the remainder coming from other specialties or initiated directly by patients, often after becoming familiar with the service or the referring professional within the institution. The category "other" includes requests, explicitly stating "evaluation and follow-up," as illustrated in Figure 1.

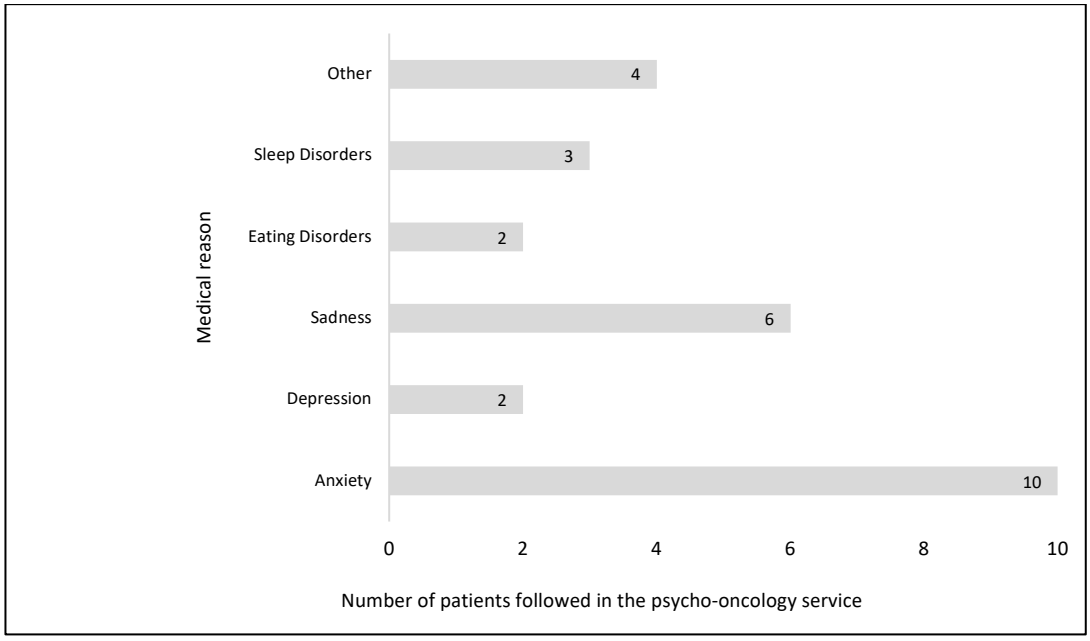

Figure 1. Medical reasons for referral of oncological patients to the psycho-oncology service

The consultation requests, categorized and summarized, are presented in Figure 1. The primary reasons for referral to the psycho-oncology consultation by medical doctors were anxiety (n=10) and sadness (n=8), among other patient-reported experiences. The personal problems (Figure 2) were most often associated with personal and family crises (n=4), current difficulties within the family (n=3), and situations involving domestic or marital violence (n=4).

Family complains

The main family problems reported by patients during the sessions were categorized as shown in Figure 3. The most prevalent situations included domestic violence, general family-related difficulties, family crises, and alcoholism.

Interventions

Figure 4 shows the use of the interventions and techniques. The category "other" includes records of active and empathic listening techniques, emotional expressive support, and validation. The most frequently recorded interventions were psychoeducation (n=18), identification of emotions (n=14), cognitive restructuring (n=11), and identification of erroneous beliefs (n=10).

