

Development of Middle Range Theory to Guide Practice in a Nurse-led Symptom Evaluation and Management Clinic Emily Keen, RN, Allison Gilmer, Grace Kalnins, Savita Sukha, Stewart Bond PhD, RN, AOCN, Callista Roy, PhD, RN, FAAN



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Purpose

- To develop a middle range theory (MRT) of symptom management to guide the assessment and management of patients in a nurse-led symptom management clinic in the NIH (National Institutes of Health) campus.
- Specific aims:
 - 1) to identify, retrieve and critique the studies that relate to the 5 cardinal symptoms of chronic conditions
 - 2) to organize major concepts to create a schema of the MRT.
 - 3) To derive propositions from related concepts to guide practice.

Background

- Patients with chronic conditions experience multiple symptoms occurring in clusters.
- Approaches to symptom evaluation and management must shift to deal with this reality.

Leorey Saligan, PhD, CRNP, FAAN researches, designs, and implements clinics to treat symptom clusters, rather than disease, using biobehavioral approaches based on an in depth understanding of the biology of the symptoms, including his own discoveries in genetics, and the human experience of symptom clusters that patients suffer.

Sr. Callista Roy, PhD, RN, FAAN is a consultant for establishing the theoretical basis for the clinic and for testing its effectiveness.



Method

- Literature Review: Publications from 2001-2014
- Key words: "symptom management" and "symptom assessment."
- Databases: CINAHL, MEDLINE, PubMed, International Nursing Library (STT), ProQuest, Web of Science, Social Services Abstracts, Sociological Abstracts, Psych INFO and Google Scholar.
- Initial sample: 350 English publications; 214 qualified
- Reduced to 167 research articles relating specifically to the 5 cardinal symptoms: pain, fatigue, sleep disturbance, psychological distress, and difficulty concentrating.
- Critique of both the qualitative and quantitative studies included threats to internal and external validity, subjects, and validity and reliability of measurement.

Results

- •The authors developed a framework that included ten categories of major concepts. The 10 categories are: physiologic factors, environmental factors, person factors, systemic stress, symptom experience, behavioral response of coping, assessment of symptom clusters, management of symptom clusters, outcomes, adapting to chronic condition.
- •The framework is being used to guide the development of propositions connecting major concepts.

Framework

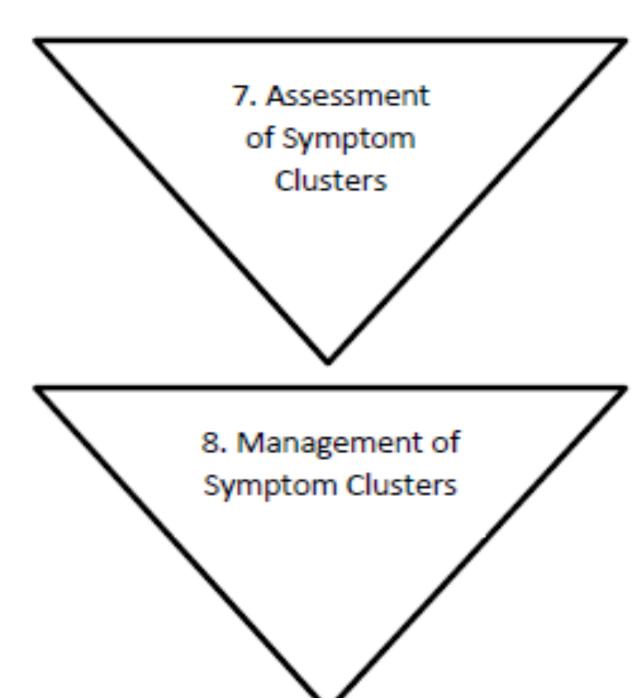
Middle Range Theory for Symptom Assessment and Management For Person/Family as Adaptive Systems

1. Antecedent Stimuli
Physiologic Factors (Focal)
Disease Characteristics-Type and State
Type of Treatment
Comorbid Clinical Conditions
Genetic Profile

3. Person Factors

2. Environmental Factors (Contextual)
Risks and Resources of Physical Environment
Interpersonal Social Relationships
Family Member Roles

(Focal-Contextual-Residual)
Age, Gender, Marital status, Race, Culture,
Role, Education, Socio-economic status
Lifestyle Behaviors
Strength of Physical and Personal Self
Health Knowledge, Values and Experiences
Purposefulness and Meaning (Situational and
Existential)



10. Adapting to Chronic Condition Patient/Family Activation Emotional Status Perception of Health Using information and Support

Healthcare Seeking

Use Knowledge and Skill

Reappraisal

9. Outcomes

Symptom Status

Functional Status

Survival

Disease Progression

4. Systemic Stress

Emotional Arousal (Catecholamines, Proinflammatory Cytokins)
Physical Activation

5. Symptom Experience Perception and Evaluation

6. Behavioral Response of Coping

Activate Physical Self and Personal Self, Spirituality See Moral Ends, Meaning and Purpose

Humor and Time Perspective Positive Attitude, Focus on the Good

Initiate Direct Action/ Expand Input/ Expand Strategies

Selective Attention/ Fixed Focus/ Change Focus

Plan Ahead/Use Resources and Experiences/ Systemic Handling

Relate to Others for Help, Support, and Emotional Sharing/Unique Bonding

Sample of Creating Propositions

Proposition

Radiation as type of treatment and presence of social support in women with symptom cluster of fatigue, pain, anxiety and depression is directly associated with greater quality of life than those having chemotherapy with no social support.

References/Support

CINAHL 49

Reports higher quality of life for women with cancer experiencing a cluster of symptoms based on a given treatment and a context of social support

CINAHL 29

Emotional distress is positively associated with pain, fatigue, depression, anxiety, and the number of symptoms PubMed A135

Patients may have mild to moderate physical distress but very high psychological distress and unmet supportive care needs regardless of their treatment status, and the effect of symptoms and psychological distress and unmet supportive care needs is substantial

Implications

- Recently a vision was articulated for the NINR intramural program to develop a symptom management center which increases the timeliness of this collaborative project
- The MRT will be a tool to guide nurse assessment and interventions in a nurse-led clinic that builds upon and develops further nursing knowledge
- The MRT will lead to more effective interventions to treat patients with the cardinal symptoms of pain, fatigue, sleep disturbance, psychological distress and difficulty concentrating
- The propositions can be tested in NIH clinic for dealing with symptom clusters experienced by persons and families as adaptive systems

BC Research Team



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