

## Case Study

# Nursing Care According to Rogers' Unitary Human Model in Anxiety Experienced in Ectopic Pregnancy: A Case Management

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### Abstract

**Background:** Ectopic pregnancy is a potentially life-threatening condition that often requires emergency hospitalization and surgical intervention. Pregnancy loss is typically a sad and traumatic event for women and their families. s. Although the response of women to this loss differs from person to person, studies have shown that women who have experienced pregnancy loss before the experience have more depression and anxiety. In cases of pregnancy loss that negatively impact a woman's psychology, nurses play a significant role in providing the best possible care to both the woman and her family.

**Method:** In this case presentation, the anxiety and depression experienced by the patient diagnosed with ectopic pregnancy and experiencing pregnancy loss were assessed. The care and counseling services provided by nurses were examined within the framework of evidence, and the case was adapted to the Unitary Human Caring Model through appropriate interventions.

**Aim:** This study was carried out to contribute in the improvement of the nursing approach according to Rogers' Unitary Human Model for anxiety in a case who underwent laparoscopic surgery and metatoraxate due to the diagnosis of ectopic pregnancy.

**Findings:** Care and counseling are essential components of the nursing profession. Providing care to a patient who has experienced pregnancy loss requires a multidimensional approach.

**Conclusion:** There is no descriptive approach in Rogers' model and nurses must understand the human and life process very well. Considering the fact that among the medical personnel, it is the nurses who spend time with patients during the phases of diagnosis, treatment and rehabilitation the most, it could be said that nurses have a significant role in intervening in problems that affect the psychological health of woman.

**Key Words:** Ectopic pregnancy, unitary human, nursing care

### Introduction

Ectopic pregnancy is defined as the implantation of the fertilized ovum anywhere outside the uterine cavity, most commonly in the Fallopian tubes (Hallatt, 1975; Turan et al., 2018; Gunay et al., 2019). The incidence of ectopic pregnancy is 1-2% (NCHS, 1990; Kublay et al., 2018; Gunay et al., 2019; Okten & Ficiocioglu, 2021). There are many factors that disrupt the movement of the Fallopian tubes in its etiology (Kublay et al., 2018). Although there was a 20% margin of error in the pre-operative diagnosis of ectopic pregnancy in the past, it was almost

impossible to diagnose an ectopic pregnancy without rupture (Okten & Ficiocioglu, 2021). Today, the widespread use of transvaginal ultrasonography and regular measurement of Beta-Hcg levels enable earlier diagnosis in ectopic pregnancies (Turan et al., 2018; Gunay et al., 2019). Being able to make the diagnosis without rupture has also reduced the mortality rates due to ectopic pregnancy (Turan et al., 2018, Atigan & Gok, 2020). Patients with ectopic pregnancy are usually asymptomatic (Kahveci & Kavlak, 2022)

The aim of treatment today; these are surgical and medical applications aimed at preserving

fertility and reducing morbidity (Atri et al., 1993; Kublay et al., 2018). As surgical treatment, salpingostomy and salpingectomy; as a medical treatment, metathoraxate treatment is the most preferred treatment (Kublay et al., 2018; Atigan & Gok, 2020; Okten & Ficicioglu, 2021). The treatment is decided according to the general health status of the patient, whether they want a child or not, and the Beta-Hcg level (Kublay et al., 2018).

Pregnancy loss is often a distressing and traumatic event for women and their families. Women who have had an ectopic pregnancy before, may be worried about their fertility because the risk of experiencing an ectopic pregnancy again later on increases. Studies have shown that early pregnancy loss can trigger post-traumatic stress disorder, moderate anxiety, and moderate depression (Kahveci & Kavlak, 2022). In addition, studies show that; these women lose their self-confidence and experience feelings of guilt and shyness and general well-being are adversely affected (Aksu, 2008; Koyun et al., 2011). The types of emotional reactions to pregnancy loss vary due to the different treatment methods and processes. In this process, the goal is to provide appropriate support and thus to minimize psychological morbidity (Farren et al., 2016; Kahveci & Kavlak, 2022).

