Components That Influence Assessment and Management of Cancer-Related Symptoms: An Interdisciplinary Perspective

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Purpose/Objectives: To describe, from an interdisciplinary perspective, how cancer-related symptoms are assessed and managed in a cancer care setting and to describe the components that influence symptom management.

Design: Descriptive, qualitative, and cross-sectional.

Setting: An oncology and hematology department in a university hospital in western Sweden.

Sample: 31 nurses, physicians, physical therapists, dietitians, occupational therapists, and a medical social worker who all cared for patients with cancer-related symptoms.

Methods: Data were collected in focus groups and analyzed using content analysis.

Main Research Variables: Cancer-related symptoms and symptom management.

Findings: Symptom management, from a clinician's perspective, is a process involving different components. Four themes emerged from the data analysis: creating a relationship with the patient, understanding the patient, assessing the symptoms, and cooperating as a team.

Conclusions: This study highlights several components that should be discussed in an effort to enhance symptom management. Discussion will help ensure that barriers to effective symptom management are acknowledged and addressed when implementing clinical routines designed to enhance management of different symptoms. In addition, these components should be acknowledged in the interest of facilitating adherence to symptom management strategies. Whether these components are important factors from patients' perspectives remains unknown.

Implications for Nursing: Enhancing symptom management is not only a matter of implementing clinical guidelines; it must be preceded by teamwork, assessment, and evaluation method discussions and the ability to create a relationship with the patient. Nurses should be aware that their understanding of a patient affects their assessment of that patient's symptom experience.

atients with advanced cancer and patients undergoing cancer treatment have a high incidence of cancer-related symptoms (Miaskowski et al., 2006; Walsh, Donnelly, & Rybicki, 2000) that sometimes are not detected or alleviated. Untreated cancer-related symptoms can greatly affect patients' functional status and quality of life (Ahlberg, 2004; Ahlberg, Ekman, Gaston-Johansson, & Mock, 2003; Anderson et al., 2002; Burrows, Dibble, & Miaskowski, 1998; Di Maio et al., 2004; Glover, Dibble, Dodd, & Miaskowski, 1995; Miaskowski & Lee, 1999). Assessing and managing symptoms is a major task for clinicians when it comes to improving the overall situation for patients with cancer and often requires understanding patients' experiences and the

meanings they attatch to symptoms (Armstrong, 2003; Dodd, Janson, et al., 2001; Haworth & Dluhy, 2001). Fleishman (2004) stated that symptom management plays a role in every stage of cancer treatment, beginning on the day of diagnosis and continuing throughout the oncology continuum. Dodd, Janson, et al. regard symptom management as a dynamic process that is modified by individual outcomes and the influences of personal factors, environment, and health or illness. The goal of symptom management is to avert or delay a negative outcome using different strategies (Dodd, Janson, et al.). Symptom management is an intentional activity that depends on patients' subjective responses to experienced symptoms; it can be initiated or performed by patients or healthcare professionals (Fu, LeMone, & McDaniel, 2004). Despite the increasing knowledge concerning cancer-related symptoms and the availability of evidence-based interventions, patients continuously experience untreated symptoms (Di Maio et al.) and do not receive adequate help to alleviate them.

Barriers to good symptom management have been investigated and reported, mostly in cancer-related pain and from patients' perspectives (Anderson et al., 2002; Cleeland, 1987; Dawson et al., 2005; Johnson, Kassner, Houser, & Kutner, 2005; Passik et al., 2002; Schumacher et al., 2002; Stone et al., 2000; Ward et al., 1993). Other barriers include interventions that are not adequately discussed (Passik et al.), no structured assessments are available (Anderson et al.; Farrell, Heaven, Beaver, & Maguire, 2005; Stromgren, Groenvold, Sorensen, & Andersen, 2001), a lack of follow-up, and interventions

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