

Prognostication in Advanced Cancer: Nurses' Perceptions of the Dying Process

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Purpose/Objectives: To determine how experienced nurses describe the dying process of patients with advanced cancer.

Sample/Setting: Fifteen nurses, experienced in the care of patients with advanced cancer, employed by a midsize midwestern hospice or academic inpatient oncology unit.

Methods: Individual interviews using structured and semi-structured questions. Responses were content-analyzed using Krippendorff's techniques.

Main Research Variable: Dying process in cancer.

Findings: Nurses view the dying process as a weeks-to-months-long, multidimensional process that encompasses physical, psychosocial, and spiritual/existential domains. Impending death is recognized and monitored. Common clinical signs include declining interest in life, increased weakness, somnolence, and changes in respiratory, circulatory, and cognitive status.

Conclusions: Active (or acute) dying processes are recognized and monitored by nurses; the complexities and patterns of the phenomenon remain unarticulated.

Implications for Nursing: Future research could explore both empirical and contextual aspects of acute dying processes. Nurses are in a position to develop useful knowledge about acute dying processes in cancer.

Key Points . . .

- Nurses generally recognize impending death in patients with advanced cancer.
- Nurses cite psychosocial factors as a key influence in the length of survival of patients with advanced cancer.
- Nurses are in a key position to study the dying processes of patients with advanced cancer.

in multiple end-stage diseases (Adams & Nichols, 1996). The frequently symptomatic dying process that concludes a cancer illness often is heralded by a sudden, significant change in functional status, symptom profile, or disease status. Nurses routinely monitor the dying process of patients and alert family members of impending death. Nurses' perceptions about the dying process have not been explored; their insights about the process could enhance prognostication for the final phase of terminal cancer. The purpose of this study was to ascertain how experienced oncology nurses describe the dying process of patients with advanced cancer. Do they describe dying as a brief, recognizable process? Is the dying process recognized and monitored? What, if any, clinical signs are associated with its onset, progression, and culmination?

Prognostication in Advanced Cancer

Patients with advanced cancer and their families commonly ask clinicians for estimates of survival, initially when advanced disease is diagnosed and again when death is imminent. Knowledge of the projected length of an advanced cancer illness enables patients to make appropriate plans. The need for clear, reliable information increases during this phase

When cancer is diagnosed as advanced (i.e., metastatic and uncontrollable), estimating length of survival becomes important to many patients and families. "How much time?," they ask. Clinicians would like to answer such questions, make good therapeutic decisions, and use support services appropriately. Studies repeatedly have shown, however, that clinicians are unable to accurately predict how long individual patients will survive (Forster & Lynn, 1988; Heyse-Moore & Johnson-Bell, 1987; Parkes, 1972). The inability to prognosticate is thought to be related to the complexities of advanced disease (i.e., the various clinical manifestations and psychosocial dynamics that influence treatment and survival).

Although clinicians may not be able to predict the overall course and nature of any one individual's illness, experienced clinicians recognize the impending death of patients with advanced cancer. In many cases, a dying process, lasting hours, days, or occasionally weeks, precedes death. Nurses have used the term "terminal syndrome" for the dying process seen

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