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Symptom management tasks and behaviors related to chemotherapy in Taiwanese outpatients with breast cancer

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A B S T R A C T

Keywords:

Breast cancer
Chemotherapy
Symptom management
Side effects**Purpose:** There are many challenges that patients face when dealing with the side effects of chemotherapy. The purpose of this study was to describe the key tasks and behaviors that contribute to symptom management and the difficulties relating to self-care in the context of chemotherapy in Taiwanese outpatients with breast cancer.**Method:** This qualitative study included a purposive sample of 17 women with breast cancer, aged 30–64 years, and who had undergone chemotherapy. Data were collected via face-to-face semi-structured tape-recorded interviews. Qualitative content analysis was performed for the identified themes.**Results:** Four main categories of tasks were identified that reflected the patient's experience with the behaviors required for chemotherapy symptom management. These task domains included communicating chemotherapy-related concerns, managing chemotherapy-related symptoms, managing emotional and interpersonal disturbances, and acquiring relevant resources. In particular, the results indicated many challenges with behaviors related to self-management under these tasks.**Conclusions:** Systematic information regarding symptoms relating to chemotherapy and self-management strategies should be put into practice at the beginning of chemotherapy and following assessment, in addition to the individual support of patients during their treatment.

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Introduction

Breast cancer is one of the most common cancers in the world. It is the most common cancer among women and the fourth most common cause of death in Taiwan (Ministry of Health and Welfare, 2009). A major treatment approach to breast cancer is chemotherapy, which has significantly extended patient life expectancies (American Cancer Society, 2007; Moulder and Hortobagyi, 2008). Nevertheless, such treatment also has produced significant health side effects, including patients experiencing symptoms such as

fatigue and nausea (Molassiotis et al., 2014; Spichiger et al., 2012), both of which may profoundly impact the patients' functional status and quality of life.

With the gradual shift from inpatient to outpatient care, patients often play an important role in their self-management when experiencing the side effects of chemotherapy (Royer et al., 2009). Because of the different etiologies of the side effects (Dodd et al., 2001; Wood et al., 2006), patients may encounter a certain degree of behavioral difficulties when managing their symptoms. For example, when patients face unmet needs for their symptom management, they apply limited strategies (Chelf et al., 2001; Royak-Schaler et al., 2008; Royer et al., 2009). Studies have indicated that the tight environment in outpatient clinics and busy nurses and physicians all constrain potential supportive care (Spichiger et al., 2012). Such situational barriers challenge patients' abilities to manage the adverse symptoms resulting from chemotherapy (Byar et al., 2006; Wood et al., 2006), potentially causing the treatment delay (Puts et al., 2013).

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Although the crucial nature of self-management is widely recognized and patients are being increasingly encouraged to take a greater degree of responsibility for self-management, there is little understanding of what tasks and behaviors of self-care are involved from the patients' perspective, particularly for the difficulties that patients face when they undergo cancer treatment. The tasks refer to the specific categories of the behaviors for health management (Murphy et al., 1995). In the context of symptom management relevant to patients undergoing chemotherapy, the behavioral tasks may be actions such as communicating about chemotherapy-related occurrences. Gathering information about self-reported strategies that patients adopt for symptom management tasks and behaviors related to chemotherapy is important to inform health care professionals about the strategies they might recommend to patients for these challenging side effects. The purpose of this study was to explore those behaviors and key tasks of breast cancer patients dealing with chemotherapy symptoms. Another purpose was to explore the difficulties that such patients face when responsible for the self-management of these behaviors and key tasks.

Materials and methods

Research design

This study utilized qualitative study with naturalistic inquiry approach (Lincoln and Guba, 1985) to describe the behaviors and key tasks in relation to the self-care for breast cancer patients during chemotherapy. The institutional ethics committee of the relevant agencies approved this study.

Sample and recruitment procedures

The outpatient oncological departments of two teaching hospitals in the northern and southern regions of Taiwan were included in this study, and purposeful sampling was adopted to recruit patients who 1) had been diagnosed with breast cancer, 2) had already undergone at least three cycles of chemotherapy, and 3) were aged 18 or above and were conscious enough to sign a research consent form.

Before conducting this study, an introduction of the study purpose and research process was provided to patients who had met the inclusion criteria. Those who agreed to participate in the study then signed consent forms. They were also made aware that this study was to be tape recorded, and an audio-recording consent form was also provided to the participants for completion.

Semi-structured, open-ended questions were adopted in the interviews for the purpose of collecting qualitative information. The interview guide was built according to the elements of the construct of self-efficacy beliefs (Bandura, 2006). Self-efficacy is defined as a person's confidence in being able to perform relevant behaviors in a particular situation, especially under difficult circumstances. The interview guide included items such as, "what things made patients able to manage their symptoms?", and "what things make it difficult for patients to manage their symptoms?" In conducting the interviews, broad general questions were first asked before gradually shifting to probing questions. Four individuals were interviewed as test cases to provide a point of reference for future corrections of the interview guide. In the interview, the principle investigator selected the typical interviewees to provide their rich experiences of the phenomena under study. The interviewer applied probing skills to acquire the amount of information necessary to answer the research questions.

Data analysis

Qualitative content analysis was used for the analysis of the information collected (Johnson and Lamontagne, 1993; Creswell, 2003). When the information obtained is repeated continuously and neither new categories nor themes emerge (data saturation), information saturation is achieved and the standard procedures to terminate inclusion of participants are undertaken (Strauss and Corbin, 1990; Polit and Beck, 2003). A total of 17 cases were collected (See Table 1), with each interview averaging between 40 and 60 min. The interviews were all recorded, and the recordings were then transcribed verbatim in Chinese, with the statements of the interviewees verified.

During the analysis process, these transcriptions are reviewed repeatedly to familiarize the researchers with the information content. Notes were taken during this procedure to mark some of the ideas that had arisen as well as preliminary categories or themes. Meaning units were then extracted from the transcription text, grouping together similar words or statements from meaning units (1st layer coding), followed by classifying key terms or sentences into different categories (2nd layer coding), and finally systematizing and defining these categories into sections (3rd layer coding). During this process, the categories were constantly compared, verified, and restructured (Johnson and Lamontagne, 1993).

Regarding the credibility of the analysis, the initial content analysis was performed independently by two researchers, each of whom read and coded parts of the transcriptions before working together to compare and discuss the findings and verify the consistency of the coding. In addition, the second author reviewed all transcriptions independently and checked coding with the first author. Some of the original categories were refined or deleted to yield the final version of the categories and themes. To establish trustworthiness of the finding, the first author validated the interpretation by inviting three participants to comment on the emerging themes. To facilitate transferability we provide a rich and vital presentation of the findings together with appropriate quotations.

Findings

Based on the content analysis, four themes and twenty-four behaviors were identified from the interviews (see Table 2), which reflected the important tasks for managing symptoms in relation to

Table 1
Characteristics of interview participants (N = 17).

	Participants
Age (years):	
<35 years old	2 (11.8%)
35–49 years old	4 (23.5%)
50–64 years old	11 (64.7%)
Gender: N, (%)	
Female	17 (100%)
Metastases: N, (%)	
Yes	9 (52.9%)
No	8 (47.1%)
Married: N, (%)	
Married	8 (47.1%)
Single	6 (35.3%)
Other	3 (17.6%)
Educational levels: N, (%)	
Junior high school and lower	9 (52.9%)
High school	1 (5.9%)
Vocational school	2 (11.8%)
University and above	5 (29.4%)

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