

# Risk Factors for a Higher Symptom Burden in Patients With Cancer During the COVID-19 Pandemic

Ji Hun Kwak, RN, BA, Lynda A. Mackin, PhD, AGPCNP-BC<sup>®</sup>, CCNS, GS-C, Astrid Block, RN, MS, CNS, Sueann Mark, MS, PhD, RN, AOCNS<sup>®</sup>, Steven M. Paul, PhD, Bruce A. Cooper, PhD, Maura Abbott, PhD, AOCNP<sup>®</sup>, CPNP-PC, AC, Susan M. Chang, MD, Marilyn J. Hammer, PhD, DC, RN, FAAN, Kord M. Kober, PhD, Jon D. Levine, MD, PhD, Rachel Pozzar, PhD, RN, Kim F. Rhoads, MD, MS, MPH, Karin E. Snowberg, MA, Katy K. Tsai, MD, Erin L. Van Blarigan, ScD, Katherine Van Loon, MD, MPH, and Christine Miaskowski, RN, PhD

**OBJECTIVES:** To evaluate for subgroups of patients with distinct symptom profiles and differences in demographic and clinical characteristics and stress and resilience among these subgroups.

**SAMPLE & SETTING:** 1,145 patients with cancer aged 18 years or older completed a survey online. Data were collected between May 2020 and February 2021.

**METHODS & VARIABLES:** Patients completed measures for depression, state anxiety, cognitive function, morning fatigue, evening fatigue, morning energy, evening energy, sleep disturbance, pain, stress, and resilience. Latent class profile analysis was used to identify subgroups of patients with distinct symptom profiles. Differences among the subgroups on study measures were evaluated using parametric and nonparametric tests.

**RESULTS:** Four distinct profiles were identified (none, low, high, and very high). Patients in the high and very high classes reported clinically meaningful levels of all nine symptoms. Differences among the four profiles for stress and resilience exhibited a dose-response effect.

**IMPLICATIONS FOR NURSING:** Findings can serve as benchmark data of the symptom burden of patients with cancer following the COVID-19 pandemic.

**KEYWORDS** COVID-19; anxiety; depression; fatigue; loneliness; social isolation

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As a result of the COVID-19 pandemic that began in March 2020, cancer care underwent a dramatic transformation (Ashbury, 2021). With the implementation of isolation and mitigation procedures and limited access to inpatient and outpatient services, many patients with cancer received care using telehealth approaches (Ashbury, 2021; Singh et al., 2021). On an individual level, patients experienced significant stress associated with fears of contracting the COVID-19 virus, disruptions in cancer treatments and follow-up appointments, and financial concerns associated with job losses and decreases in income, as well as social isolation and loneliness (Ashbury, 2021).

## Background

### Cancer Care During the COVID-19 Pandemic

The COVID-19 pandemic created changes in individuals' healthcare behaviors to accommodate fears associated with contracting the COVID-19 virus and social distancing procedures (Moraliyage et al., 2021). For example, in a population-based study in the United Kingdom (Quinn-Scoggins et al., 2021), of the 40.1% of participants who experienced a symptom suggestive of cancer, 44.8% did not contact their primary care provider. The major reasons for not seeking care included fear of going to the hospital, worries about wasting clinicians' time, and concerns about putting strain on healthcare services. For patients with cancer and survivors, inconsistent guidelines from public health officials and professional organizations on cancer care created an atmosphere of uncertainty regarding treatment decisions (Mauri