TeJoS: Teewan Journal Solutions
Volume 2 Number 3, Juni 2025
http://teewanjournal.com/index.php/teekes

Application *of Theory of Unpleasant Symptoms* tRoad o Reduce Stress, Anxiety and Depression in Lung Cancer Patients

Arza Rufli[1]
Oncology Nurse Specialist, Faculty of Nursing, University of Indonesia, FIK UI Campus, Jl. Prof. Dr. Bahder Djohan, Depok, West Java – 16424, Email: arzarufli70@gmail.com
Dewi Gayatri[2]
Oncology Nurse Specialist Study Program, Faculty of Nursing, University of Indonesia, Faculty of Nursing, University of Indonesia, FIK UI Campus, Road Prof. Dr.Bahder, Djohan, Depok, West Java – 16424, email: ditya.b@gmail.com
Giur Hargiana[3]
Faculty of Nursing, University of Indonesia, Faculty of Nursing, University of Indonesia, FIK UI Campus, Road Prof. Dr. Bahder, Djohan, Depok, West Java –16424, email: giurhargiana@ui.ac.id

Submitted: 23/07/2025 Accepted: 28/07/2025 Published: 02/08/2025

ABSTRACT
Lung cancer patients often face significant psychosocial distress, negatively impacting their quality of life. To address this problem and equip patients with coping skills, the application of *the concept of Theory of Unpleasant Symptoms (TOUS)* has become a relevant assessment format. Ten cases of lung cancer patients managed by the Resident showed that *Evidence-Based Nursing Practice (EBNP) interventions* in the form of *Mindfulness Loving-Kindness Meditation* (MLKM) were effective in treating psychological distress. This intervention has been shown to significantly reduce levels of stress, anxiety, and depression in patients. Therefore, MLKM is recommended as an essential nursing intervention to help lung cancer patients cope with their psychological distress. Oncology nurses are advised to adopt the TOUS approach in managing lung cancer patients experiencing psychological problems, strengthening evidence-based nursing practices in holistic governance.
Keywords: Lung Cancer, Psychological Distress, *Loving Kindness Meditation*, Discomfort Theory.

Introduction

Lung cancer is one of the serious global health problems, characterized by a high incidence and mortality (World Health Organization, 2024; Siegel et al., 2024). The disease not only causes significant physical impairment, but also triggers a profound psychological burden on the patient. Often late diagnosis processes, often poor prognosis, and side effects of treatment modalities such as chemotherapy and radiation, collectively contribute to a decrease in patients' quality of life (National Comprehensive Cancer Network, 2024).

Lung cancer is a health problem in the world that ranks first in the world with the number of cases of nearly 2.5 million in the world. Lung cancer is the leading cause of the highest death due to malignancy with the number of deaths reaching 1.8 million cases (Bray et al., 2024). Patients with lung cancer are often diagnosed when they are already at an advanced stage. Enforcement of the diagnosis and clinical stage should be holistically. Enforcement of lung cancer diagnosis requires adequate support of means. A good approach and multidisciplinary cooperation are indispensable in the enforcement of lung cancer diagnosis.

Lung cancer treatment itself is often intensive and multidisciplinary, involving surgery, chemotherapy, radiotherapy, targeted therapy, and immunotherapy. Each of these treatment modalities carries a unique set of side effects, ranging from nausea, vomiting, fatigue, pain, to immunosuppression, which directly affect the patient's quality of life (NCCN, 2024). Moreover, the diagnosis of lung cancer itself, which is often presented with a challenging prognosis, as well as debilitating treatment side effects, collectively contributes to a drastic decline in the quality of life of patients and families. Although physical treatment is a top priority, aspects of patients' mental and emotional well-being are often neglected or lack adequate attention in routine clinical practice, even though psychological stress can worsen physical symptoms and response to treatment (Chen et al., 2023).

