

# Symptom Occurrence, Severity, and Self-Care Methods by Ethnicity and Age Group Among Adults With Cancer

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**OBJECTIVES:** To examine the relationships among cancer therapy–related symptom occurrence and severity, selected cancer-related variables, and demographic variables. Secondary purposes were to examine participants' reported symptom occurrence and severity by ethnicity and by age group and to identify self-care methods.

**SAMPLE & SETTING:** Convenience sampling was used and included 110 adults receiving cancer treatment from a major hospital in the northeast region of the United States.

**METHODS & VARIABLES:** A descriptive correlational design was used. Study variables were symptom occurrence and severity and selected demographic and cancer-related variables. The Therapy-Related Symptom Checklist was used to measure symptom occurrence and severity, and the Symptom Alleviation: Self-Care Methods tool was used to record self-care strategies.

**RESULTS:** Significant relationships were found between symptom occurrence and severity and gender, economic status, and disease stage. Feeling sluggish was the most frequently reported symptom.

**IMPLICATIONS FOR NURSING:** Oncology nurses are in an influential position to educate and manage participants' cancer therapy–related symptoms.

**KEYWORDS** cancer therapy; symptom management; self-care methods; oncology nursing

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Cancer is a major health problem in the United States, and it is the second leading cause of death, exceeded only by cardiac diseases (American Cancer Society [ACS], 2021b; Siegel et al., 2020). In 2021, about 1.9 million individuals are expected to be diagnosed with cancer in the United States, and about 608,570 cancer deaths are estimated to occur (ACS, 2021b). Cancer can lead to significant interference in individuals' physical, financial, and emotional well-being that affects families and society in general (Bernat Kolankiewicz et al., 2017; Drageset et al., 2014; World Health Organization, 2021).

Oncogenesis is a multifactorial process affected by various factors, such as inherited genetic variations, differences in lifestyle, environment, and tumor biology (Grenade et al., 2014; Schabath et al., 2016). Racial and ethnic differences affect oncogenesis, cancer incidence, mortality, symptom experience, treatment adherence, outcome, and survival. Certain racial and ethnic groups experience cancer disparities and have an increased risk of developing and dying from particular cancers. According to the National Cancer Institute (2020), Black/African American individuals have higher death rates from most types of cancers, such as breast and prostate cancer, compared to other racial and ethnic groups. Cultural beliefs and values also influence the entire way in which the meaning of and response to cancer are framed. Awareness of individuals' racial, ethnic, and cultural differences in symptom experience and identification of these high-risk individuals would help the treatment team to manage their symptoms effectively during aggressive treatments (Kagawa-Singer, 2011; Shi et al., 2015). The inclusion of different racial and ethnic groups enhances the generalizability of study results (Flanagin et al., 2021).

Cancer treatment involves the use of surgery, chemotherapy, radiation therapy, immunotherapy, targeted therapy, or hormone therapy. Most