

Perceived Self-Efficacy

A concept analysis for symptom management in patients with cancer

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BACKGROUND: Perceived self-efficacy (PSE) for symptom management plays a key role in outcomes for patients with cancer, such as quality of life, functional status, symptom distress, and healthcare use. Definition of the concept is necessary for use in research and to guide the development of interventions to facilitate PSE for symptom management in patients with cancer.

OBJECTIVES: This analysis will describe the concept of PSE for symptom management in patients with cancer.

METHODS: A database search was performed for related publications from 2006–2016. Landmark publications published prior to 2006 that informed the concept analysis were included.

FINDINGS: Greater PSE for symptom management predicts improved performance outcomes, including functional health status, cognitive function, and disease status. Clarification of the concept of PSE for symptom management will accelerate the progress of self-management research and allow for comparison of research data and intervention development.

KEYWORDS

self-efficacy; symptom management; patients with cancer; concept analysis

DIGITAL OBJECT IDENTIFIER

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THE PURPOSE OF A CONCEPT ANALYSIS IS TO CLARIFY CONCEPTS by examining their structure and function and to expand the body of nursing knowledge (Walker & Avant, 2011). The concept of perceived self-efficacy (PSE) for symptom management in patients with cancer is important because patients are expected to self-manage symptoms, but few have the ability to do so (Hoffman, 2013). The concept of PSE for symptom management includes both PSE and symptom management.

Self-efficacy is a key component of self-management of symptoms and is vital for the implementation of needed behaviors. People are motivated to act only when they believe they can influence results (Bandura, 2001). Studies have shown that self-efficacy positively influences self-management behavior and is linked to higher quality of life (QOL) and improvements in health status, including decreased physical and psychological symptoms (Lorig & Holman, 2003; Phillips & McAuley, 2013; Porter, Keefe, Garst, McBride, & Baucom, 2008; Torbit, Albiani, Crangle, Latini, & Hart, 2015).

Symptom management is a key component of nursing and cancer care (Armstrong, 2014). Symptoms for patients with cancer are frequently occurring, severe, occur in clusters, and lead to symptom burden and/or distress (Barsevick, 2007; Beck, Towsley, Caserta, Lindau, & Dudley, 2009). Self-management of symptoms optimizes outcomes and influences QOL and survival in patients with cancer (McCorkle et al., 2011). The outcomes of unmanaged symptoms include increased symptom distress and poor prognosis along with decreased QOL, functional status, and survival (Gapstur, 2007).

The Oncology Nursing Society's Research Agenda identified symptom management and self-management as priorities (Knobf et al., 2015). The National Institute of Nursing Research (2016) also identified symptom science and self-management as priority research areas. Conceptual clarity will aid in these endeavors.

This concept analysis defines and clarifies the concept of PSE for symptom management in patients with cancer. As cancer survivors live longer, symptom management becomes important for improving health outcomes, increasing QOL, improving functional status, and decreasing demand for healthcare services; all of which decrease the cost of care (Ryan & Sawin, 2009). Analysis of this concept will allow for conceptual clarity in research