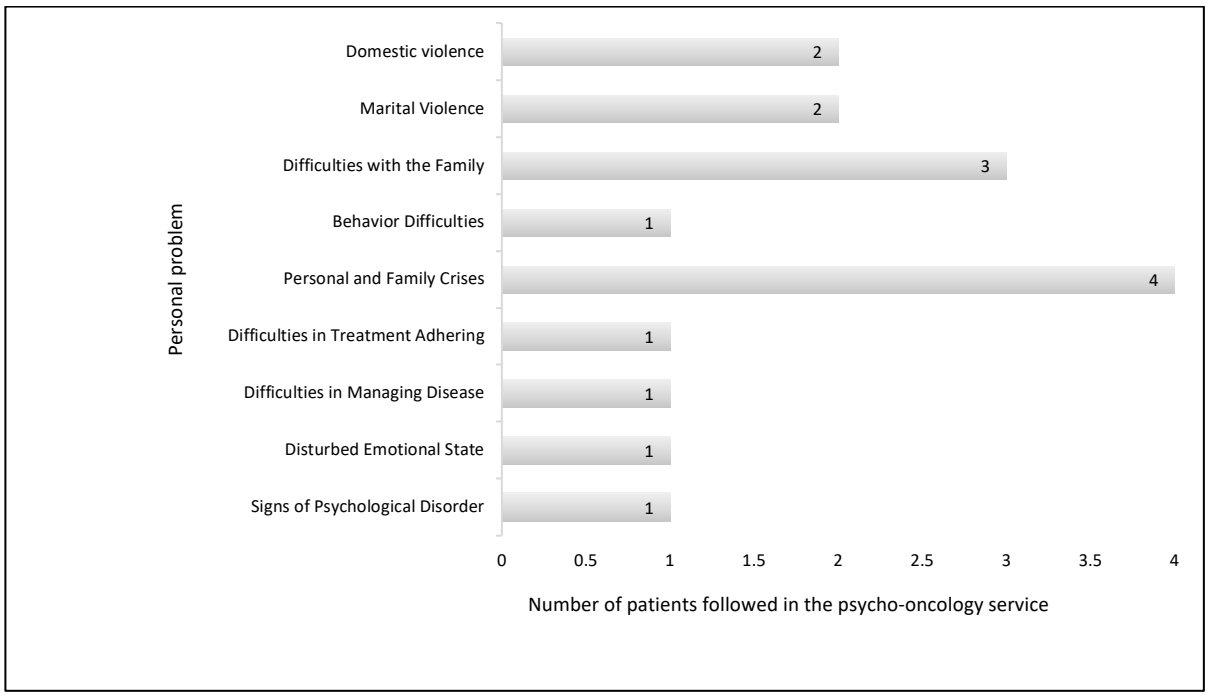

Figure 2. Personal problems presented by oncological patients followed by the psycho-oncological service

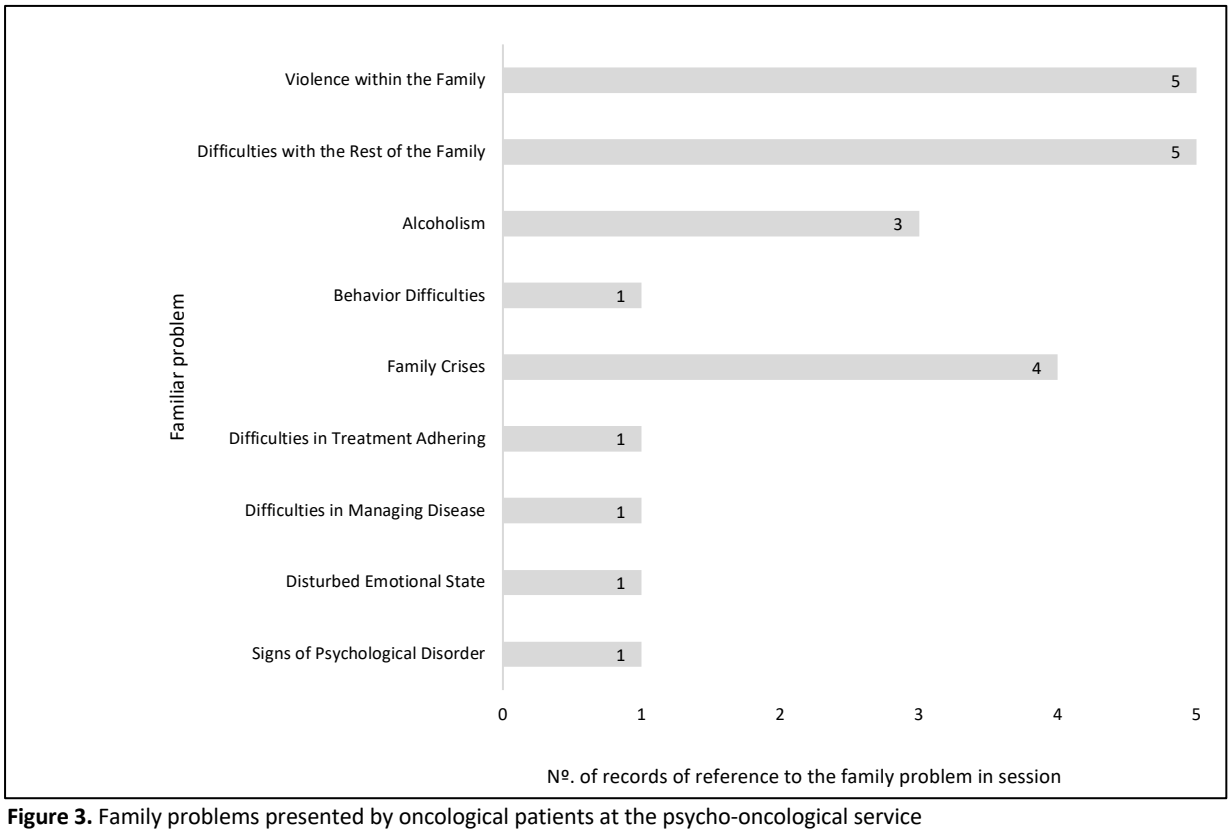

Figure 3. Family problems presented by oncological patients at the psycho-oncological service

