

# Self-Reported Assessment of Symptoms and Self-Care Within a Cohort of U.S. Veterans During Outpatient Care for Cancer

Arthur R. Williams, PhD, MPA, Behzad Mowlazadeh, MD, Lorine Sisler, BS, CCRC, and Phoebe D. Williams, PhD, RN, FAAN



© Oncology Nursing Society

**Background:** This study was undertaken as part of a feasibility study of the use of a symptom checklist and self-care assessment of veterans receiving oncology outpatient treatment within the U.S. Department of Veterans Affairs system.

**Objectives:** The study aimed to examine (a) symptom occurrence and severity as self-reported on the Therapy-Related Symptom Checklist (TRSC) by veterans at a cancer clinic, (b) symptom alleviation strategies and use of self-care, and (c) the relationship between symptom occurrence and severity and functional status and quality of life.

**Methods:** Veterans (N = 100) undergoing chemotherapy and/or radiation therapy participated in a cross-sectional study. Tools used, including TRSC, Symptom Alleviation: Self-Care Methods tool, Karnofsky Performance Status scale, and a quality-of-life measure, had good psychometric properties.

**Findings:** Thirteen symptoms were reported by more than 35% of patients. Top-ranked symptoms by percentage occurrence and severity were feeling sluggish, taste changes, nausea, pain, constipation, loss of appetite, numbness of fingers and toes, difficulty sleeping, weight loss, hair loss, difficulty concentrating, shortness of breath, and decreased interest in sexual activity. Occurrence and severity of symptoms had significant negative correlations with functional status and with overall quality of life. Self-care (symptom alleviation) strategies that helped were medicines, diet and nutrition, and lifestyle change. Checklist use (TRSC) facilitated patient-report of symptoms during cancer treatments; self-care strategies helped relieve symptoms.

Arthur R. Williams, PhD, MPA, is a research associate in the Center of Innovation on Disability and Rehabilitation Research at the James A. Haley Veterans' Hospital in Tampa, FL, and a visiting research professor in the Department of Health Administration and Policy in the College of Health and Human Services at George Mason University in Fairfax, VA; Behzad Mowlazadeh, MD, is a physician and Lorine Sisler, BS, CCRC, is a research study coordinator, both at the C.W. Bill Young VA Medical Center in Bay Pines, FL; and Phoebe D. Williams, PhD, RN, FAAN, is a professor in the School of Nursing at the University of Kansas Medical Center in Kansas City. The authors take full responsibility for the content of the article. Research and resource support was provided by Pooja Vanju, MHA, Rishikesh Limaye, MPH, and Kellie Stickler, BS, through support from the Bay Pines VA Healthcare System. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. The content of this article does not represent the views of the U.S. Department of Veterans Affairs or the U.S. Government. Williams can be reached at [williams.arthur@yahoo.com](mailto:williams.arthur@yahoo.com), with copy to editor at [CJONEditor@ons.org](mailto:CJONEditor@ons.org). (Submitted July 2014. Revision submitted November 2014. Accepted for publication December 14, 2014.)

Key words: patient-reported symptoms; checklist; TRSC; symptom monitoring; symptom alleviation; self-care; cancer treatment; U.S. veterans; rehabilitation

Digital Object Identifier: 10.1188/15.CJON.595-602

Cancer is the second leading cause of death in the United States, exceeded only by heart disease. An estimated 1,658,370 new cancer cases will be diagnosed in 2015 (American Cancer Society [ACS], 2015; Surveillance, Epidemiology, and End Results Program, 2013). Survival rates have increased with progress and developments in cancer treatments (ACS, 2015). However, the physical, psychosocial, symptom management, and economic burdens associated with these treatments remain for patients and their

families (Akin, Can, Aydiner, Ozdilli, & Durna, 2010; Berger, 2009; Dodd, Miaskowski, & Paul, 2001; Given, Given, Sikorskii, & Hadar, 2007; Heinze & Williams, 2015; Henry et al., 2008; Mitchell, Beck, Hood, Moore, & Tanner, 2007; Williams et al., 1997; Yabroff, Lawrence, Clauser, Davis, & Brown, 2004; Youngblood, Williams, Eyles, Waring, & Runyun, 1994).

No studies were identified using a population of veterans who reported symptom monitoring, symptom alleviation, and self-care during cancer treatment. Instead, oncology studies