

- Developing a nursing intervention program for
patients with cancer symptom
- Collaboration between Certified Nurse Specialists
and faculty members at the School of Nursing-

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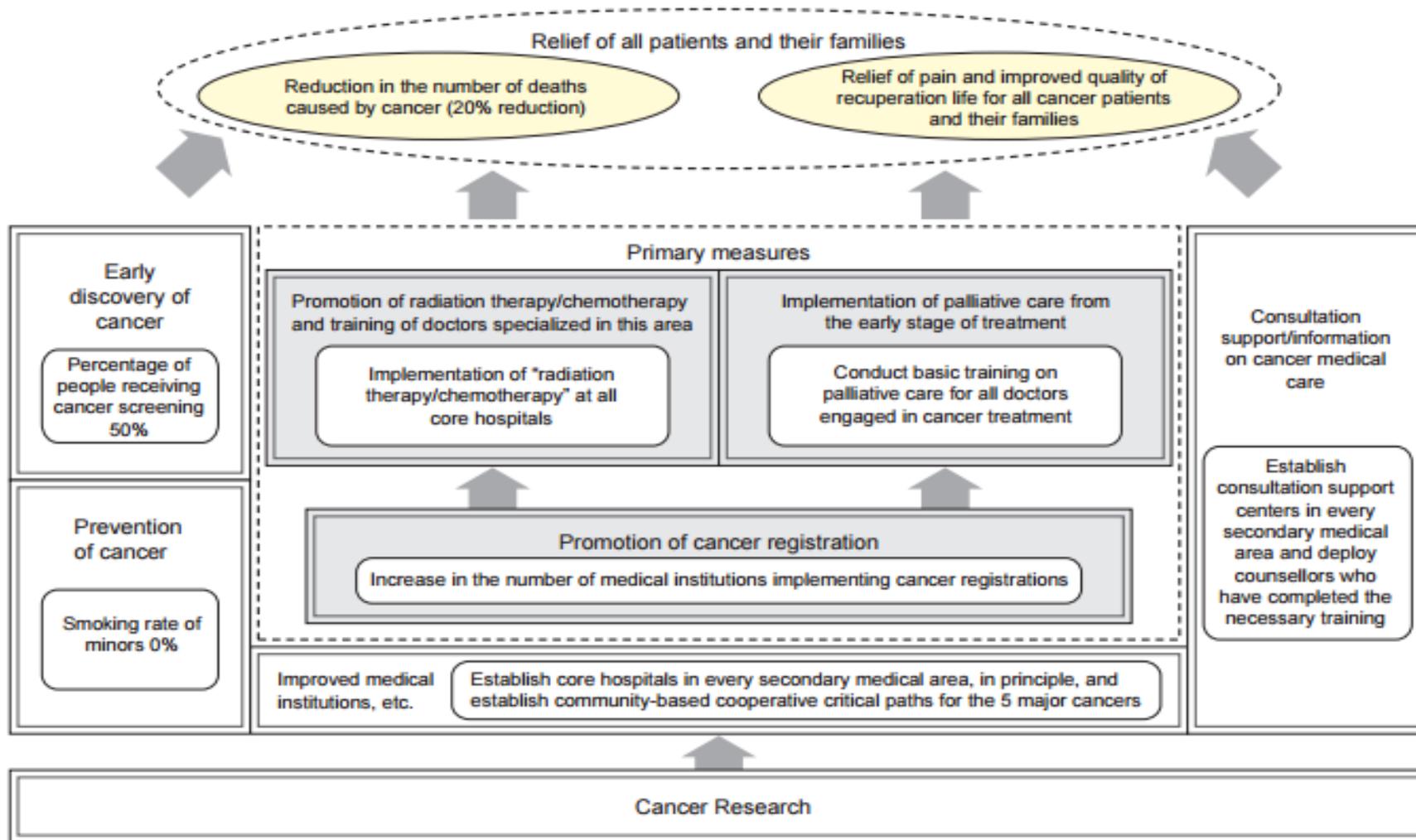
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Cancer situation in Japan

- In Japan, cancer is one of the leading causes of death, and the number of cancer patients has been increasing since 1981. Cancer remains an important issue for Japanese people.
- In 2007, Cancer Control Act was established in order to promote cancer prevention programs and develop cancer treatment. A lot of research projects were also conducted to improve the quality of treatment and care.

