Current Nursing Studies III

Editor

Fatma ETİ ASLAN

Bahcesehir University

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Editors
Fatma ETİ ASLAN
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PREFACE

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AUTHORS

Asst. Prof. Merve MURAT MEHMED ALİ
University of Health Sciences

Lecturer Canan ARSLAN
Istanbul Topkapi University

Res. Assist. Sibel ÇİMEN
Fırat University

Res. Assist. Mizgin DEMİR
Fırat University

Res. Assist. Görkem GÜLSOY
Maltepe University, School of Nursing

Lecturer Emre MANİSALI
Biruni University

Prof. Dr. Hicran YILDIZ
Uludag University, Institute of Health Sciences

Chapter 1

MENTAL HEALTH AND NUTRITION: CURRENT PERSPECTIVES IN MAJOR PSYCHIATRIC DISORDERS

Merve MURAT MEHMED ALİ[1]
Emre MANİSALI[2]

Introduction

Mental disorders are among the leading contributors to disability, impaired functioning, and reduced quality of life worldwide. They affect cognition, emotional regulation, behavior, and social and occupational functioning, thereby creating a substantial burden not only for affected individuals but also for families, health systems, and societies. According to the World Health Organization, depression affects approximately 5.7% of adults globally, is more common in women, and is associated with an increased risk of suicide (1). In addition, the COVID-19 pandemic was associated with a 25% increase in the global prevalence of anxiety and depression (2). Data from the Global Burden of Disease Study further indicate that mental disorders were the second leading cause of years lived with disability worldwide between 1990 and 2019, with depressive disorders, anxiety disorders, and schizophrenia making major contributions to this burden (3). These findings show that mental health problems should be considered a major public health priority with profound clinical, social, and economic consequences.

Within this broad burden (3), nutrition has emerged as an important yet historically underemphasized dimension of mental health. Dietary intake, eating habits, and nutritional status may influence the onset, course, symptom severity, and prognosis of psychiatric disorders, while psychiatric disorders themselves may alter appetite, food choice, motivation, self-care, and daily eating behaviors (4,5). This bidirectional relationship is especially important because major psychiatric disorders are frequently accompanied by physical comorbidities, including cardiovascular, endocrine, and metabolic conditions, which may further worsen

[1] Asst. Prof., University of Health Sciences, merve.murat@sbu.edu.tr, ORCID iD: 0000-0002-5704-6814
[2] Lecturer, Biruni University, emanisali@biruni.edu.tr, ORCID iD: 0000-0002-7342-4854

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limitations are especially important in people with severe or complex psychiatric presentations, where social disadvantage, cognitive symptoms, stigma, and medication-related metabolic burden may make dietary change difficult to achieve and sustain. Accordingly, future progress in nutritional psychiatry will depend not only on additional randomized and longitudinal studies, but also on multidisciplinary models of care that are individualized, culturally appropriate, affordable, and realistic in everyday clinical practice.

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Chapter 2

SLEEP QUALITY AND MANAGEMENT IN CANCER PATIENTS

Sibel ÇİMEN[1]
Mizgin DEMİR[2]

Introduction

Sleep is an essential physiological process that plays a key role in maintaining overall physical and mental health. Sleep duration and quality are closely involved in the regulation of multiple body systems, including cardiovascular, immune, endocrine, and cognitive functions. Insufficient or poor-quality sleep has been linked to reduced cognitive performance, impaired attention and memory, weakened immune function, psychological distress, and metabolic disturbances. Common intrinsic sleep disorders include insomnia, obstructive sleep apnea, and circadian rhythm disruptions, while inadequate sleep hygiene practices may further deteriorate sleep quality (1,2).

Sleep problems are frequently reported among individuals with cancer and are observed at substantially higher rates than in the general population. Studies indicate that a considerable proportion of cancer patients experience impaired sleep quality and decreased sleep efficiency, with prevalence estimates exceeding those reported in non-cancer populations (3). These sleep disturbances commonly appear alongside fatigue, pain, anxiety, and depression, as well as poorer quality of life, and these symptoms often reinforce one another in a reciprocal cycle (4).

The etiology of sleep disturbances in cancer patients is multifactorial. Disease-related physiological stress, adverse effects of treatment modalities such as chemotherapy, radiotherapy, and surgical interventions, the use of opioids and other pharmacological agents, as well as psychosocial factors including anxiety, fear, and death-related concerns, all contribute to disruptions in sleep patterns. Additionally, chronic pain, fatigue, and hormonal alterations may further impair

[1] Res. Assist., Fırat University, scimen@firat.edu.tr, ORCID iD: 0000-0002-8264-9107
[2] Res. Assist., Fırat University, mizgin.demir@firat.edu.tr, ORCID iD: 009-0002-2084-748X

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considered feasible nursing interventions (48). Collectively, these findings highlight the pivotal role of nurses in the promotion and maintenance of sleep quality in cancer patients.

