A ROAD TO FASCINATE TRANSACTIONAL NURSING CARE MODEL: AN EXPLORATORY STUDY TO ASSESS THE ILLNESS EXPERIENCES OF PATIENTS WITH CANCER.

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Abstract

There are an increasing number of people living with and beyond cancer. The lived experience of these individuals is often complicated by other co morbid chronic illnesses; as many as 78% of people with cancer are living with at least one other condition, the prevalence of which also increases with age. This study was conducted to assess the illness experiences of patients with cancer. A descriptive design was used and non probability convenient sampling technique was adapted. The sample size was 50. The result revealed that 60 % of the samples had hair loss and difficulty in getting sleep, 58% of them had vomiting, 40% of them had less energy, 36% of had weight loss, 30% of them had pain, 40% of the patients experienced constipation, 32% of them experienced oral ulcers, 16% of them experienced skin changes and 26% of the samples had self hatredness due to body image disturbance.

Key words: *Illness experiences, patients, cancer.*

Introduction

Due to the ageing population and better screening, diagnosis and treatments, there are an increasing number of people living with and beyond cancer. The lived experience of these individuals is often complicated by other co morbid chronic illnesses; as many as 78% of people with cancer are living with at least one other condition, the prevalence of which also increases with age. Therefore, the support needs of people living with multiple complex conditions are enduring and need to be identified and addressed. In addition to the challenges facing secondary care, there is an increasing recognition of the role of primary care in the provision of ongoing support to patients with cancer, particularly after the completion of hospital-based treatment as patients adjust to life post-treatment, living with ongoing medical issues related to their cancer treatment. This picture becomes more complex in the presence of other long-term conditions, with implications for the coordination of quality care and support.

Need for the study

Patients with cancer experience many symptoms due to disease severity and various treatment modalities. The functional ability of the patients is greatly impaired based on the symptom experienced and the level of individual coping.

According to Indian cancer resource directory 2012, Cancer statistics in India is as follows:

- People newly diagnosed with cancer / yr: 10,14,900.

- Risk of getting cancer before age 75: 10.1%.

- People dying from cancer /yr: 6,82,800.

- Despite advances in treatment of cancer, unrelieved symptoms continue. Persistent unrelieved symptoms impair functional ability of the cancer patients. The nurses need an understanding of these symptom experiences and to be trained to quality care for such patients. American cancer society predicts that worldwide cancer cases are projected to increase by 50 % from 14 million to 21 million, that worldwide cancer deaths are projected to increase by 60 % from 8 million to 13 million. (American cancer society: Global cancer facts and figures, second edition)

Statement of the problem

A Road to fascinate transactional nursing care model: An exploratory study to assess the illness experiences of patients with cancer at SRH, Chennai – A pilot study.

Aim of the study

Fascinate a transactional nursing care model which helps the nurses to give care to any cancer patients in any stage of the illness.

Objectives

- Explore the symptom experiences of patients with various cancer.

- Associate the illness experience with the selected background variables.

Methodology

A descriptive study design was adapted. Fifty cancer patients who fulfilled the inclusion criteria were recruited as samples for the study. Non probability convenient sampling technique was adapted. The setting was the oncology ward of Sri Ramachandra hospital, Porur, Chennai.

Sampling Criteria

Inclusion Criteria

- All types of cancer.

- Patient should have undergone one cycle of chemotherapy, radiation or surgery.

- Both male and female patients with cancer.

- Patient who is able to understand either English or Tamil.

Exclusion Criteria

- Patients who are terminally ill.

- Patient's not willing to participate.

Tool description

The tool consists of two parts. Part A is the demographic characteristics which consists of Age, Diagnosis, Treatment, Gender, Education, Employment status, Family income, Marital status, Social support, Social habits, Medical history, Diet habits, Cancer details, Number of chemo/radiation.

Part B is Memorial symptom assessment scale, short form. The author of the tool is Chang, V. T., Hwang, S. S., Feuerman, M., Kasimis, B. The Memorial Symptom Assessment Scale – Short Form (MSAS-SF) is a 32 item inventory rated on a 5 point Likert type scale. It's purpose is to measure the frequency, severity, and distress associated with, 32 separate, multidimensional symptoms experienced by patients. The MSAS-SF has been used with a wide range of illnesses and it's suitable for either clinical or research settings. The Total MSAS score (TMSAS) is the average of the symptom scores of all 32 symptoms in the MSAS instrument. Each symptom score is an average of its dimensions.

Scoring of physical symptoms in the MSAS-SF is as follows: Zero if the symptom is not present, 0.8 if the symptom is present but causes no distress, 1.6 if the symptom is present and causes a little bit of distress, 2.4 if the symptom is present and causes somewhat of distress, 3.2 if the symptom is present and causes quite a bit of distress, 4.0 if the symptom is present and causes very much distress. Scoring of psychological symptoms is: 0 if the symptom is absent, 1 if the symptom is present and occurs rarely, 2 if the symptom is present and occurs occasionally, 3 if the symptom is present and occurs frequently, 4 if the symptom is present and occurs almost constantly.

Data collection procedure

Ethical clearance and official permission was obtained from the concerned officials. Informed consent obtained from participants and institutional ethical guidelines followed. Data was collected from samples after getting the prior appointment from samples.

Results

Demographic characteristics

Sixty six percent of the patients were females, 98 % of the samples are married, 78% of them had spouse's support, 40% of the samples did not work due to the current illness, 30% of them had breast cancer, 12 % of the patients had cancer cervix, 8% of them had glioblastoma and bone marrow tumor, 42% of them underwent surgery, 36% of them

underwent radiation therapy, 22% of them had chemotherapy, and 6% of the samples were alcoholics.

Common symptoms experienced by the patients

Sixty percent of the samples had hair loss and difficulty in getting sleep, 58% of them had vomiting, 40% of them had less energy, 36% of had weight loss and 30% them had pain.

Symptoms which caused distress

Forty of the patients experienced constipation, 32% of them experienced oral ulcers,16% of them experienced skin changes, 26% of the samples had self hatredness due to body image disturbance.

Mean scores of symptoms severity

The mean score of overall symptom experience is 24.72, the mean score of severe symptom experience is 24.3, and the mean score of symptom distress is 32.38.

Association of illness experience with selected background variables

There is no significant association found between symptom experienced and background variables.

Conclusion

This study brought out the illness experiences of cancer patients, gave insight to develop transactional nursing care model based on the severity of the patient's symptoms and the stage of cancer. This study also explored the possibilities of improving the nursing care and given opportunity to develop a new nursing care model. A transactional model of nursing care was suggested to the oncology department. As a result of the suggestion the nurses of the oncology ward started getting training to facilitate quality care at the hospital and home at any stage of cancer.

Ethical Clearance

Ethical clearance and official permission obtained from the concerned officials.

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"Turn your wounds into wisdom."

- Oprah Winfrey