Dyspnea Among Patients With Advanced Lung Cancer: A Concept Analysis

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Background: Dyspnea is a subjective, multidimensional experience of breathing discomfort, influenced by physiological, psychological, social, and environmental factors, which includes secondary psychological and behavioral responses and cannot be defined only by physical objective abnormalities. It has been found to create barriers in daily life among patients with advanced lung cancer which interferes with physical activities such as walking, work, and psychological activities such as disposition, taking pleasure in life, relationship with others, and sleep. To the lung cancer population, dyspnea is a constant reminder of how serious the consequences are of being stricken by a life threatening disease.

Objective: First, to identify current theoretical and operational definitions of dyspnea and second, to identify and describe defining attributes of dyspnea.

Methods: The method of inquiry was guided by Walker and Avant’s (2011) approach to concept analysis.

Findings: From this analysis, a conceptual model of dyspnea experience within the core of patients with advanced lung cancer may include attributes of dyspnea occurrence and distress as not only the physiological, psychological, and environmental, but also the situational existential meaning or perception of individual suffering from dyspnea.

Discussion: Dyspnea is a symptom that is usually under-diagnosed and inadequately managed due to lack of recognition or availability of interventions. Dyspneic patients are unable to perform activities of daily living because of fatigue, discomfort and anxiety associated with the inability to breath normally. The impact of dyspnea management on the quality of life in advanced lung cancer patients requires more recognition and better quality of care.

Conclusions: Patients with advanced lung cancer experience dyspnea in ways that changes lives with restriction, loss of autonomy, and with subsequent dependence on others by threatening the joy in their existence. Despite the frequency and complexity of this symptom, little research has been conducted to specifically identify effective treatment in patients with advanced lung cancer. Further investigations are needed in this area to assert the total dyspnea experience that could be influential in regards to the impact of dyspnea management on the quality of life in patients with advanced lung cancer.

Title:
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Advanced Lung Cancer, Dyspnea Concept Analysis and Quality of Life

References:


**Abstract Summary:**

Dyspnea is a symptom that is usually under-diagnosed and inadequately managed due to lack of recognition or availability of interventions. The impact of dyspnea management on the quality of life in advanced lung cancer patients requires more recognition and better quality of care.

**Content Outline:**

I. Introduction:

   A. Dyspnea is a subjective, multidimensional experience of breathing discomfort, influenced by physiological, psychological, social, and environmental factors, which includes secondary psychological and behavioral responses and cannot be defined only by physical objective abnormalities

   B. It has been found to create barriers in daily life among patients with advanced lung cancer which interferes with physical activities such as walking, work, and psychological activities such as disposition, taking pleasure in life, relationship with others, and sleep.

II : Body

i. Main Point #1 Identify current theoretical and operational definitions of dyspnea

   o Supporting Points #1 breathing discomfort and disordered breathing

      a. In a qualitative study from visits to breathlessness clinics, it was shown that dyspnea descriptions included both physical and emotional sensations, such as the feeling of not getting enough breath, panic, or impending death.

      b. Current literature defines dyspnea as a subjective, multidimensional experience of breathing discomfort, influenced by physiological, psychological, social, and environmental factors, which includes secondary psychological and behavioral responses and cannot be defined only by physical objective abnormalities

ii. Main Point #2 Identify and describe defining attributes of dyspnea

   o Supporting Points #2

      a. Existing theory and studies of dyspnea as a symptom in the lung cancer population had defined key attributes of dyspnea as frequency, intensity, and duration

      b. The quantification of dyspnea can be an important judgment in the severity and prognosis in lung cancer patients. It can also lead to a limiting symptom that may be responsible for the economic and social disabilities

iii. Main Point #3 Gain deeper understanding of dyspnea as a symptom
Supporting Points #3
a. Dyspnea is a symptom that is usually under diagnosed and inadequately managed due to lack of recognition or availability of interventions.
b. Despite the frequency and complexity of this symptom, little research has been conducted to specifically identify effective treatment in patients with advanced lung cancer.
c. Research has shown that one of the most important intervention that can be utilized with dyspneic patients with advanced lung cancer is education regarding more effective breathing exercises such as diaphragmatic breathing, alteration of breathing, and pursed-lip breathing

III: Conclusions:

A. Despite the frequency and complexity of this symptom, little research has been conducted to specifically identify effective treatment in patients with advanced lung cancer.
B. Further investigations are needed in this area to assert the total dyspnea experience that could be influential in regards to the impact of dyspnea management on the quality of life in patients with advanced lung cancer

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Author Summary: Dr. Barbara A. Roces is an Associate Professor of Nursing at West Coast University in Los Angeles, California. She is also a Hospice/ Palliative Nurse Practitioner. Her research interest includes promotion of Quality of Life in Palliative/Hospice patients, as well looking at the psychophysiological aspect of dying patients with advanced cancer diagnosis.