Conclusion

Sleep quality in cancer patients represents an important clinical indicator that is closely associated with disease trajectory and treatment outcomes. A wide range of factors—including physical symptoms, treatment-related adverse effects, psychological conditions, medication use, fatigue, circadian rhythm disruption, and environmental influences—contribute to the deterioration of sleep quality. Sleep disturbances not only compromise patients' quality of life but also negatively affect treatment adherence and the recovery process. A comprehensive evaluation of sleep quality through both subjective and objective assessment methods enables a more accurate understanding of patients' sleep status. Management strategies encompass both pharmacological and non-pharmacological approaches. Pharmacological strategies, including melatonin, hypnotic agents, analgesics, and antidepressants, as well as non-pharmacological approaches such as sleep hygiene education, cognitive-behavioral therapy, and relaxation techniques, have been shown to improve sleep-related outcomes. Accordingly, early identification and appropriate management of sleep disturbances are essential for supporting both physical and psychological well-being in patients with cancer.

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Chapter 3

SUPPORT FOR FAMILY CAREGIVERS OF PALLIATIVE CANCER PATIENTS: POSITIVE PSYCHOLOGICAL APPROACHES

Canan ARSLAN[1]
Hicran YILDIZ[2]

Introduction

Palliative care aims to improve the quality of life of patients and their families facing life-threatening illness by preventing and relieving suffering through early identification, assessment, and treatment of physical, psychosocial, and spiritual problems (1). In palliative care, death is regarded as a natural part of life, and the aim is neither to hasten nor to delay it. Instead, the focus is on supporting patients to live as actively as possible and on providing ongoing support to families during the illness and throughout the bereavement period (2).

Palliative care should be provided to individuals not only at the end of life but at any stage where serious health-related suffering (SHS) arises. Globally, the burden of SHS increased by 74% between 1990 and 2021, reaching 73.5 million effected people. This trend underscores palliative care as an increasing global health needs (3). Access to palliative care services remains limited worldwide. Only about 14% of the world's population has access to advanced palliative care systems, as defined by the World Health Organization's development framework. Access to palliative care services remains largely limited to Europe (4).

Among patients receiving palliative care, 38% have cardiovascular diseases, 34% have cancer, 10% have chronic respiratory diseases, 5% have diabetes, and 13% have various other conditions.1As cancer incidence and mortality continue to increase worldwide, patients with cancer constitute a substantial proportion of individuals receiving palliative care. According to the GLOBOCAN 2022 estimates

[1] Lecturer, Istanbul Topkapi University, cananarslan@topkapi.edu.tr, ORCID iD: 0000-0001-7202-9185
[2] Professor, Uludag University, Institute of Health Sciences, hicran@uludag.edu.tr, ORCID iD: 0000-0003-4241-5231

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family caregivers function as direct providers of physical care and as sources of psychosocial support. However, despite being the primary actors responsible for sustaining continuity of care, they face intense responsibilities and ongoing uncertainty. A positive psychology perspective provides a useful framework for understanding the challenges experienced by family caregivers in the palliative care process.

The conceptual and empirical findings indicate that the adjustment of family caregivers cannot be explained solely in terms of caregiving burden and emotional distress. Positive psychological resources such as hope, psychological resilience, meaning-making, self-compassion, gratitude, and acceptance stand out as important psychosocial resources that support caregivers in navigating this experience without eliminating the difficulties it causes.

From this perspective, psychosocial support for family caregivers should not rely on limited interventions focused solely on reducing distress. Instead, integrating relationship-based and context-sensitive approaches that address positive psychological processes into palliative care practice may enhance caregivers' psychological well-being and improve the quality of care provided.

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Chapter 4

STIGMATIZATION IN PATIENTS WITH EPILEPSY AND NURSING MANAGEMENT

Mizgin DEMİR[1]
Sibel ÇİMEN[2]

Introduction

Epilepsy is a chronic, non-communicable neurological disorder that encompasses different forms, etiologies, and treatment options, affecting approximately 50 million people worldwide. Each year, nearly 5 million new cases are reported, with the incidence estimated at 49 per 100,000 people in high-income countries and reaching up to 139 per 100,000 in low- and middle-income countries (WHO, 2024). Due to its prevalence and chronic course, epilepsy is not merely a medical condition but also a major public health issue.