The aim of this study is to evaluate the anxiety and depression of a case with prolonged pregnancy loss by applying 2 different treatment methods in a case diagnosed with ectopic pregnancy. Then, for this evaluation, it is to examine the care and counseling services provided by midwives and nurses within the framework of evidence and adapt the case to Rogers' Unitary Human Beings Model with appropriate interventions. Necessary explanations were given to the patient and written consent was obtained.

### **Case Management**

A 29-year-old female patient who has been married for 2 years. She has two gravida, zero parity, and a chemical pregnancy that resulted in subclinical abortion 1 year ago. She does not use any contraception method. The Beta-Hcg value measured on July 27 of the patient whose last menstrual period was on June 23 was 3548.37 mIU/ml. Transvaginal

ultrasound was performed on the patient and no gestational sac was observed in the uterus. The Beta-Hcg value on 29 July was 7028.25 mIU/ml and the 31 July Beta-Hcg value was 11012.03 mIU/ml. Ectopic pregnancy was not considered due to normal increases in Beta-Hcg values. The patient did not have any additional complaints such as vaginal bleeding, inguinal pain and lower abdomen tenderness except menstrual delay. Since the gestational sac was still not visible in the uterus in the transvaginal ultrasound, it was observed that the pregnancy was tubal localized as a result of detailed examination. Free fluid in the Douglas cavity and abdomen, or there was no hematoma. Gestational sac was compatible with 5 weeks and fetal heartbeat was present. The patient was treated with laparoscopic milking method on 31 July in an external center. The material sent to pathology was evaluated as gray brown villus tissue measuring 1.5x1x0.8 cm. The Beta-Hcg value was measured as 1331.22 mIU/ml on the 3rd postoperative day, 1211.45 mIU/ml on the 10th day and 3054 mIU/ml on the 15th day. The beta-Hcg value of the patient who was followed up on the 20th day was evaluated as 2950 mIU/ml and no sign of pregnancy was found in the transvaginal ultrasound examination. The patient, whose treatment process was prolonged and complicated, was crying and blaming herself for the loss. She stated that she could not experience the grieving process due to the prolongation of the treatment process. On the 25th day of the follow-up, it was decided to administer a single dose of metathoraxate to the patient whose Beta-Hcg value was evaluated as 2183 mIU/ml. The patient was treated with 80 mg metathoraxate. The Beta-Hcg value was measured as 2008 mIU/ml on day 4th, 1041 mIU/ml on day 7th, 328 mIU/ml on day 14th, 14,7 mIU/ml on day 21th, 0,02 mIU/ml on day 28th. During the treatment process, which lasted for about 2 months, the patient experienced a number of problems both psychologically and financially. Beck Anxiety Scale was applied to the patient and it was observed that she had a high level of anxiety.

### **Ectopic Pregnancy and Anxiety**

Studies show that loss during ectopic pregnancy causes some mental problems in women (Kahveci & Kavlak, 2022). An

Australian study found that nearly half of women experienced at least one emotional problem after experiencing ectopic pregnancy loss, with anxiety and stress being the most frequently reported emotional problems (Farren et al., 2018). In a study conducted in Brazil, it was determined that the psychological process that started with the diagnosis of ectopic pregnancy and fetal loss caused depression and anxiety in 35% of women and thoughts of self-harm in 16% (Donmez et al., 2020). In a study conducted in Iran, after ectopic pregnancy loss, it has been suggested that counseling should be considered as part of care (Pektekin, 2013).

### **Rogers' Unitary Human Beings Model**

Unitary Human Beings Theory is a major nursing theory defined by Martha Rogers in 1978 (Dogan Ozdemir & Kulakac, 2021). In Rogers' philosophy, nurses should have a good understanding of people and their life processes (Malinski, 2006; Donmez et al., 2020). On the basis of the theory, "unitary human" is defined (Malinski, 2006). In this model, it is pointed out that human cannot be reduced to parts and that human is much more than the whole made up of parts (Malinski, 2006; Ozturk & Ulusahin, 2016). The model explains the human being as an energy field interacting with its environment rather than considering it as a psychological, physiological and social system or parts of the system (Malinski, 2006; Ozturk & Ulusahin, 2016). Rogers (1970) argued that instead of starting, stopping or changing the change process, people participate in the continuous process of change in human-environment interaction (Sadock & Sadock, 2016). While maintaining the interaction with the environment, the person tries to maintain his balance by moving quickly or slowly. When this balance is disrupted, some physical and psychological health problems occur and the person needs nursing care. According to the theory, the focal points of nursing care should be "unitary people" and "environment" (Basayar et al., 2020; Dogan Ozdemir & Kulakac, 2021).

