Nursing Interventions For Managing Symptoms And Improving Quality Of Life In Cancer Patients

Basil mohammed alsalamah , Saleh mohammed Alklywy , Fahad khulaif Almutairi , SHARIFAH SAEED ALDOSARI , Elham yahya Ahmed Husayni , Alyah Helal Alanazi , Ahuod , Doghayim Mubarak Albanaqi , Bashayer Salem Alanazi , Saeed Ali Alamri , Dabiaha shabnan Saed , Hammad mahmmed Hammad aldosari

Abstract

Cancer survivors (CSs) have several demands that might have a detrimental effect on their quality of life (QoL). Oncology nurses have a crucial role in delivering comprehensive care to cancer survivors, yet there is less knowledge on their influence on health outcomes.The objective of this research was to assess the efficacy of nursing interventions in enhancing the quality of life (QoL) and contentment with care of patients who had undergone cesarean sections (CSs). An evaluation was carried out. Experimental studies were retrieved by searching the PubMed, CINAHL, PsycINFO, and Cochrane databases. The research included in the analysis specifically examined short-term survival outcomes. No studies that investigated long-term survival outcomes in this context were found. Two studies evaluated the level of satisfaction among survivors with the treatment they received, and both investigations reported favorable outcomes. Nursing treatments seem to enhance the quality of life of individuals with short-term chronic conditions. Nevertheless, due to the limited quantity of studies discovered, it is advisable to use care when interpreting the results of this systematic review. Additional research is required to enhance the application of efficient nurse intervention in cancer care. Research should specifically focus on long-term cancer survivors (CSs) because of the scarcity of data about this particular stage of disease.

Keywords: nursing interventions, management, symptoms, quality of life, cancer patients.

1. Introduction

Cancer is a significant contributor to illness and the primary factor contributing to death on a global scale.(1) With the ongoing rise in life expectancy, there is a corresponding increase in the occurrence of cancer. In 2012, there were 14 million new cases of cancer globally. By 2018, this figure had risen to 18.1 million, and it is projected to reach 29.5 million by the year 2040.(2,3)

The likelihood of survival is positively correlated with the incidence rate. Advancements in promoting early detection and novel therapies have allowed a growing number of individuals to successfully finish their treatment regimens on a daily basis.Three By 2012, the global count of survivors amounted to 32.6 million individuals. Projections indicate that by 2026, this figure would see exponential growth, with the United States alone predicted to have 20.3 million survivors.(3,4)

The growing number of survivors has led to a corresponding rise in the need for care to address their requirements. This was highlighted in the groundbreaking 2006 report "From Cancer Patient to Cancer Survivor: Lost in Transition" published by the American Institute of Medicine (IOM).(5) This paper highlighted the medical, functional, and emotional effects of cancer and emphasized the need of implementing survivorship care plans (SCPs) for cancer survivors and their families. Cancer survivor (CS) is a term used by organizations like the National Comprehensive Cancer Network to describe individuals who have been diagnosed with cancer, from the time of their diagnosis to the end of their life.(6) In recent times, the emphasis in cancer survivorship has shifted towards the distinct phase of cancer care that occurs after the completion of active treatment.(7)

Consistent with the International Organization for Migration's (IOM) understanding of cancer survival as a distinct phase in the progression of cancer, as well as the perspectives of other researchers, In this research, survivors are defined as those who have finished active cancer treatment and are now in the prolonged survivorship phase (from the conclusion of treatment to 1-5 years), permanent survivorship, or long-term survival (≥5 years after the end of active treatment and in clinical remission). Specifically, it is during the prolonged and enduring stages of cancer survival that a deficiency in organization and attention towards survivors and their families has been recognized.(5) Survivors of cancer may encounter

health issues that persist even after the completion of treatment. These issues can be categorized as late effects, which are toxicities that arise months or years after treatment, and long-term effects, which are complications that arise during treatment and persist even after treatment is finished, commonly referred to as persistent effects. The IOM research highlighted the need of creating tailored survivorship care plans (SCPs) that include the therapies received by survivors, potential future dangers, and individual and familial requirements.(8) Thus, the act of surviving cancer is seen as a long-lasting medical condition that necessitates a comprehensive approach to global healthcare.(9-11)

Nurses are essential in providing care for cancer survivors and their families, as part of a multidisciplinary team in oncology and general healthcare.(12)They even have the ability to independently manage survivorship care plans.(13-15) Similar to other long-term illnesses, nurses play a crucial role in addressing not just the physical requirements of those with chronic diseases, but also the psychological, social, and familial effects of cancer.(16-19) Given the newness of follow-up in survival and the current evidence supporting higher patient satisfaction with nurse-led follow-up, the objective of this review was to assess the efficacy of nursing interventions in enhancing quality of life (QoL) and satisfaction with care among CSs.

