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Self-care and cancer: Comment on Riegel et al. (2020) ‘Characteristics of self-care interventions for patients with a chronic condition: A scoping review’

Self-care, defined as an individual’s engagement in activities necessary to achieve, maintain, and promote the best possible health, has been identified as a nursing-sensitive outcome (Richard and Shea, 2011). Many researchers underline that improving patients’ self-care can result in better treatment adherence and quality of life, lower morbidity, mortality, re-hospitalisation rates, and healthcare costs (Jaarsma et al., 2020). We read with interest the scoping review by Riegel et al. (2020) identifying the characteristics of interventions addressing self-care in patients with nine common chronic conditions. The authors conclude that health promotion behaviours intended to conserve physical wellbeing were the main focus of interventions promoting self-care in chronic illness contexts. The scoping review also highlights incongruencies in the definition and theoretical underpinnings of self-care in complex interventions; heterogeneity of interventions to enhance self-care; and limited consideration of symptom management behaviours, psychological consequences, and health and digital literacy challenges within the included studies (Riegel et al., 2020). Furthermore, the review points out that few interventions appeared to incorporate behaviour change techniques, needed to support the psychological determinants of self-care behaviour.

Although interventions targeting patients with cancer have not been included in this review, we believe that the findings by Riegel et al. (2020), including those specific self-care behaviours addressed, could also be applied to our understanding of self-care (and self-management) in cancer care. Promoting self-care among people living with and beyond cancer is the essence of nurse-led interventions across the cancer spectrum, from diagnosis to end of life care (Charalambous et al., 2018). Oncology nursing research studies are increasingly investigating the impact of self-management support on patient-reported outcomes, and we observe a rapid integration of such interventions and programs in clinical practice. Some early findings show promising improvements in psychosocial and quality of life outcomes among people affected by cancer (Howell et al., 2020).

Moreover, a recent systematic review has illustrated the range of interventions addressing self-care in cancer survivors (Cuthbert et al., 2019). Interestingly, most of these interventions are based on psycho-educational components, and many of them focus on symptom management, suggesting that insights from the cancer care literature may be useful for other chronic conditions.

Although several theories have been suggested to inform self-care interventions for patients with cancer (Baydoun et al., 2018; Hoffman, 2013), the concept of self-care is often poorly defined and confused with others, such as self-management and symptom management (Richard and Shea, 2011), undermining comparison across studies, and aligning with the conclusions of Cuthbert et al. (2019) and Riegel et al. (2020). The latter authors underline that a clear conceptualisation of self-care and its components, as well as guiding models and theories, such as the Middle-Range Theory of Self-Care of Chronic Illness (Riegel et al., 2019), are needed to identify effective interventions. However, it is not clear to what extent Riegel et al.'s theory of self-care (2019) can be applied to patients living with cancer.