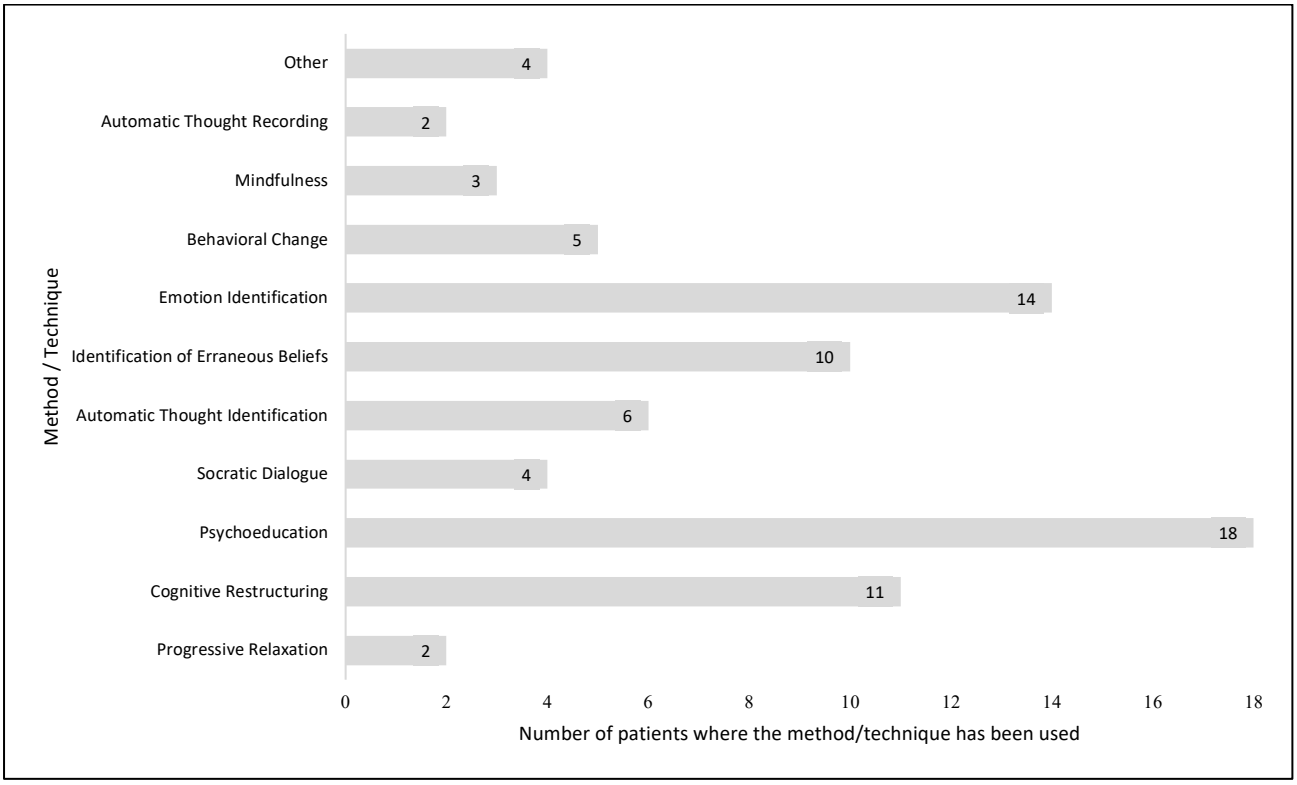

Figure 4. Psychotherapeutic techniques used in psycho-oncological consultations

Discussion

The collected data reflect the number and type of consultations conducted in the considered period, as well as the difficulties associated with patient follow-up, alongside evidence of a marked reduction in scheduled clinical activities, including consultations and surgeries, during the pandemic.

Psychological consultation activity was also affected. In some cases, telephone consultations were required due to pandemic-related factors attributable to the patient. Several of these factors align with those identified by Peoples et al. (2022), such as the need for isolation and precaution among cancer patients in light of pandemic risks, changes in patient routines, leading to reduced social interactions, alterations in daily living habits, increased financial stress, and, for some cases, the adoption of stricter health measures than those followed by the general population. İlgün et al. (2021) reported also a decrease in oncology consultations, a 15% reduction in hospitalizations, and a higher rate of surgery refusal due to fear of contracting COVID-19 during the recovery period.

Nowikiewicz et al. (2022) further emphasized the potential risks to patients arising from social restrictions, including the modification or suspension of hospital visits, altered hospitalization conditions that required patients to remain in their rooms, the delivery of meals directly to patient rooms, the implementation of routine SARS-CoV-2 testing, the mandatory use of personal protective equipment, and adjustments to hospitalization duration depending on the clinical situation.

