An Intervention to Manage Patient-Reported Symptoms During Cancer Treatment

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Patients with cancer receiving therapy may face a variety of complicated and stressful symptoms. Oncology nurses can advocate for patients by performing their roles as educators and comanagers of cancer-related side effects. In addition, symptom-focused education provided by oncology nurses can enable patients to administer self-care more effectively.

The authors used the Stetler Model of Research Utilization as a guide to search the oncology literature for well-designed studies that showed positive outcomes from interventions including components of symptom assessment and patient education and support (Polit & Beck, 2010; Stetler, 2001; Titler et al., 1994). The Stetler Model also includes a translation or application in a specific care setting and an evaluation of outcomes. Cognitive-behavioral approaches that focus on problem solving, information acquisition, self-care management for symptoms, and emotional and social support have been found to greatly improve patients’ QOL and overall functioning. The literature in general showed that patient symptom management is an important aspect of oncology care. In addition, nurses can help patients self-manage their symptoms using established methods. To view summaries of the studies, see Appendix A in the online version of this article at http://ons.metapress.com/content/1092-1095.

Methods

A two-group repeated-measures design was used in this pilot study. Participants in the control group (n = 10) received the usual standard of care, whereas those in the intervention group (n = 10) received the educational intervention based on their self-reported symptoms. The study was approved by the institutional review boards at a university cancer center in a medium-sized city in the midwestern United States and a regional cancer center in a smaller city about 80 miles away.

Trained oncology RN researchers identified potential participants using the inclusion criteria and the daily list of clinic visitors. The researchers used nonprobability (purposive) sampling and randomized eligible participants into control and intervention groups. Newly diagnosed adult patients with cancer who agreed to join the study and signed the consent form were included. Initial participant accrual was slow at the first site; therefore, another site and researcher were added using similar procedures. After signing the consent form, all participants were instructed to self-report symptoms on the Therapy-Related Symptom Checklist (TRSC) (baseline).

Literature Review

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