

Original Article

Clinicians' Perspectives on Managing Symptom Clusters in Advanced Cancer: A Semistructured Interview Study

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Abstract

Context. Managing symptom clusters or multiple concurrent symptoms in patients with advanced cancer remains a clinical challenge. The optimal processes constituting effective management of symptom clusters remain uncertain.

Objectives. To describe the attitudes and strategies of clinicians in managing multiple co-occurring symptoms in patients with advanced cancer.

Methods. Semistructured interviews were conducted with 48 clinicians (palliative care physicians [$n = 10$], oncologists [$n = 6$], general practitioners [$n = 6$], nurses [$n = 12$], and allied health providers [$n = 14$]), purposively recruited from two acute hospitals, two palliative care centers, and four community general practices in Sydney, Australia. Transcripts were analyzed using thematic analysis and adapted grounded theory.

Results. Six themes were identified: uncertainty in decision making (inadequacy of scientific evidence, relying on experiential knowledge, and pressure to optimize care); attunement to patient and family (sensitivity to multiple cues, prioritizing individual preferences, addressing psychosocial and physical interactions, and opening Pandora's box); deciphering cause to guide intervention (disaggregating symptoms and interactions, flexibility in assessment, and curtailing investigative intrusiveness); balancing complexities in medical management (trading off side effects, minimizing mismatched goals, and urgency in resolving severe symptoms); fostering hope and empowerment (allaying fear of the unknown, encouraging meaning making, championing patient empowerment, and truth telling); and depending on multidisciplinary expertise (maximizing knowledge exchange, sharing management responsibility, contending with hierarchical tensions, and isolation and discontinuity of care).

Conclusion. Management of symptom clusters, as both an art and a science, is currently fraught with uncertainty in decision making. Strengthening multidisciplinary collaboration, continuity of care, more pragmatic planning of clinical trials to address more than one symptom, and training in symptom cluster management are required. *J Pain Symptom Manage* 2016;51:706–717 © 2016 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Key Words

Multiple symptoms, symptom clusters, advanced cancer, symptom management, health professionals, qualitative research

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Introduction

Clinicians caring for patients with advanced cancer frequently encounter symptom clusters, defined as concurrent symptoms that may or may not have a common etiology.^{1–4} Patients with advanced cancer typically experience more co-occurring symptoms than are reported to or detected by clinicians.^{5–7} Untreated symptom clusters can negatively impact patients' prognosis,^{8,9} quality of life,^{10,11} and functional status.^{12,13} Yet few evidence-based interventions have been tested or found to be effective in relieving multiple symptoms,^{11,14} and clinical guidelines in advanced cancer largely focus on individual symptom management, such as cancer-related pain.^{15–18}

Symptom management has been conceptualized as an intentional, subjective, and experiential process,¹⁹ which requires clinicians to understand the meanings patients attribute to their symptom experience.²⁰ The Symptom Management Theory (SMT)^{4,21,22} emphasizes that patients' symptom experience and outcomes are interlinked with components of symptom management. However, the clinician strategies constituting effective management of symptom clusters remain unknown, despite the emphasis on patient-centered care in oncology.²³

Although symptom management is a central focus of palliative care (PC),^{24,25} and some studies have found that patients highly value the role of the specialist palliative physician in delivering complex symptom control and emotional support,^{26–28} all clinicians across multidisciplinary settings of PC, oncology, and community practice have a critical role in reducing multiple symptom burden.^{29–31} Research supports the integration of PC with standard oncologic care early in the advanced cancer trajectory to facilitate optimal symptom management, treatment decision-making, and continuity of care for patients.^{32–36} However, a lack of multidisciplinary collaboration, continuity of care, trust, and integrated care delivery among clinicians have been documented as barriers to effective symptom management in advanced cancer.^{37–40} Clinicians' experiences of managing multiple symptoms and collaboration across multidisciplinary care settings warrant in-depth investigation.

Qualitative research offers rich narrative data to provide in-depth understanding of clinicians' perspectives. The only qualitative study on clinicians' perspectives of symptom management in oncology⁴¹ found that clinicians believed it was important to create a relationship with the patient, understand the patient, assess the symptoms, and cooperate as a team. However, this single-center focus group study did not explicitly address multiple symptoms in advanced cancer patients. We aimed to describe the attitudes and

strategies of clinicians toward the management of symptom clusters in advanced cancer patients, across PC, oncology, and community settings.

Methods

Study reporting is based on the consolidated criteria for reporting qualitative health research.⁴²

Participant Selection and Practice Setting

Clinicians (PC physicians, oncologists, general practitioners, nurses, and allied health providers) involved in managing multiple symptoms in patients with advanced cancer were purposively selected to capture a range of years of clinical experience, health settings, gender, and practice locations. Participants were recruited from two acute hospitals, two PC centers, and four community general practices across Sydney, Australia. One author (S. T. D.) approached all participants to obtain written consent. Participants could nominate other clinicians who could offer a different perspective about the management of symptom clusters.

Data Collection

The semistructured interview guide ([Appendix I](#), available at jpsmjjournal.com) was informed by a literature review of symptom management in advanced cancer, the SMT,^{4,21,22} and consultation with an expert panel of clinicians. S. T. D. conducted semistructured interviews with each participant from January to November 2014 in clinic offices, meeting rooms, or over the telephone. Participant recruitment ceased when theoretical saturation was reached, that is, the point at which additional interviews no longer generated any novel codes that altered the existing thematic structure, facilitated by concurrent data analysis and data collection. All interviews were audiorecorded and transcribed.

Analysis

The transcripts were entered into HyperRESEARCH software, version 2.8.3 (ResearchWare, Inc., Randolph, MA). Based on the method of thematic analysis⁴³ and procedures adapted from grounded theory,⁴⁴ S. T. D., A. T., and P. N. B. inductively identified concepts in the transcripts relating to perspectives on the management of multiple symptoms and met regularly to discuss coding choices. We used specific procedures of grounded theory, including concurrent data collection and analysis, line-by-line coding, constant comparison of data, following the atypical or negative case, memo writing, and member checking. S. T. D. grouped similar concepts into themes and

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