Overview of the basic plan to promote Cancer Control Program



Cancer situation in Japan

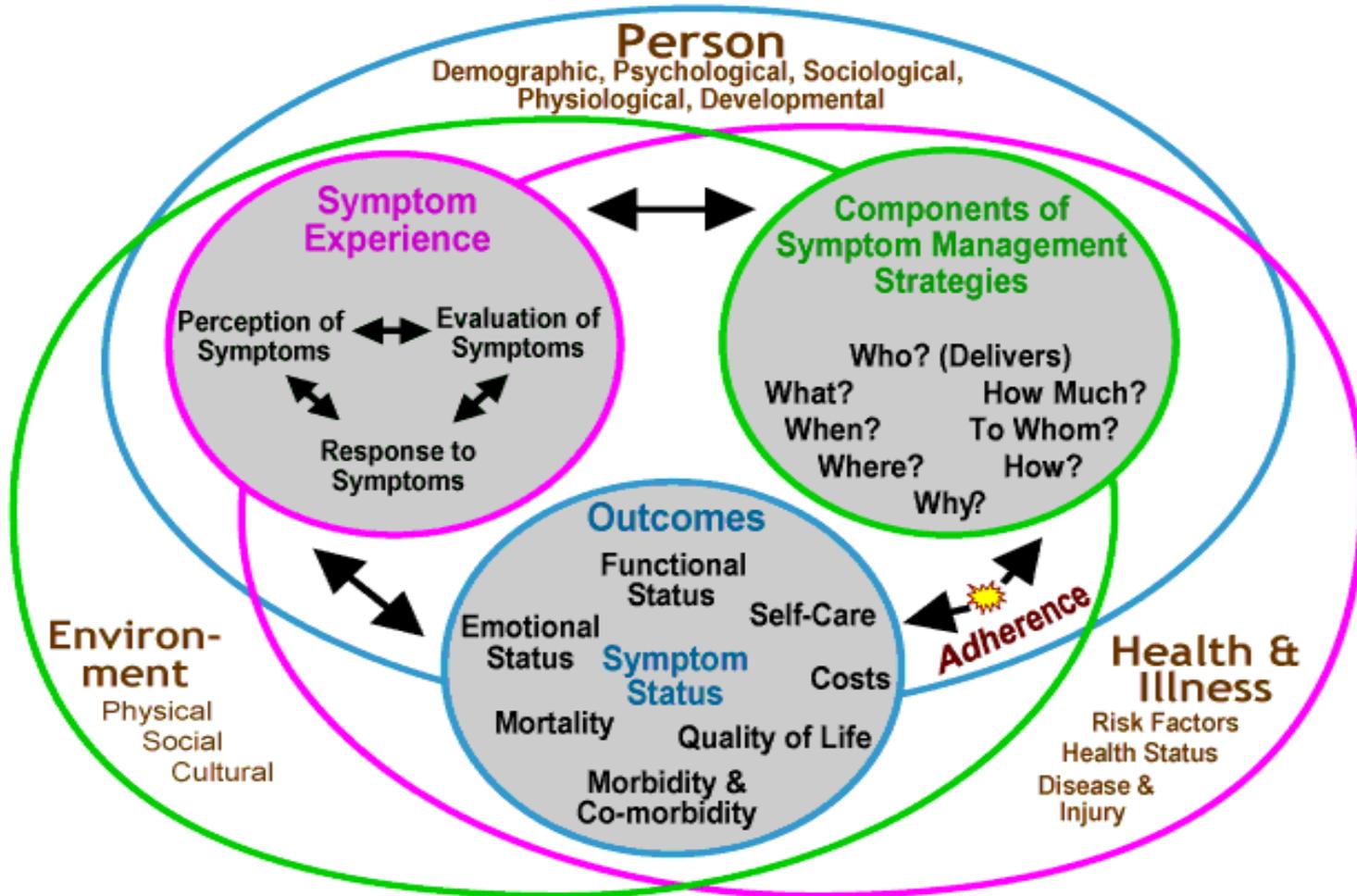
- In order to improve the quality of cancer treatment and care, education and training for health care professionals have been promoted by Ministry of Education, Culture, Sports, Science and Technology.
- So far in Japan, 713 Certified Nurse Specialists in Cancer Nursing have graduated from Japanese graduate school after such training, and are currently working at cancer center, university hospital, general hospital or home nursing station.
- Certified Nurse specialists and faculty members at the School of Nursing collaborate through research activities, in order to improve cancer nursing practice and quality of life of patients.