2. Efficient interventions that enhance the overall quality of life

One of the therapies that proved to be beneficial in enhancing the overall quality of life was the psycho-educational intervention conducted by Park et al (20) in South Korea with breast cancer survivors. The intervention was conducted on adult females who had finished treatment within the 4 weeks before to the initiation of the intervention. The intervention included in-person teaching with the use of a participant notebook, telephone coaching sessions, and small-group meetings consisting of 5 to 8 women. The intervention spanned a duration of 12 weeks, during which the values of the variables (Quality of Life assessed using the FACT-B and physical and psychological symptoms assessed using the Memorial Symptom Assessment Scale–Short Form) were gathered at the commencement and conclusion of the intervention, as well as 3 months post-intervention. The intervention group achieved the highest values for overall

quality of life (QoL) at 3 months (P = .002, 95% confidence interval [CI]).

Another intervention that successfully enhanced the overall quality of life was carried out in Iran, specifically focusing on breast cancer survivors.(21) The research used the EORTC QLQ-C30 Quality of Life questionnaire. The intervention included of 90-minute sessions of discourse and assistance in groups of 7 to 9 individuals, referred to as CSs, for duration of 12 weeks. The meetings, facilitated by a breast cancer specialist nurse, were informal in nature, but the moderator directed the conversations towards pertinent topics such as information requirements, apprehension of recurrence, and goal setting. Furthermore, the moderator ensured the active involvement of all participants. After eight weeks of the intervention, there was a substantial improvement in the overall quality of life (P = .002, 95% CI).

3. Efficient strategies to enhance physical well-being

Three studies were identified (21, 22, 23) that documented interventions leading to favorable outcomes in enhancing the physical well-being of participants. The first intervention was place in South Korea, including female individuals who had completely recovered from ovarian cancer for a period ranging from 6 months to 3 years. The research used the FACT-G scale that was translated into Korean. The longitudinal intervention was a comprehensive approach including several disciplines, with nurses taking the lead. It included 40-minute sessions of group education, 20-minute group self-help sessions, as well as teaching on doing physical activity and relaxation at home. The intervention resulted in a statistically significant increase in the physical well-being of the intervention group after 8 weeks (P = .049).(22)

The Olesen et al (21) trial conducted in Denmark included survivors of gynecological cancer who received an intervention consisting of 2 to 4 sessions with a nurse over a period of 3 months. The patient and nurse collaborated to establish the number of sessions, during which they discussed several topics including evaluating future difficulties, identifying and ranking problems, educating about relapse symptoms, implementing systematic problem-solving approaches, and developing strategies for long-term resolution. After a period of nine months after the intervention, the researchers gathered data using the Quality of Life Cancer Survivor scale for CSs. They

discovered that the physical well-being of the participants showed improvement when compared to the control group (P = .006, 95% CI).(21)

The research conducted by Tabrizi et al (23), focusing on breast cancer survivors, as mentioned earlier, did not show any significant enhancements in the physical functioning subdomain (P = .331, 95% CI). The study identified significant enhancements in the subdomain of weariness (P = .046, 95% CI), which is closely associated with physical well-being and is included under the broader construct of physical well-being in other measurement tools.

4. Efficient strategies to enhance emotional well-being

The research conducted by Tabrizi et al (23) once again yielded good findings for the quality of life in this specific area (P = .0047, 95% CI). Furthermore, the study conducted by Hwang et al (22) shown that their interdisciplinary intervention was successful in enhancing the emotional well-being of the individuals included (P = .001).(22) A 12-week nurse-led intervention was conducted in South Korea to promote healthy changes in behaviors, including food and exercise, among breast cancer survivors. This intervention had encouraging outcomes in terms of enhancing emotional well-being, as assessed by the EORTC QLQ-C39 questionnaire (P = .004).(24) Ultimately, the psycho-educational intervention suggested by Park et al. yielded significant improvements in the emotional well-being of the participants (P < .01, 95% CI).

5. Efficient strategies to enhance social and familial welfare

The therapies that yielded statistically significant outcomes in the social/family domain of the survivors were a support and expression group intervention (P = .024, 95% CI) (23) and the Korean multidisciplinary intervention (P = .004).(22)

6. Conclusion

The review's synthesis of data offers novel insights into various nursing treatments used to enhance the quality of life (QoL) and satisfaction with care of cesarean sections (CSs). Although the results may not be applicable to all health settings, certain interventions have been successful in enhancing the quality of life (QoL) and satisfaction with care for cancer survivors (CSs). However, these interventions do not fully address the specific needs that CSs may have after completing treatment and living

beyond cancer. Therefore, we suggest implementing treatments that are rooted on psychoeducational, educational, and/or support groups, since they have shown the most favorable results in our evaluation. Additional treatments, such as telematic techniques, need additional development.

Furthermore, this study emphasizes the need to reconsider and improve therapies, include a wider range of cancer types, advocate for the use of methods particularly designed to assess Quality of Life (QoL) in survivors, and account for those who have survived for extended periods of time. It would be really intriguing if these treatments were conducted by community-based nurses with advanced positions. Implementing such measures would probably enable CSs, together with their families, to have improved access to healthcare services, taking into account the specific conditions of their living and working environment.

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