### **Anxiety Experienced in Unitary Human and Ectopic Pregnancy**

The essence of nursing is to understand people. Focusing on the individual's experiences and process, not on the diagnosis

of the individual, initiates the process of helping people, not the nurses' helping the disease (Malinski, 2006). Bringing well-being to women who are given care and counseling, It is aimed to accelerate the healing process along with it, to adapt to the situation in which the individual lives and to overcome this upsetting event in the best way, to increase her self-confidence and to reduce her anxiety (Kahveci & Kavlak, 2022). Anxiety can be defined as a biological protection system that emerges in the face of changing situations and maintains life by protecting the organism (Basayar et al., 2020). The important thing is to determine when the anxiety is adaptive and to what extent it is maladaptive. Human life involves constant change (Malinski, 2006). Ectopic pregnancy is also a part of this change that disrupts harmony in women (Malinski, 2006; Kahveci & Kavlak, 2022).

Rogers explains that in a healthy individual, the energy field is symmetrical and balanced, and the energy flows equally. Physical and psychological symptoms such as anxiety and pain cause imbalances in this area. As long as the deterioration in the individual's energy field is not balanced, anxiety symptoms can reach the disturbing threshold for the individual. It is possible and easy to manage anxiety with the unitary human theory (Malinski, 2006).

### **Discussion and Conclusion**

Nursing diagnoses of "anxiety and possible grief" were determined in the case. In line with the uniqueness of the human being in both Rogers' theory and nursing philosophy, individual-specific interventions should be made in the management of anxiety. Before all nursing interventions, the nurse is in contact with the patient. Based on the holistic principle, the nurse is one with the patient. The patient's anxiety may be a reflection of the individual's process and possible grief. For this reason, factors that cause and increase anxiety were determined within the scope of Rogers' reflection principle.

Factors that cause or increase anxiety in the patient; undergone surgical procedure disappointment with the loss of the fetus having used a chemotherapeutic drug be blaming oneself for the loss to think that no one understands her change in Beta-Hcg values. In the management of anxiety, the

feelings of women who have experienced pregnancy loss should be given importance. Before any transaction, it is important to establish and develop an honest, mutual and trust-based relationship. Sometimes even a small reassuring touch can help a woman feel better.

The nurse should take the time to establish a therapeutic interaction with the patient. Touch and therapeutic touch, which is a proven practice in relation to the principle of reflection, makes the individual feel relaxed by the interaction of energy fields. According to Rogers' principle of reflection, the environment can cause anxiety. Her close environment and her husband are the most important factors that make up the woman's environment in this process. Women's strengths should be revealed and feedback should be given to the individual. People who will support women should be interviewed and they should be provided to share their grief. Spouses should listen together to understand their fears, anxiety and needs. The woman and her partner should be able to express their feelings about their situation.

The patient should be taught relaxation techniques, which is a cognitive intervention. Apart from this, the patient can also be intervened by using other cognitive techniques such as therapeutic massage, warm shower, walking. Since these interventions to a part of the individual affect the whole, it can be said that the principle of integrity and reflection is effective in nursing interventions.

When the patient's anxiety level increases, the nurse should be with the individual and make the necessary attempts together with the patient. Rogers' "Unitary Human Theory" has many reflections on nursing interventions related to anxiety management. Rogers considers the human being as an "energy field" interacting with the environment rather than as a physiological, psychological and social system or parts of the system, and nurses are in the patient's environment. Anxiety management of the individual affected by the environment is also important for nurses.

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