Research Background

- In order to achieve effective symptom management, nurses need to be able to assess and support patients' self care abilities, as symptoms are subjective experience and related to their psychosocial aspects.
- A group of Certified Nurse Specialists in Cancer Nursing and faculty members at the School of Nursing, University of Hyogo have been conducting a research project entitled “The development of Integrated Approach to Symptom Management for cancer patients” .

Research Background:

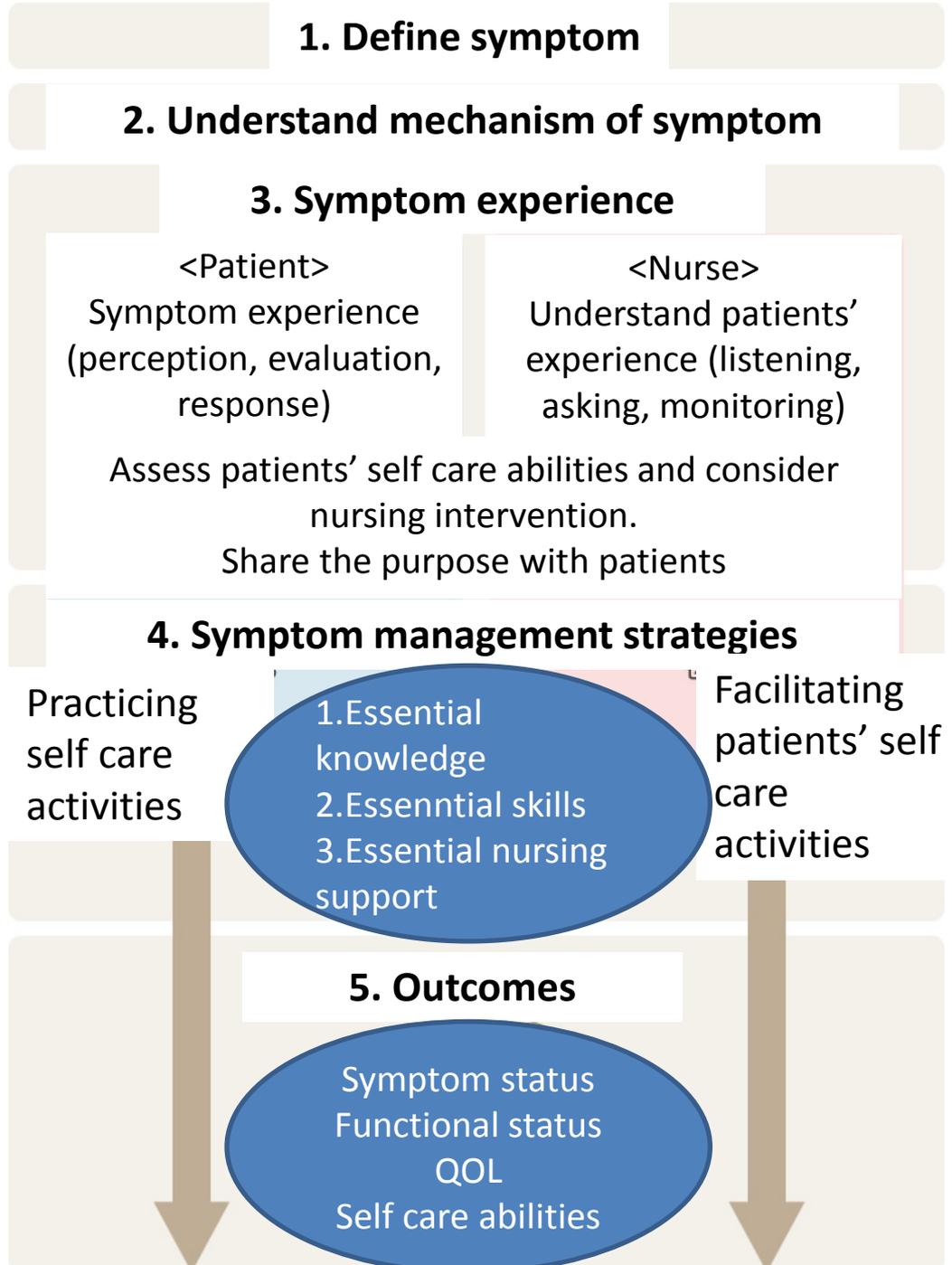
Model of Symptom Management



Larson P.J., Carrieri-Kohlman V., Dodd M.J., Douglas M., Faucett J., Froelicher E., Gortner S., Halliburton P., Janson S., Lee K.A., Miaskowski C., Savedra M., Stotts N., Taylor D. & Underwood P. (1994) A model for symptom management. *Image Journal of Nursing Scholarship* 26, 272–276.

Research Background: *Integrated Approach of Symptom Management*

Patricia J. Larson, Atsuko Uchinuno,
Shigeko Izumi, Ayako Kawano, Akiko
Takemoto, Miyuki Shigeno,
Masumi Yamamoto, Shuko
Shibata(1999)
An Integrated Approach to Symptom
Management
Nursing & Health Sciences Vol.1 No.4
203-210



Aims

- The project aimed to clarify the actual situation of symptom management for stomatitis, lymphedema, dermatopathy, and defecation disorder induced by cancer treatments, because these symptoms are related to patients' self care deficit.
- The research group has been developing the standardized nursing intervention program for nurses in oncology area based on their research results.
- Using the intervention program, it is anticipated that nurses properly understand symptom experience and self management of the patients.
- It is also expected that nurses assess patients' self care abilities, and provide essential knowledge, skills and nursing support to patients based on the assessment.

