

An Intervention to Manage Patient-Reported Symptoms During Cancer Treatment

Phoebe D. Williams, PhD, RN, FAAN, Kirstin Williams, MSN, RN, FNP-BC, Stephanie LaFaver-Roling, MSN, RN, FNP-BC, OCN®, Renee Johnson, MSN, RN, ANP-BC, and Arthur R. Williams, PhD, MA, MPA

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.

Patients with cancer receiving therapy experience a wide variety of symptoms (Eaton & Tipton, 2009; Henry et al., 2008; Oncology Nursing Society [ONS], 2010; Williams et al., 2001) that greatly affect their quality of life (QOL). Severe, unmanaged symptoms demand a large amount of time from nurses and can reduce treatment compliance. In this pilot study, nurses provided education derived from evidence-based interventions recommended by Yarbrow, Frogge, and Goodman (2004); ONS (Eaton & Tipton, 2009); and the National Comprehensive Cancer Network (2005) to patients with cancer receiving treatment.

The study sought to answer the question: What are the effects of a nursing intervention focused on teaching symptom management to patients as they undergo therapy for cancer? The primary outcome measured was symptom occurrence and severity; secondary measures were functional status and health-related QOL.

Literature Review

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).

Phoebe D. Williams, PhD, RN, FAAN, is a professor in the School of Nursing at the University of Kansas, Kirstin Williams, MSN, RN, FNP-BC, is an advanced nurse practitioner at Children's Mercy Hospital, and Stephanie LaFaver-Roling, MSN, RN, FNP-BC, OCN®, is an advanced practice nurse at the University of Kansas Cancer Center, all in Kansas City; Renee Johnson, MSN, RN, ANP-BC, is an advanced nurse practitioner at the Cotton O'Neil Diabetes and Endocrinology Center in Topeka, KS; and Arthur R. Williams, PhD, MA, MPA, is a professor and chair of Health Policy and Management in the College of Public Health at the University of South Florida in Tampa. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the authors or editorial staff.

Digital Object Identifier: 10.1188/11.CJON.253-258