



## Part II: Making Each Moment Count: Building a Diversional Therapy Program

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Patients with cancer may receive intensive therapy and be hospitalized for extended periods of time. They often are fearful and depressed, and increased levels of depression are associated with isolation (Tarzi, Kennedy, Stone, & Evans, 2001). Boredom, a less-recognized problem, may have the same causes as depression. Patients with high levels of boredom report symptoms more frequently (Sommers & Vodanovich, 2000).

Severely immunocompromised patients often must remain in private rooms, behind closed doors, for prolonged time periods. This isolates them, limits their activities, decreases their opportunities to interact with other patients, and may lead to boredom. Carpenito (1997) defined diversional activity deficit as “the state in which the individual experiences, or is at risk for experiencing, an environment that is devoid of stimulation or interest” (p. 335). Nurses on one oncology unit recognized that boredom was a problem for their patients and believed that a lack of diversion was a major contributing factor.

A diversional therapies committee (DTC) consisting of four oncology staff nurses was formed to create a volunteer program and develop appropriate diversional therapies (DTs). The committee solicited donations of books, video cassettes, music compact discs, games, and video cassette recorders. With other staff members, the DTC generated unique activities, such as competitions for the number of laps walked around the unit and indoor golf tournaments. Additionally, the DTC met with rehabilitation staff members to expand their role in these new interventions.

Social workers, occupational therapists, and nurses initiated a discussion group for patients. This enabled patients to share experiences and learn relaxation techniques, meditation, and other activities based on their interests. Barriers to implementing this program included a lack of financial support, in-

adequate space, and inconsistent volunteer support. In an attempt to acquire committed volunteers, the screening process now emphasizes the important role of diversional intervention in the overall care of patients. Oncology nurses have a vital role in developing and establishing DT programs in various clinical settings.

### Rationale for the New Diversional Therapy Program

Radziewicz and Schneider (1992) developed a survey to assess patients’ needs for diversional interventions on a clinical oncology unit. With the knowledge gained, they formulated strategies, including music, art therapy, and humor, to enhance coping skills during prolonged hospitalization. As a result, patients reported that they were better able to tolerate extended hospital stays and that time passed more quickly (Radziewicz & Schneider). Mock et al. (1994) studied patients who walked frequently to improve physical performance, psychosocial adjustment, and symptom intensity. Patients reported an overall improvement in their levels of fatigue after their exercise. In a more recent pilot study that examined fatigue in patients with cancer (Porock, Kristjanson, Tinnelly, Duke, & Blight, 2000), participants were able to increase activity levels without increasing fatigue after a diversional intervention. Additionally, patients had increased quality-of-life scores and decreased anxiety.

### Diversional Therapy Program Interventions

**Activity cart:** As its initial project, the DTC created an activity cart. Donated movies on video cassette, books, puzzles, and games were placed on a cart donated by the hospital’s patient library. The cart remains in the

nursing unit hallway, providing access for all patients.

**Exercise therapy:** A primary goal of the DTC is encouraging patients to remain physically active. The unit is designed in the shape of a circle. A “lap competition board” allows patients to mark the number of laps walked around the unit. At each week’s end, certificates of participation are awarded.

**Miniature golf:** One creative physician suggested that patients could play miniature golf in the hallway. The DTC purchased synthetic grass, golf balls, and golf cups and received donated golf clubs. The golf course is designed in the side hallway. Golf tournaments allow patients and family members to interact and compete with one other. Each patient receives a certificate of participation.

**Multidisciplinary involvement:** Physical therapy (PT) and occupational therapy (OT) staff members from the oncology center recognize the need for diversional intervention. As a result, standard physician referrals for PT and OT are available for each patient. These referrals ensure an evaluation for each patient and education about the use of exercise equipment. In addition, PT and OT provide multiple DTs such as relaxation, stress management, time management, and craft activities.

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