

# Symptoms, Self-Care, and Quality of Life of Chinese American Patients With Cancer

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**Purpose/Objectives:** To explore the cancer symptom experience, self-care strategies, and quality of life (QOL) among Chinese Americans during outpatient chemotherapy.

**Design:** Descriptive, exploratory cohort study.

**Setting:** An outpatient infusion unit at a public urban county medical center.

**Sample:** 25 Chinese-speaking patients with cancer completed the study. Participants were first-generation immigrants with low levels of acculturation; 88% could not read English; 64% had an annual household income of less than \$20,000.

**Methods:** Participants completed a basic demographics data sheet, the Suinn-Lew Acculturation Scale, the Memorial Symptom Assessment Scale and Self-Care Diary weekly for three weeks, and the Multidimensional QOL Scale—Cancer and Short-Form 36 Health Survey at the start and end of one chemotherapy cycle. Study instruments were translated into Chinese.

**Main Research Variables:** Symptoms, self-care, QOL, and acculturation.

**Findings:** Participants reported experiencing about 14 symptoms weekly. Lack of energy, hair loss, dry mouth, sleep difficulty, and loss of appetite were reported most frequently. On average, about two self-care strategies per symptom were reported and were low to moderate in effectiveness. About 20% of the sample listed Chinese medicine as part of their self-care strategies. A moderate level of QOL was reported.

**Conclusions:** Using translated standardized questionnaires can be a feasible method of data collection in studies with non-English-speaking patients. However, having well-trained, bilingual data collectors is important. More attention to long-term cancer self-management in minority patients with cancer is needed.

**Implications for Nursing:** Further research is needed with larger samples, more efficient community-based recruitment strategies, and the development and testing of culturally sensitive interventions.

## Key Points . . .

- ▶ Although multiple symptoms are reported, few effective self-care strategies are used by Chinese American patients with cancer.
- ▶ Self-care activities can be culturally specific.
- ▶ Strategies to provide culturally appropriate education may improve cancer self-care in minority patients who do not speak English.

recent immigrants who are not yet proficient in English often do not participate in research and surveys (Ren & Chang, 1998). The absence of information on treatment morbidity, self-care practices, and experiences of symptom management could hinder healthcare providers in understanding healthcare needs among Chinese Americans during cancer treatment (Ren, Amick, Zhou, & Gandek, 1998). Patients who have particular cultural backgrounds may seek different types of self-management strategies; encounter bias and barriers in health care; have different expectations for cancer management as a result of cultural, social, and linguistic factors and established beliefs; and experience lack of knowledge or personal support (Kagawa-Singer, Wellisch, & Durvasula, 1997).

## Symptom Management and Self-Care

As with chronic illnesses, cancer and its treatments can adversely affect patients' quality of life (QOL). Cancer is a chronic disease that significantly affects a person's physiologic, psychological, and social well-being. The symptoms and side effects from cancer and its treatments, such as chemotherapy, affect every aspect of QOL of patients with cancer (Dodd, Dibble, et al., 2001; Padilla & Grant, 1985). Current literature

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As the United States continues to become increasingly diverse in races and cultures, more attention has been paid to studying healthcare experiences related to illness management in minority groups. Cancer is a leading health problem that affects millions of Americans every year and is the leading cause of death among Asian Americans (American Cancer Society, 2007), who are one of the fastest-growing ethnic groups in the United States. Chinese Americans, in particular, are the largest subgroup of Asian Americans; after Spanish, Chinese is the most widely spoken non-English language in the United States (U.S. Census Bureau, 2006). However, healthcare experiences and symptom management of Chinese Americans and Chinese immigrants remain largely unstudied. Language difficulties, sociocultural barriers, lack of knowledge, and inadequate resources may contribute to the disparity in healthcare research (Yu, 1986) and cancer research (Nguyen, Somkin, & Ma, 2005; Tu et al., 2005). Chinese and