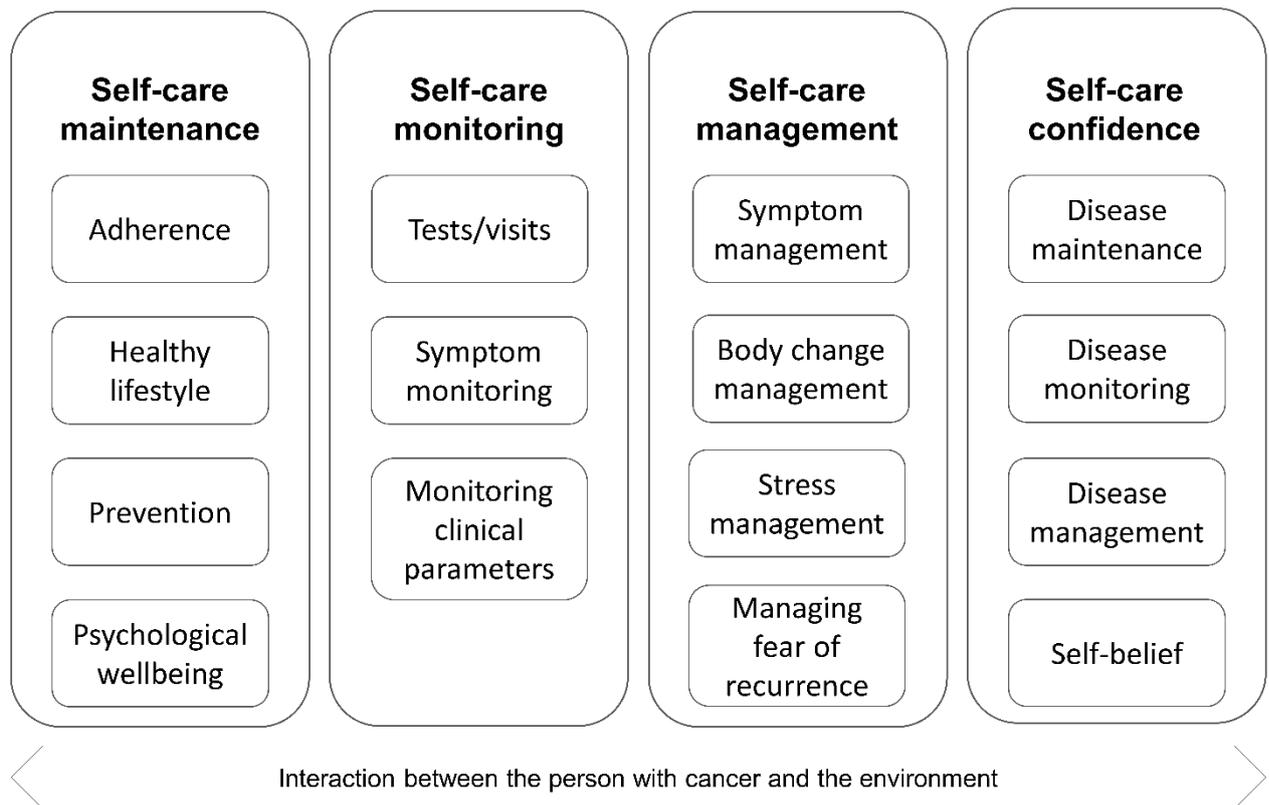
This gap may be due to several reasons. For example, one could argue that many patients with cancer are faced with life-threatening conditions, treatment-related adverse effects, and cancer-related symptoms, and thereby the prominent focus of care is on more immediate, acute care rather than self-care support for chronic disease management. The existence and significance of acute care needs, within a supportive care environment, may encourage cancer nurses and other healthcare professionals to focus more directly on symptom management, rather than the promotion of self-care behaviours. For example, Fitch's model (2008) proposes person-centred supportive care and emphasises that all patients require some level of information, but does not explicitly address the role of self-care. This may explain why, as emphasised by Cuthbert et al. (2019), only a few of the self-management interventions for people living with and beyond cancer, have been based on behaviour change theories such as cognitive behavioural theory. To our knowledge, more comprehensive theories of self-care, such as Riegel et al.'s theory (2019), have not been applied in the cancer context.

Nevertheless, people with cancer wish to keep their condition stable (*self-care maintenance*), to monitor signs and symptoms (*self-care monitoring*), and to take action when more severe symptoms occur (*self-care management*), in line with Riegel et al.'s theory (2019). As such, symptom perception, considered as a process of interpreting bodily changes as symptoms, has been included in Riegel et al.'s theory (2019) to achieve a more integrated approach that involves body listening, monitoring, recognition, interpretation, and labelling of signs and symptoms. Another aspect that has been shown also by Hoffman (2013) to be a central element in dealing with symptoms is self-efficacy, referred to as self-confidence by Riegel et al. (2019).

Furthermore, cancer is increasingly viewed as a long-term condition, not only for those with chronic malignancies such as chronic leukaemias or myeloproliferative neoplasms. Additionally, many patients face long-term consequences of cancer and its treatment, as such all cancer survivors have self-care support needs. It is important that people living with and beyond cancer both pay attention to symptoms that might be indicative of further disease and also engage in specific preventive behaviours, in order to mitigate their increased risk for long-term effects like cardiovascular events as well as second malignancies. They also need to cope with underlying fears of recurrence, the loss of self that is often experienced, and the psychological impact of living with and beyond cancer. Thus, all aspects of Riegel et al.'s theory (2019) can be applied to patients living with and beyond cancer (Figure 1).

In the context of the COVID-19 pandemic, conventional self-care behaviours, such as exercising, might be affected negatively as a result of restrictions due to the national lockdown policies and the need for self-isolation, reduced contact with health professionals, as well as mass anxiety, fear, and depression. However, self-care is crucial for patients in this period to avoid having to access the emergency department and re-hospitalisation, associated with an increased risk of SARS-CoV-2 infection. At a time when safety and control are paramount, nurses should support people dealing with and beyond cancer during the pandemic by fostering appropriate evidence-based self-care interventions.

Figure 1. Examples of possible self-care behaviours in people living with and beyond cancer according to the theory by Riegel et al. (2019)



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