Aims

- Defecation disorder is one of the side effects of cancer chemotherapy. Even if the intensity of the symptom is mild, it can affect patients' quality of life.
- In general, people have their own bowel habit and pattern. Cancer patients with defecation disorder might experience physical and psychological stress because of changes in normal bowel habits.
- However, nursing research regarding defecation disorder during cancer chemotherapy has been limited.
- The purpose of this study is to clarify how cancer patients undergoing cancer chemotherapy experience defecation disorder, how the symptom affects their daily life, and subsequently deal with the symptom.

Methods

- The defecation disorder research group has done an observational research titled “The defecation disorder experience of cancer patients during chemotherapy and difficulties in their daily lives”.
- Patients
Patients are included if they experience defecation disorders, or changes in their bowel habit during out patient chemotherapy. Participants have to be aged 20 years or older, alert, able to read and understand Japanese, and able to consent.

Methods

- The research was conducted from 2013 to 2014.
- Standard demographic data were collected to describe the population included. Data included age, gender, cancer diagnosis, stage of disease and past medical history.
- The chart was reviewed to determine the cancer treatment medication, dose and administration methods, and date of the administration.
- Researchers conducted semi structured interview and collected data regarding the intensity and duration of the symptom, fecal property, stool frequency, and symptom burden on their daily life. It is also asked how patients cope with the symptom.

