

Symptoms Experience: A Concept Analysis

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Purpose/Objectives: To provide a clearly constructed definition of the concept of symptoms experience.

Data Sources: Articles and book chapters.

Data Synthesis: Symptoms experience has not been explored previously. Several approaches to the concept of symptoms have been addressed, including symptom occurrence, symptom distress, and unpleasant symptoms. Limitations of these approaches may include the lack of focus on symptoms as occurring concurrently or in clusters or the multiplicative nature of symptoms. In addition, situational and existential meaning often is not explored.

Conclusions: Symptoms experience is the perception of the frequency, intensity, distress, and meaning of symptoms as they are produced and expressed. Symptoms are multiplicative in nature and may act as catalysts for the occurrence of other symptoms. Antecedents to the symptoms experience include demographic, disease, and individual factors. Consequences include the impact on mood state, psychological status, functional status, quality of life, disease progression, and survival.

Implications for Nursing: Evaluation of symptoms in patients with cancer should include a meaning-centered approach, in which symptoms are evaluated not only for occurrence characteristics and perceived distress but also for the meaning of the symptoms experience to individuals.

Symptoms are guideposts for oncology nursing practice. Symptom experience is a concept that often is described in nursing literature as the occurrence of symptoms in clinical and research contexts. Although related terms such as symptom distress have been defined, the experience of symptoms has not been explored fully. Recent work by several researchers has indicated that symptoms often occur in clusters and may be multiplicative in nature (Dodd, Janson, et al., 2001; Lenz, Pugh, Milligan, Gift, & Suppe, 1997). Therefore, the current analysis will refer to the experience of multiple symptoms as the “symptoms experience.”

The process of completing a concept analysis occurs when a concept is systematically and logically investigated to form a clearly constructed definition (Ream & Richardson, 1996). If a concept is used without first being clearly defined, then any work on which it is based also will be unclear (McKenna, 1997). Unclear theoretical definitions continue to be a major problem in nursing outcomes research (Haberman, 1999; Strickland, 1992). The purpose of this article is to provide an analysis of the concept of symptoms experience using the framework outlined by Walker and Avant (1995). This method includes developing a clear definition, identifying antecedents, defining attributes and consequences of the concept, and developing model and related cases.

Key Points . . .

- ▶ Current evidence suggests that symptoms may occur in clusters, be multiplicative in nature, and act as catalysts for other symptoms.
- ▶ The meaning that the symptoms experience has to patients may influence the symptom occurrence or perceived distress that patients experience.
- ▶ Current methods to evaluate symptoms are limited by measuring symptom occurrence and distress individually and often do not consider the meaning or importance of symptoms to patients.

Literature Review

The word “symptom” can be traced to its Latin origin *synthoma* and first was used in its present sense in the 1600s (Rhodes & Watson, 1987). Sign was differentiated from symptom in the 1800s, with signs being described as alterations that can be ascertained by the sense of the observer and symptoms as changes in the functions of the parts affected (Rhodes & Watson). Several theories recently have been developed that attempt to explain the occurrence of symptoms and the relation of symptoms to other factors (Lenz et al., 1997; Leventhal & Johnson, 1983; Rhodes & Watson). In Leventhal and Johnson’s theory of self-regulation, symptoms are concrete representations of disease experienced by individuals as a component of cognitive processing. Their work highlights the differentiation between the occurrence of a symptom (a concrete, objective event) and the emotional response to that event. Lenz et al. developed a middle-range theory of unpleasant symptoms and defined symptoms as “perceived indicators of change in normal functioning as experienced by patients” (p. 3). They conceptualized each symptom to be a multidimensional experience that can be measured separately or in combination with other symptoms. Rhodes and Watson defined symptoms as subjective phenomena regarded by individuals as an indication of a condition departing from normal function, sensation, or appearance or as perceived

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