Introduction

- Dyspnea perception is a subjective, multidimensional experience of breathing discomfort.
- It is influenced by physiological, psychological, social, and environmental factors, including secondary psychological and behavioral responses.
- Thus, it can be hypothesized that QOL is related to perception of dyspnea in advanced lung cancer patients.
- Currently, no published reports have examined this relationship in this population.

Purpose of the Study

The purpose of this study is to examine the relationship between quality of life and perception of dyspnea in a group of advanced lung cancer patients.

1) Examine the relationship between relevant demographic variables, overall level of quality of life, and overall level of dyspnea perception.
2) Examine the relationships between relevant demographic variables, the subscale components of quality of life (basic function, activity, emotional function, cognitive function, social support, existential needs, perception of care) and dyspnea perception (sense of effort, anxiety, discomfort).

Methodology

- A non-experimental quantitative study using a descriptive correlational design.

Inclusion Criteria:
- Patients with advanced lung cancer at stage IIIA or above.
- Able to read, write, and understand English.

Exclusion Criteria:
- Brain metastasis with decreased mental status.

Instruments:
- Quality of Life will be measured using the Assessment of Quality of Life at the End of Life (AQEL)
- Perception of dyspnea will be measured using the Cancer Dyspnea Scale (CDS).

Data Analysis:
- Correlational analysis and Chi-square with a significance value at both 0.05 level (2-tailed).

Results and Discussions

The aims of this proposed study were formulated to address the research questions of whether relationships existed between relevant demographic variables, the subscales component of AQEL and CDS, and the total score for both the Assessment of Quality of Life at the End of Life and the Cancer Dyspnea Scale. The findings supported the literature review suggestions that there was indeed relationship between the subscales, AQEL, and CDS measurement total scores. In the sample of advanced lung cancer patients in the hospice care setting, results revealed the AQEL subscales (basic function, activity, cognitive function an perception of care) had a significant correlation to the AQEL total score.

The physical symptoms (pain and bowel movement) indicated a strong inverse relationship to the AQEL total score. As indicated by prior research, analysis revealed the CDS subscales (discomfort, anxiety, and sense of effort) had a strong significant relationship to the CDS total score. Furthermore, it is important to note that the result geared toward the second aim of this research study, indicated no significant relationships between the participants demographics, AQEL total score, and CDS total score.

Conclusion

Precipitants of dyspnea included both physical and emotional sensations triggered by immediate reactions connected to participants’ experience of dyspnea perception amongst advanced lung cancer patients in the hospice setting. Therefore, The need to explore numerous interventions in lung cancer and dyspnea is imperative. It is vital that the healthcare team work therapeutically with patients and family to help them live better with illness and its manifestations.

Recommendations

- Increase knowledge of the relationship between quality of life and perception of dyspnea in advanced lung cancer patients.
- Provide a basis for the development of more refined assessment tool.
- Enhanced symptom management.
- Overall improvement of the care of advanced lung cancer patients.

References


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