

An Integrated Approach to an Analysis of Symptom Management in Patients With Cancer

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Purpose/Objectives: To provide a definition, describe uses, and identify essential attributes of symptom management by emphasizing the philosophical base for the concept.

Data Sources: 51 references (i.e., books and articles) published from 1980–2003 and located through the Ovid database.

Data Synthesis: Symptoms are subjective and personal phenomena, incorporating the dimensions of symptom occurrence, symptom distress, and symptom experience. Symptom management has been conceptualized and described as self-activity. Symptom status is the direct outcome of symptom management, with symptom distress, quality of life, and performance as major indicators.

Conclusions: The essential attributes of symptom management in patients with cancer are subjectivity, experientiality, intentionality, multidimensionality, dynamic process, and positive and negative outcomes.

Implications for Nursing: Findings can help oncology nurses and other healthcare professionals to better understand the process of managing a symptom and the influential factors that affect positive outcomes. The information from this analysis can be used to design educational and interventional programs for symptom management. Future research is needed to establish interventions that relieve and decrease the distress from or prevent the occurrence of symptoms.

Key Points . . .

- Conceptual clarification for a concept such as symptom management is needed to enable oncology nurses to accurately assess and develop effective interventions and improve evaluation of symptom management.
- As a subjective, intentional, experiential phenomenon, symptom management encompasses universal and particular experience. Universal experience provides a framework for individualizing interventions or cares to fit each patient's unique characteristics.
- Nurses and other healthcare providers need to explore the potential effectiveness of an intervention for several symptoms because multiple symptoms often occur simultaneously.

ffective interventions, and improve evaluation of symptom management. The purpose of this article is to provide a definition, describe uses, and identify essential attributes of symptom management by emphasizing the philosophical base for the concept.

Approach to Concept Analysis

Concepts are considered cognitive in nature and comprised of essential attributes abstracted from reality, expressed in some form, and used for some common purpose (Meleise, 1997; Rodgers, 1989). A concept's essential attributes are the characteristics that define that concept and make it salient under any contextual circumstances. Concept analysis is a strategy that allows researchers to examine and clarify the essential attributes or defining characteristics of a concept (Walker & Avant, 1995). Commonly used approaches to concept analysis include Walker and Avant's linguistically based analysis, Rodgers' (2000) evolutionary approach, and Norris's (1982) empirical data-based approach. However, these

Symptom management is a vital aspect of cancer care across the entire trajectory of diagnosis, treatment, and palliation. A broad spectrum of cancer-related symptoms was identified in the literature, including fatigue, weakness, pain, dyspnea, sleep deprivation, anorexia, nausea, vomiting, retching, pruritus, paresis, dysphagia, loss of concentration, and mucositis. These symptoms have been described as subjective, experienced, unpleasant, and distressing (Almadrones & Arcot, 1999; Brown, 1999; Cimprich, 1995; Dodd et al., 1999; Du Pen et al., 1999; Fu, Anderson, McDaniel, & Armer, 2002; Rhodes, Johnson, & McDaniel, 1995; Ripamonti & Bruera, 1997; Vainio & Auvinen, 1996).

The phrase "symptom management" emerged from the growing awareness of medical and surgical limitations in finding and curing the causes of cancer-related symptoms and from an increasing emphasis on quality of life in all patients with cancer. Symptom management has been described as self-monitoring, self-care, self-regulation, and self-management (Burman, 1996; Keller, Ward, & Baumann, 1989; Rhodes, 1997; Richardson & Ream, 1997; Teel, Meek, McNamara, & Watson, 1997). As a concept, symptom management is expected to describe the phenomenon of managing a symptom (Meleise, 1997), but it remains imprecise. Conceptual clarification is needed to enhance accurate assessment, develop ef-

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