Chemotherapy-related cognitive change: a principle-based concept analysis.

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Abstract
PURPOSE/OBJECTIVES:
To present the results of a principle-based concept analysis of cognitive change in patients with cancer following chemotherapy treatment.

DATA SOURCES:
86 English-language articles retrieved through OVID, PubMed, CINAHL®, and Web of Knowledge searches through June 2010. No time limits were imposed.

DATA SYNTHESIS:
Analysis was based on the philosophical principles: epistemologic, pragmatic, linguistic, and logical. Conceptual components were identified and a theoretical definition of chemotherapy-related cognitive change emerged; the term was not clearly defined or well differentiated in the scientific literature. Implicit meanings are found in patients’ subjective accounts, descriptions of the cognitive domains studied, and the choice of neuropsychological assessment instruments. Antecedents relative to chemotherapy-related cognitive change include disease and treatment factors. Moderators may include anxiety, depression, and fatigue. Consequences or outcomes of the experience of chemotherapy-related cognitive change include adjustment to illness, impact on quality of life, and potential for emotional distress.

CONCLUSIONS:
The principle-based concept analysis generated conceptual insights about chemotherapy-related cognitive change that are based on sound scientific evidence. The product of this method of analysis is a theoretical definition that reflects the state of the science.

IMPLICATIONS FOR NURSING:
When the impact of cognitive change following chemotherapy is better understood, meaningful and timely interventions can be developed to improve quality of life for cancer survivors.

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