People with epilepsy (PwE) experience multidimensional psychosocial problems in addition to neurobiological effects, including anxiety, depression, low self-esteem, social isolation, and difficulties in educational and occupational life (Kaya et al., 2025). Among these challenges, social stigmatization is one of the most prominent and impactful. Stigma, discrimination, and prejudice negatively affect individuals' social relationships, treatment adherence, and quality of life (Damla & Aktaş, 2023; Iwayama et al., 2024).

Historically, epilepsy has been associated with misconceptions such as "evil spirits, witchcraft, and divine punishment," leading to loss of social status, negative self-perception, mood disorders, and nonadherence to treatment among affected individuals (Damla & Aktaş, 2023; WHO, 2024). Epilepsy is described as a "highly stigmatizing condition" because it negatively affects not only the individual but also family functioning, employment opportunities, and overall quality of life (Tombini et al., 2019). Therefore, epilepsy should be addressed not only as an

[1] Res. Assist., Fırat University, Faculty of Health Sciences, Department of Internal Medicine Nursing,mizgin.demir@firat.edu.tr, ORCID iD: 009-0002-2084-748X
[2] Res. Assist., Fırat University, Faculty of Health Sciences, Department of Fundamentals of Nursing, scimen@firat.edu.tr, ORCID iD: 0000-0002-8264-9107

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into society are fundamental components of a holistic approach to epilepsy management (Malloğlu & Yılmaz, 2025). Nurses can also guide individuals with epilepsy in developing self-management skills, thereby enhancing their coping abilities and contributing to the reduction of societal stigmatization. This process improves quality of life, supports independence, and strengthens social participation (Alrowiliy et al., 2024).

Conclusion

Epilepsy is a chronic condition that affects not only individuals' physical health but also their psychosocial and social lives. Stigmatization associated with epilepsy leads to adverse outcomes such as depression, anxiety, social isolation, and reduced quality of life. Stigma is shaped not only by clinical factors but also by individual and cultural influences, negatively affecting patients' social participation and treatment adherence. Nurses play a critical role in reducing these negative effects through patient education, psychosocial support, and the promotion of social awareness. Integrating educational and awareness programs into routine care processes contributes to improving the quality of life of individuals with epilepsy while also fostering more positive societal perceptions of epilepsy.

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Chapter 5

COMFORT-BASED PATIENT NAVIGATION IN COLORECTAL CANCER CARE: A THEORETICAL APPROACH WITHIN THE FRAMEWORK OF KOLCABA'S THEORY

Görkem GÜLSOY[1]

Introduction

Colorectal Cancer (CRC) is a significant health issue affecting the tissues of the colon and rectum, with an incidence that is steadily increasing. As one of the most common types of cancer worldwide, Colorectal cancer ranks among the leading causes of cancer-related deaths (1,2). In recent years, the rising incidence rates have been particularly notable not only in older age groups but also among young adults. In addition to genetic factors, environmental and behavioral factors such as a sedentary lifestyle, obesity, alcohol and tobacco use, a diet low in fiber, and the consumption of red and processed meats play a role in the development of the disease (3,4). However, it has been reported that regular physical activity and healthy eating habits may reduce the risk of colorectal cancer (5).

Early diagnosis and regular screening for colorectal cancer play a crucial role in reducing disease-related mortality. In particular, methods such as fecal occult blood testing and colonoscopy allow for the early detection of precancerous lesions, enabling the disease to be brought under control through appropriate interventions before it progresses (6, 7). However, the diagnosis and treatment process of colorectal cancer has serious effects on individuals not only physically but also psychologically, socially, and environmentally. Surgical procedures, stoma creation, chemotherapy, and radiation therapy can lead to pain, anxiety, changes in body image, and social adjustment issues. Therefore, assessing the individual's multifaceted needs during the care process is crucial. The navigator nursing model stands out as a patient-centered approach that strengthens coordination

[1] Res. Assist., Maltepe University, School of Nursing, gorkem.glsoy@gmail.com, ORCID iD: 0009-0009-3692-134X

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comfort needs, determine comfort levels, and develop appropriate solutions through individualized interventions (78, 115, 122). Accordingly, evaluating care from a holistic perspective may enable patients to feel relieved, comfortable, and capable of coping with problems. The use of Comfort Theory to address patients' comfort needs serves as an important guide for nurses. Consequently, within the nursing process and the implementation of the Nurse Navigation Program, systematic collection of data regarding the individual's needs, planning and implementation of comfort-enhancing nursing interventions focused on unmet needs, and achievement of an optimal level of comfort should be targeted based on Kolcaba's Comfort Theory. This approach provides a holistic model of care that contributes to the improvement of individuals' quality of life (78, 123). By identifying and eliminating factors that impair comfort, navigator nurses are expected to facilitate patient empowerment, adaptation, and renewal (78, 83, 84, 99).

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