RURAL CONSIDERATIONS FOR DEVELOPING A HOME-BASED MINDFULNESS INTERVENTION FOR PATIENTS WITH LUNG CANCER

Authors: Rebecca H. Lehto, PhD, RN, Gwen Wyatt, PhD, RN, FAAN

Learner Objectives:
1. The learner will be able to identify both specific symptoms and major challenges that a patient with lung cancer who is undergoing treatment experiences, and how such symptoms and challenges affect ability to participate in intervention studies.
2. The learner will be able to identify what mindfulness-based therapy is, the mechanism of action behind mindfulness-based therapy, and how mindfulness-based therapy has been applied to clinical samples with cancer.
3. The learner will be able to identify how mindfulness-based therapy could be tailored for application in a rural population with lung cancer.

Purpose/Aims: Improving symptom management and health-related quality of life (HRQOL) for patients with lung cancer, the leading cause of cancer mortality in the United States are a public health priority. Patients receiving lung cancer treatment have lowered participation in symptom management intervention studies. Mindfulness-based interventions are grounded in increasing evidence that breathing, meditation, and gentle yoga exercises enhance patients’ ability to manage psychological and physical symptoms, and to adapt to serious stressors. However, mindfulness-based interventions are generally conducted at large hospital sites in a group format requiring travel. There is limited investigation of mindfulness-based interventions for patients with lung cancer, particularly for patients who receive community-based interventions for patients with lung cancer, particularly for patients who receive community-based care and live in rural areas. The study purpose was to obtain patients’ perceptions to use in designing a randomized clinical trial targeted for patients with reduced access to a community site.

Conceptual Background: A community-based participatory framework guided the study.

Subjects/Methods: 11 community participants (mean age 69.6 +/- 8.49; range 51-79 years; 6 women, 5 men) with non-small cell lung cancer participated in audio-taped focus groups. Qualitative methods recommended by Kruger (2000) were used.

Results: Patients were generally open-minded about mindfulness-based interventions. Specific barriers related to mindfulness practice included: Physical; dyspnea-breathlessness, positional discomfort, and fatigue/weakness; Psychological: sitting still for periods of time, worrisome thoughts, feeling overwhelmed, and guilt.

Conclusions/Implications for research and rural practice: Improving HRQOL for patients receiving lung cancer treatment who reside in rural areas is essential. The design of mindfulness-based interventions protocols must consider the unique challenges of this vulnerable group. The breathing exercises of mindfulness-based interventions may relieve the reported respiratory symptoms; the meditation component may improve the emotional symptoms; and the gentle yoga movements may lessen positional discomfort and/or inability to sit for a length of time. Home adaptation with a modified protocol may increase access for rural populations. Mindfulness-based interventions require few resources to implement, and thus carry the possibility of being a supportive resource that patients can use in difficult to reach settings.