Data analysis

- Demographic data were analyzed using descriptive statistics.
- Interview data were transcribed and classified into “symptom experience”, “symptom management strategy”, “symptom status”.
- The intensity of the symptom were evaluated using the CTCAEv.4.0 and the fecal property was assessed using the Bristol stool scale.
- The researchers assessed the quality and quantity of the symptom associated with treatment.

Results:

Patients' demographic data (N=23)

Gender	Female: 15, Male: 8
Age	67.6 \pm 10.7
Site of primary lesion	Breast (8), Colon(7), Biliary tract(3), Lung(2), Stomach(1), Ovary(1), Non-Hodgkin lymphoma(1)
Duration of therapy	2 weeks ~ 3years

Results:

Clinical characteristics (N=23)

Characteristics	N
Constipation	19 (Female 14, Male 5) 15 types of chemotherapy regimen were used
	CTCAE : Grade 1 (15), Grade 2 (3), Grade 3 (1)
Diarrhea	4 (Female 1, Male 3) 3 types of chemotherapy regimen were used
	CTCAE : Grade 1 (3), Grade 2 (1)

Results:

Characteristics of the symptom(N=23)

Symptom	Constipation (N=19)	Diarrhea (N=4)
Intensity of the symptom	Mild	Mild
Fecal property (Bristol stool scale)	1(10) (separate hard lumps, like nuts)	5~7 (soft blobs~watery)
Timing of the symptom appearance	After the drug administration(10) Always(6)	After the drug administration(3) Irregular and unpredictable(1)

Results:

Characteristics of symptom management strategy (N=23)

Symptom	Constipation (N=19)	Diarrhea (N=4)
Medication	Taking laxatives (15)	Taking antidiarrheal
Strategies in daily life	Abdomen massage Moderate exercise Trying not to miss the timing of defecation	Using paper napkin
Meal	Having vegetable and yogurt	Having yogurt and fruit Having meal in accordance with the schedule Having a small amount of meal not to cause diarrhea
Others	Stool extraction, Waiting	

Results:

Patients' perception of the symptom

- Most patients perceived that the symptom was only temporary and under their control. Therefore, they did not feel any difficulties in their daily live.
- A small number of patients experienced difficulties in managing the symptom; one patient suffered from Grade 3 constipation and he needed medical intervention.

Results:

Communication with health care professionals

- Patients experiencing constipating took home medication and controlled the symptom alone without consultation with health care professionals.
- However, patients experiencing diarrhea consulted their doctors about the symptom.
- Many patients did not consult their doctors about the symptoms, and tried to manage alone.
- Some of them wanted to ask health care professionals whether or not their symptom management strategies were correct.
- The patients felt stress from defecation disorder, but they did not know who to ask about the symptoms.

Findings

- Many patients managed their symptom using their own ways acquired from their past experience rather than consulting their doctors.
- Some patients suffered from the symptom and did not ask help to health care professionals.
- Nurses should assess patients' self care abilities and support them so that patients can monitor their defecation pattern and record the result.
- If patients find/understand the difference from the normal pattern and consult a doctor, they may avoid some potentially serious conditions.

Findings

- Nurses should explain patients that they may experience different defecation pattern from the usual bowel habit, enabling the patient to recognize the importance of monitoring and recording the symptom pattern.
- Nurse must also listen to patients when speaking about their symptom experience, and be able to provide patients with appropriate management strategies, as well as respecting patients own ways of symptom management.

Conclusion

- The patterns of defecation disorder is diverse.
- This requires nurses be aware of and listen to patients' description of the symptom.
- A group of Certified Nurse Specialists in Cancer Nursing and faculty members at the School of Nursing, University of Hyogo are now developing the nursing intervention program including essential elements below.
 - **Providing knowledge**
 - “There is possibility that a serious defecation disorder will occur”
 - **Providing skills**
 - “How to communicate with health care professionals”
 - “What kind of information patients should tell”
 - **Nursing support**
 - “Listen to patients' needs and their own symptom management strategies”
 - “ Provide patients with appropriate symptom management strategies”
- **We believe the nursing program could support patients self care and improve quality of life of patients.**

Thank you very much for
your kind attention

