

Nurse-Delivered Symptom Assessment for Individuals With Advanced Lung Cancer

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OBJECTIVES: To assess an intervention derived from self-regulation theory (SRT) to promote well-being for individuals with advanced lung cancer.

SAMPLE & SETTING: 45 adults with advanced lung cancer who were receiving chemotherapy at an ambulatory cancer center.

METHODS & VARIABLES: Participants were randomized to the intervention group or usual care control group. Feasibility assessment focused on recruitment, retention, design, methods, and fidelity. Outcome measures of quality of life, symptoms, and distress were collected at four time points. The main research variables were symptoms, quality of life, and distress.

RESULTS: The participation rate was 79%, and the retention rate was 62%. Participant loss was most often because of progressive disease and occurred early in the study. High fidelity was noted for delivery of the intervention as planned and outcome data collection by telephone. The mean number of interventions delivered was 5.5 of a planned 8. A high level of acceptability was reported for participants completing the intervention.

IMPLICATIONS FOR NURSING: Although delivering the SRT-derived intervention with fidelity was possible, feasibility findings do not warrant intervention replication in this population.

KEYWORDS symptom assessment; advanced lung cancer; self-regulation theory; well-being; chemotherapy

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One of the most challenging clinical problems in oncology for patients, families, and clinicians is the occurrence of multiple symptoms. Unrelieved symptoms result in decreased functional status and quality of life and increased distress and mortality (Cleeland et al., 2013; Flannery, Phillips, & Lyons, 2009; Reilly et al., 2013). Although the experience of multiple co-occurring symptoms is well established as a frequently occurring clinical issue, research establishing effective interventions for multiple symptoms has been minimal. Efforts have begun to identify interventions that are effective for more than one symptom, but research in the field is in its infancy, with limited studies in selected oncology populations examining specific clusters of symptoms (Berger, Yennu, & Million, 2013). Therefore, the continued finding of multiple co-occurring unrelieved symptoms warrants ongoing development and examination of effective nursing interventions.

One intriguing strategy that has been related to decreased symptom burden and improved patient outcomes is ongoing structured symptom assessment (Basch, Deal, et al., 2017; Cooley et al., 2015; Lobach et al., 2016). In these studies, standardized symptom assessment was followed with trigger alerts to clinicians and/or symptom management interventions. To capitalize on this finding, the current authors asked the question: "What if we could standardize and enhance the symptom assessment process so that it functions as an effective intervention for multiple symptoms?" Based on empirical findings that repeated symptom assessment is related to improved outcomes and on principles of self-regulation theory (SRT), the intervention standardized the symptom assessment process by asking questions that would guide an individual to develop a more detailed understanding of the symptom and promote the individual's self-monitoring and focus on problem-solving strategies for symptom management. The primary purpose