

# Self-Care Strategies Used by Patients With Lung Cancer to Promote Quality of Life

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**L**ung cancer is the leading cause of cancer-related death for men and women (American Cancer Society [ACS], 2009). Although the five-year survival rate approaches 49% for lung cancers detected and treated at an early stage, only 16% are detected early and the overall five-year survival rate for all lung cancers is only 15% (ACS, 2009). Combined modality treatment regimens for lung cancer have improved patient survival; however, these regimens often have been accompanied by more severe early and late toxicities, potentially resulting in increased symptoms (ACS, 2009). The effect of these treatments on the quality of patients' lives has been reported only sporadically in the literature.

Quality of life (QOL) has been consistently identified by oncology nurses and researchers as a priority (Berger et al., 2005; Mooney, Ferrell, Nail, Benedict, & Haberman, 1991; Ropka et al., 2002; Stetz, Haberman, Holcombe, & Jones, 1995). Improved QOL also is one of the primary goals of *Healthy People 2010* (U.S. Department of Health and Human Services, 2000). Although the importance of QOL as a specific management objective in cancer treatment has been outlined (Bland, 1997), research on QOL in patients treated for lung cancer has been relatively limited. Most randomized controlled trials (RCTs) have traditionally focused on objective tumor response and survival as endpoints rather than the subjective outcomes reported by the patients treated (Pat, Dooms, & Vansteenkiste, 2008). In a review of RCTs including chemotherapy for lung cancer treatment from 1980–2005, only five RCTs that included QOL as a primary endpoint were found, although 40 RCTs did look at QOL as a secondary endpoint (Pat et al., 2008).

## Literature Review

Although QOL research in lung cancer has been limited, several studies have described QOL perceptions and examined their relationship to symptoms or health issues. In studies of women with lung cancer, Sarna (1993a, 1993b) found strong correlations between

**Purpose/Objectives:** To describe self-care strategies used by patients with lung cancer to promote quality of life (QOL).

**Research Approach:** Qualitative study using a phenomenologic approach.

**Setting:** Cancer clinics in central Texas.

**Participants:** Purposive sampling was used to enroll 10 adults with lung cancer who had completed primary treatment within the prior two years.

**Methodologic Approach:** One-on-one, semistructured, audiotaped interviews were conducted.

**Main Research Variables:** QOL and self-care strategies.

**Findings:** Participants identified family and social support, functional independence, physical well-being, and spirituality as important aspects of QOL. Participants identified fatigue as the factor most negatively affecting QOL. Self-care strategies identified to improve QOL were primarily related to fatigue management. Rest was the primary self-care strategy reportedly recommended by healthcare providers, but this strategy was ineffective. Helpful self-care strategies included budgeting time and energy, maintaining contact with family and friends for support, and prayer.

**Conclusions:** This study documents the negative effect of fatigue on QOL in patients with lung cancer. Use of rest to manage fatigue's pervasive negative effect on QOL is a common self-care strategy, reportedly recommended by healthcare providers, but is ineffective by itself to manage fatigue and improve QOL.

**Interpretation:** Healthcare providers should assess self-care strategies used by patients with lung cancer to promote improved QOL. Because fatigue has a documented negative effect on QOL in patients with lung cancer, providers should encourage the use of multidimensional strategies that have been supported by research evidence to manage fatigue and improve QOL.

decreased QOL and increased symptom distress. In a subsequent study, Sarna (1998) found that use of structured nursing assessment of symptom distress delayed the increased symptom distress. In a descriptive study of QOL in patients with non-small cell lung cancer (NSCLC) receiving curative radiation therapy, lung cancer treatment had a significant negative effect