

# A Qualitative Study of the Experiences During Radiotherapy of Swedish Patients Suffering From Lung Cancer

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**Purpose/Objectives:** To describe experiences during radiotherapy of patients suffering from lung cancer.

**Design:** Inductive, qualitative.

**Setting:** A radiotherapy department in the south of Sweden.

**Sample:** 15 patients with lung cancer undergoing their second week of radiotherapy.

**Methodologic Approach:** Interviews were conducted in a hospital setting, transcribed, and content analyzed.

**Main Research Variables:** Experiences during radiotherapy.

**Findings:** The patients' experiences fall into four categories: fatigue, physical distress, managing disease- and treatment-related issues, and obstacles to managing. Fatigue was a major experience expressed in terms of low energy levels and low fitness, sometimes leading to social isolation.

**Conclusions:** Nurses need to implement interventions to minimize side effects of radiotherapy and maximize patients' abilities to manage the disease and the treatment.

**Interpretation:** Informing and educating patients about pretreatment and assessing fatigue as well as implementing interventions (e.g., nurse-patient interaction, support, information, encouragement, focus on the patients' own resources) may lead to improved comprehensive care during radiation therapy.

## Key Points . . .

- ▶ In this study, all patients with lung cancer experienced some kind of physical distress during radiation therapy (RT).
- ▶ Fatigue was expressed as a major experience during RT.
- ▶ Nurses need to implement interventions to maximize the side effects of RT and patients' strategies for managing the disease and its treatment.

434 newly diagnosed patients with lung cancer showed that despite an increased risk of dying within two years after diagnosis compared to other diagnoses, patients demonstrated an ability to live with the fact that they have cancer (Degner & Sloan, 1995). Houston and Kendall (1992) determined that patients with lung cancer are confronted with continuing stressors rather than a single, limited situational crisis. Most patients' self-perception and future orientation change dramatically during the disease process. Lung cancer challenges lifelong values and beliefs and may result in changes in cognition, affect, and behavior (Houston & Kendall). Faller, Bulzebruck, Drings, and Lang (1999) found that coping and emotional distress may have affected survival among 103 patients with lung cancer. A study of 55 patients before and after RT showed that real or false expectations affect patients' response to illness (Koller et al., 2000). Therapy-related expectations such as pain and emotional control, healing, and tumor or symptom control have to be considered by professionals.

The quality of life of patients with lung cancer changes over time because of increasing physical complaints related to disease progress, whereas psychological complaints remain stable over time (De Valck & Vinck, 1996). A review of studies conducted from 1970–1995 revealed that patients with lower levels of quality of life at baseline showed more anxiety and depression after receiving treatment (Montazeri, Milroy, Hole, McEwen,

The literature covers a range of distress experienced by patients with cancer undergoing radiation therapy (RT). Several factors are significant for the distress that occurs and how painfully it is experienced (e.g., the localization of the tumor, the size of the treatment area, the total radiation dose, the sensitivity of normal tissues) (Swedish Council on Technology Assessment in Health Care, 1998). In 2001, the Swedish incidence of lung cancer was 3,044 cases, and the overall five-year survival rate was less than 10% for non-small cell lung cancer and 2%–5% for small cell lung cancer (National Board of Health and Welfare, 2003). RT can be delivered as single modality or in combination with chemotherapy or surgery. The typical dosage is 3,000–4,400 cGy, five times a week, 180–300 cGy per day, depending on whether treatment is aimed at the lung tissue or bone metastasis (Regional Oncological Centre, 2001). Nursing care for patients with lung cancer and their families involves education, symptom management, and emotional support as they face significant emotional challenges. Patients and families often experience anxiety and fear after diagnosis and about the unknown effects of RT. Individual nursing interventions are prescribed to provide support, ensure the continuity of care, and improve quality of life (Swedish Council on Technology Assessment in Health Care). A study of

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