

Symptom Dimensions as Outcomes in Interventions for Patients With Cancer: A Systematic Review

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PROBLEM IDENTIFICATION: Symptom experience in patients with cancer consists of several dimensions, often measured descriptively within various populations but seldom used as intervention outcomes. This review aims at describing symptom dimensions as outcomes of interventions designed to alleviate symptoms in patients with cancer and to describe these interventions' effects on at least two symptom dimensions.

LITERATURE SEARCH: The PRISMA statement for reporting systematic reviews was used. Searches were undertaken in various indexing sites.

DATA EVALUATION: Extracted data included design, participants, intervention and control group treatment, targeted symptom dimension, and summary of results.

SYNTHESIS: 2,041 articles were identified and 15 were included. The symptom dimensions were intensity, distress, prevalence, frequency, consequences, and quality. Eleven interventions had significant effect on symptom dimensions, mostly on intensity and distress.

IMPLICATIONS FOR PRACTICE: Oncology nurses need clinical skills to be able to understand patients' experiences through their narratives. Various interventions are targeted at symptoms, and these need to be implemented to provide evidence-based symptom management.

KEYWORDS symptom experience; patients with cancer; symptom dimensions; symptom intensity; symptom distress

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Patients affected by cancer often experience multiple symptoms, in both the short- and long-term perspective, as a result of the disease and its treatment. Symptoms negatively affect patients' and families' well-being and quality of life (Lang, France, Williams, Humphris, & Wells, 2013). Symptoms are defined as a subjective experience of altered functioning, which cannot be objectively observed (Dodd et al., 2001; Harver & Mahler, 1990). Patient-reported measurements are, therefore, used to assess symptoms, both in clinical practice and in research. The literature identifies an increasing focus on symptom clusters. However, the relation and interaction between symptoms within clusters and between clusters are not well investigated (Miaskowski, 2006; Miaskowski, Aouizerat, Dodd, & Cooper, 2007), nor is the interplay between the different dimensions within a singular symptom. One critical area of concern in cancer care is symptom relief before, during, and after treatment (Oksholm et al., 2015). In addition, how each symptom dimension determines symptom burden remains to be clarified (Wong et al., 2017).

Several nursing theories and models for symptom experience and management exist (Brant, Beck, & Miaskowski, 2010), such as the theory of symptom management (Dodd et al., 2001; Humphreys et al., 2014), the theory of unpleasant symptoms (Lenz, Pugh, Milligan, Gift, & Suppe, 1997), the symptom experience model (Armstrong, 2003), and a negotiated symptom model (Haworth & Dluhy, 2001). In these symptom models, the symptom experience is assumed to be influenced by the nursing consensus concepts: the personal, the environmental, and the health-related domains (Fawcett, 2005). The symptom experience in these models is argued to consist of several dimensions, which has been found to be appropriate, because patients are able to describe