

Slide 1

**Self-efficacy for Symptom Management in Stem Cell Transplant:
What does it mean?**

Lynn White, PhD, RN, ACNS-BC
Dissertation Research




University of Nebraska
Medical Center
COLLEGE OF NURSING

Slide 2

Background

- Hematopoietic Stem Cell Transplant (HSCT)
 - Intensive treatment for hematologic cancers and other hematologic conditions
 - Autologous or allogeneic
 - Process
 - Conditioning, reinfusion, nadir, engraftment
- Acute Phase – 30 days post-transplant
 - Greatest risk for complications
 - Symptoms are at highest levels
 - Physical function and quality of life (QOL) are at lowest levels




Slide 3

**Key Concepts:
Symptom Distress**

Physical or mental suffering from experience of symptom occurrence

- Psychological, emotional, social, or spiritual
- Intensity, frequency, and QOL leads to distress
- Effects on outcomes (HSCT)
 - Higher anxiety and depression, sleep concerns
 - Decreased physical functional status
 - Decreased health-related QOL
 - Increased length of inpatient stay, more likely to self-report non-adherence
 - Survival



Slide 4

**Key Concepts:
Self-efficacy**

Belief in ability to implement behavior to achieve an outcome

- Components:
 - Motivation, knowledge and skills, confidence, awareness, cognitive and affective processes, competence




Slide 5

**Key Concepts:
Self-efficacy for Symptom Management (SESM)**

Ability to implement behaviors to prevent, recognize, and relieve symptoms


High SESM may lead to more effective symptom management

- Decrease symptom distress
- Improve outcomes
 - Health outcomes, daily functioning
 - Cognitive outcomes




Slide 6

Conceptual Model



```
graph LR; A["Confidence  
Motivation  
Competence  
Cognitive processes  
Affective processes  
Awareness"] --> B["Self-efficacy for  
symptom management"]; C["Thinking/Action  
Knowledge/Tactics  
Distress/Behaviors"] --> D["Symptom distress"]; B <--> D; B --> E["Outcomes:  
Symptom Relief  
Health Status  
Cost of Health  
Care  
Behavior Performance"]; D --> E;
```



- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall, Inc.
- Hoffman, A. (2013). Enhancing Self-efficacy for Optimized Patient Outcomes Through the Theory of Symptom Self-management. *Cancer Nursing*, 30(1), 1-18-36. doi:10.1097/NCC.0b013e318224273b
- Lenz, E. R., Pugh, L. C., Milligan, K. A., Gitt, A., & Suppe, F. (1997). The middle-range theory of unpleasant symptoms: an update. *Advances in Nursing Science*, 20(3), 14-27.



Slide 7

Qualitative Purpose

Explore the meaning of SESM in adults during the acute phase of HSCT



Slide 8



Procedures

Design

- Descriptive, longitudinal pilot study

Institutional approval

- IRB approval
 - UNMC and Avera
- Consent



Slide 9

Methods

Sample



- $n = 40$
- Autologous and allogeneic transplant patients
- Consecutive recruitment
- Inclusion/Exclusion

Setting

- Single, transplant center, Midwest

Interviews conducted at baseline and at 30 days post-transplant

Descriptive thematic analysis



Slide 10


Interview Questions

Baseline

1. What does self-efficacy for symptom management mean to you?
2. How much self-efficacy do you feel you have for symptom management?
3. Can you give examples?

30 days Post-transplant


1. How much self-efficacy did you have for managing your symptoms during the last 30 days?
2. Can you give examples?
3. What might have helped you to develop self-efficacy for symptom management?



Slide 11

Conclusion

- Adds patients perspective to literature on self-efficacy in HSCT
- Higher SESM associated with fewer symptoms and increased physical function
- Opportunity for plan of care that includes assessment of SESM prior to transplant
- Basis for creation of interventions to enhance SESM
- Recognizing patients at risk for increased symptom distress and decreased SESM important for intervention timing



Slide 12

Acknowledgements

- Dissertation Supervisory Committee
- Avera McKennan Hospital and University Health Center
- Avera McKennan Transplant Institute