The patients observed in this study were predominantly women with breast cancer, aged between 50 and 60 years – a demographic profile similar to the population with the most prevalent types of cancer in Portugal and in the Trás-os-Montes region, as identified by Remondes-Costa et al. (2011) in a study conducted in the same hospital center. There were several sociodemographic similarities between the two samples, including a predominance of women, residence within the municipality where the hospital is located, rural living contexts, marital status, basic education level, and prevalence of similar

cancer treatments. However, differences were also observed: the mean age of patients in the present study was 51.5 years (SD = 12.8), compared to 60.69 years (SD = 12.3) in the previous study; the proportion of individuals living alone varied; and, unlike Remondes-Costa et al. (2011), the current sample included men with oncological disease rather than exclusively women. These findings contribute to a broader understanding of the reality of psycho-oncology consultations in this region of Portugal.

Most patients were still undergoing medical treatment, and many had recently undergone surgical procedures. Pain was reported by six patients during psycho-oncology sessions, underscoring the significant impact of cancer treatments on both physical condition and psychological well-being (Remondes-Costa et al., 2011).

Most psychological consultation requests made by oncologists concerned situations of anxiety and sadness. These align with predictors of psychological distress in oncology, as described in the literature, such as associations with age, depression, anxiety, and chronic pain (Domingues & Albuquerque, 2008).

The average duration of consultations was consistent with pre-pandemic scheduling recommendations, except for hospitalization consultations and multidisciplinary group sessions, which varied in frequency and duration. The therapeutic setting was adapted to comply with COVID-19 safety and prevention protocols, as previously outlined (see Nowikiewicz et al., 2022). No discernible negative impacts on the quality of the therapeutic relationship were identified.

At the personal and family level, the most frequently reported issues were related to personal and family crises, interpersonal difficulties, domestic and marital violence, and alcoholism. These findings suggest that the lives of cancer patients are significantly affected by the diagnosis and treatment of the disease, with repercussions extending beyond individual emotional and social functioning to broader family dynamics – echoing the quality-of-life impairments reported by Remondes-Costa et al. (2011).

We also observed that personal and family problems were often associated with difficulties in communication and emotional expression, challenges in family interaction, and emotional, cognitive, and informational concerns related to diagnosis and treatment. As noted by Domingues and Albuquerque (2008), such factors may stem from the profound psychological impact of a cancer diagnosis, which frequently triggers fear of death, uncertainty about the future, concern over treatment side effects, isolation, stigma, and feelings of guilt.

In addressing these problems, the clinical and health psychologist intervenes within the psychosocial domain in a complementary role to clinical treatment. The most frequently used interventions were psychoeducation, identification of emotions, cognitive restructuring, and the correction of erroneous beliefs. These intervention choices appear to be closely linked to the sociodemographic profile of the patient population – predominantly rural, with low educational attainment and, likely, limited mental health literacy. This suggests that interventions were tailored to the patients' specific needs and psychological responses to a cancer diagnosis, particularly in cases where emotional equilibrium was challenged and emotional experiences partially disrupted family stability.

Conclusions

The activity of psycho-oncology consultations and the follow-up of hospital patients with psychological care needs were affected by pandemic-related factors. These included protective measures due to the potential risk to patients and restrictions such as the modification or suspension of hospital visits, changes to hospitalization conditions, the requirement for patients to remain isolated, routine SARS-CoV-2 testing, and the mandatory use of personal protective equipment. Such measures also impacted the ideal therapeutic setting for clinical practice.

Most patients consulted were women with breast cancer – one of the most prevalent cancers among women in Portugal – living within the hospital's catchment area, with low levels of formal education, and aged between 50 and 60 years. This age range appears lower than that reported in previous studies, suggesting that the present research provides new insights into the reality of psycho-oncology consultations in this region.

For most patients, medical treatment was ongoing. Referrals for clinical psychology intervention were primarily related to states of anxiety and sadness. In both the synchronic and diachronic history of patients, personal and family problems were recorded, including crises, interpersonal difficulties, domestic or marital violence, family conflict, and issues related to alcoholism. These findings underscore the need for further investigation into the psychosocial factors associated with cancer, to improve psychological care for patients and families, with a focus on prevention and health education.

The data suggest that the overall lives of cancer patients are significantly affected by the diagnosis and treatment of the disease, which can generate profound psychological distress. In response to these challenges, clinical interventions included psychoeducation, identification of emotions, cognitive restructuring, and the correction of erroneous beliefs. The choice of techniques reflected the results of psychodiagnostic assessment, as well as the sociodemographic profile and likely low mental health literacy of the patient population.

This study has contributed to a deeper understanding of the target population receiving psycho-oncology care in this hospital context. It has shown that the psychological phenomena intertwined with personal, family, and social experiences can be more effectively identified and addressed, enabling the implementation of integrated projects aimed at reducing dysfunction in patients and their families across multiple domains.

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