

Self-Efficacy for Management of Symptoms and Symptom Distress in Adults With Cancer: An Integrative Review

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PROBLEM IDENTIFICATION: Self-efficacy for symptom management plays a key role in outcomes, such as quality of life (QOL), functional status, and symptom distress, for adults with cancer. This integrative review identified and assessed evidence regarding self-efficacy for management of symptoms and symptom distress in adults with cancer.

LITERATURE SEARCH: The authors performed a search of literature published from 2006–2018, and articles that examined the relationship among self-reported self-efficacy, symptom management, symptom distress or frequency, and severity in adults with cancer were selected for inclusion.

DATA EVALUATION: 22 articles met the inclusion criteria. All articles were critically appraised and met standards for methodologic quality.

SYNTHESIS: Evidence from this review showed that high self-efficacy was associated with low symptom occurrence and symptom distress and higher general health and QOL. High self-efficacy predicted physical and emotional well-being. Low self-efficacy was associated with higher symptom severity, poorer outcomes, and better overall functioning.

IMPLICATIONS FOR RESEARCH: Self-efficacy can be assessed using developed instruments. Presence of a theoretical model and validated instruments to measure self-efficacy for symptom management have set the groundwork for ongoing research.

KEYWORDS self-efficacy; symptom management; integrative review; symptom distress; cancer

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Changes in screening, early detection methods, and advances in treatments have resulted in a decrease in overall death rates and an increase in the number of adults living with cancer in the United States (Cronin et al., 2018). Living with cancer increases the complexity of care because adults often also have other chronic illnesses, such as heart disease, diabetes, or chronic lung disease (Hoffman, 2013). Acute and long-term symptoms related to a cancer diagnosis are physical and psychological and result from the disease process and treatments. Symptom distress is the amount of suffering that occurs as a response to the presence of symptoms (Rhodes & Watson, 1987). It may be psychological, emotional, social, or spiritual and can interfere with how adults cope with or manage their symptoms (Holland et al., 2013). Symptom management is an important part of the plan of care for adults with cancer because uncontrolled symptoms affect quality of life (QOL), functional status, perception of health, cost of health care, and survival (Brant, Dudley, Beck, & Miakowski, 2016).

Self-efficacy and symptom management are key concepts that affect outcomes for adults with cancer in all stages of treatment. Self-efficacy is a person's ability to implement behavior for a desired outcome (Bandura, 2001). Adults are expected to self-manage their symptoms but may not have the self-efficacy to do so. Patients with cancer are primarily responsible for managing their health, and they must be able to implement behaviors specific to the task of symptom management, such as symptom recognition, prevention, and actions to decrease or relieve the intensity, duration, and frequency of symptoms (White et al., 2017). Understanding self-efficacy, symptom distress, and the role that symptom management strategies have in controlling symptoms is imperative for maintaining