

Advances in How Clinical Nurses Can Evaluate and Improve Quality of Life for Individuals With Cancer

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Purpose/Objectives: To describe advances in the ways that clinical nurses understand, assess, and work to improve quality of life (QOL) for individuals with cancer since the 1995 Oncology Nursing Society's State-of-the-Knowledge Conference on QOL.

Data Sources: Published research and clinical articles.

Data Synthesis: The number of QOL assessment tools and methods for understanding QOL results has increased. However, scant literature has focused on how clinical oncology nurses evaluate QOL and the methods they use to affect QOL for individuals with cancer.

Conclusions: Based on the nurse-patient relationship, clinical nurses are able to assess QOL in individuals with cancer and intervene appropriately to improve QOL.

Implications for Nursing: Clinical nurses can involve individuals with cancer in rating their QOL to assist in providing high-quality care that is directed at positively affecting QOL.

Quality of life (QOL) for individuals with cancer should be a concern for all nurses, whether caring for patients in the hospital, clinic, private office, homecare, or hospice setting. In addition, QOL is a central issue for oncology nurses whether they care for individuals undergoing radiation, surgery, chemotherapy, biotherapy, hematopoietic stem cell transplantation, palliative care, or end-of-life care. QOL is an essential aspect of nursing practice. Thus, it is critical to understand how clinical nurses are dealing with QOL issues while caring for individuals with cancer and their families. Until recently, little was known about clinical nurses' values, conceptualizations, and practices regarding QOL, even though this lack of knowledge was identified as a pressing issue by King et al. in 1997 and all three of these elements are important to the development of a therapeutic nurse-patient relationship (Hinds & Varricchio, 1996; King et al., 1997). Furthermore, as we learn more about patterns of clinical practice regarding QOL and how nurses assess and make decisions about QOL, then we will be able to develop and implement appropriate interventions to help individuals with cancer and their families to improve QOL. This article will discuss advances in ways that clinical nurses understand, assess, and have worked to improve QOL for individuals with cancer since the mid-1990s.

Cancer and Quality of Life

Although there continues to be numerous controversies related to QOL (e.g., how to define, what dimensions are included, how to assess, how to measure), there is adequate

Key Points . . .

- ▶ Clinical oncology nurses must understand the term "quality of life" (QOL).
- ▶ Oncology nurses in the clinical setting need to assess QOL.
- ▶ Oncology nurses should learn methods to positively affect the QOL of individuals with cancer.

support for the fact that cancer can affect various dimensions of QOL for individuals who have suffered from any type of cancer (Fitch, 1998; Kaasa & Loge, 2003; King, 2003a; King et al., 1997; Matza, Swensen, Flood, Secnik, & Leidy, 2004; Sneeuw et al., 1999). Additionally, QOL is mentioned frequently in the nursing literature. However, no consensus has been reached regarding a definition of QOL or the exact dimensions or domains of QOL. Generally, QOL is used as a broad term encompassing the question, "How is your life with everything taken into consideration?" Ferrans and Powers (1985) believed that QOL is a subjective perception of well-being that stems from either satisfaction or dissatisfaction with domains of life that are important to an individual. In a review of 68 studies that included QOL assessment, QOL frequently was described as being subjective, multidimensional, and recognized as a significant outcome (Buchanan, O'Mara, Kelaghan, & Minasian, 2005). Some researchers and QOL experts use the term "health-related QOL"; however, the term is more focused than overall QOL and refers to the aspects of QOL that are affected by healthcare interventions. This article will use the overall term of QOL.

Some of the commonly discussed dimensions of QOL include physical health, psychological well-being, social or socioeconomic resources, functional ability, spiritual well-being, and satisfaction with life. The focus of the various dimensions includes the aspects of QOL that are affected by disease or its treatment. Components of the dimensions may include symptoms; physical

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