In the context of oncology nursing care, it is important to adopt a holistic approach, which focuses not only on the management of physical symptoms but also on the psychological well-being of the patient. *The Theory of Unpleasant Symptoms (TOUS)* developed by Gift, Lentz, Pugh, and Milligan (1990) provides a relevant and comprehensive framework for understanding the complexity of symptom experiences in patients. This theory emphasizes that unpleasant symptoms, including stress, anxiety, and depression, do not stand alone but rather interact with each other and are influenced by physiological, psychological, and situational factors. Using TOUS, nurses can systematically examine this set of symptoms, identify their triggers and burdens, and design integrated interventions to improve patients' performance and quality of life (Gift et al., 1990; Lenz et al., 1997). Therefore, the application of TOUS is a rational basis for designing interventions centered on lung cancer patients.

Based on the phenomenon of psychological burden experienced by lung cancer patients such as stress, anxiety, and depression, oncology nursing specialist resident nurses will provide comprehensive oncology nursing care. The oncology nursing care provided uses the *Theory of Unpleasant Symptoms* (TOUS) approach by Gift, Lentz, Pugh, and Milligan. This theory focuses on the study, understanding of influencing factors, and management of complex and interrelated unpleasant symptoms including psychological symptoms such as stress, anxiety, and depression with the aim of improving the performance and activity ability of lung cancer patients.

Research Methods

This study uses a case study design through a nursing care approach by applying the *Theory of Unpleasant Symptoms (TOUS)* developed by Gift, Lentz, Pugh, and Milligan (1990). This theory is the basis for identifying, analyzing, and designing interventions for unpleasant symptoms, especially stress, anxiety, and depression experienced by lung cancer patients. The TOUS approach allows nurses to understand the interconnections between the physiological, psychological, and situational factors that influence the experience of symptoms, as well as their impact on the patient's performance and quality of life (Lenz et al., 1997).

Oncology nursing care provided to 10 cases of lung cancer patients has been carried out in the inpatient and outpatient rooms of Dharmais Cancer Hospital. The implementation of care and intervention was carried out for 1 week and evaluation was carried out after one week. The managed cases taken were lung cancer patients who were undergoing chemotherapy and/or radiotherapy regimens, and were identified as experiencing stress, anxiety, and depression based on initial screening.

The implementation of the oncology nursing care process, guided by the TOUS framework, begins with a comprehensive assessment of the patient's symptoms of stress, anxiety, and depression, including the factors that affect them (physiological, psychological, situational) and their impact on the patient's performance. Next is the enforcement of nursing diagnoses relevant to those psychological symptoms (e.g., anxiety, helplessness, sleep pattern disorders). Then, specific nursing interventions were determined, with the main intervention in the form of *Mindfulness Loving-Kindness Meditation (MLKM).* This MLKM intervention is given in a structured manner in several sessions, adjusted to the patient's condition and ability. The implementation stage or nursing action includes the implementation of MLKM sessions and management of other psychological symptoms as planned. And finally, nursing evaluations are conducted periodically to monitor changes in patients' levels of stress, anxiety, and depression after the MLKM intervention, as well as the overall effectiveness of nursing care in improving the patient's quality of life, in accordance with the goals of TOUS.

Results and Discussion

Results

First Case

Ny. SH (68 years old) Islam, the last education of elementary school, Javanese and married. Patients with right lung tumor suspect metastasize unknown primary. The patient came to Dharmais Cancer Hospital for the 1st cycle of advanced chemotherapy. The patient has no history of allergies to either food or drugs, the patient does not have hereditary diseases either metabolic diseases or cancer. Patients are undergoing chemotherapy protocol 3 Cycle 1 Cisplatin + Gemcitabine. The results of the April 6, 2025 assessment obtained data on Blood Pressure: 129/74 mmHg, breathing: 20 x / minute, pulse 65 x / minute, temperature 36□C, TB 155 cm, BB, 73 kg, no pain, IV installed via the right hand peripherals, plebitis is absent. Lab results on April 10, 2025: HB: 12.3, Leu:14.87/micro, platelets 241 thousand, urea 41, creatinine 0.7.

When assessing the symptoms complained of, the factors that affect the symptoms (physiological, psychological, and situational), the results of the symptoms (performance) according to the Theory of Unpleasant Symptom (TOUS) were found to be nursing problems as follows:

1. Point of complaint symptoms found: Patient says pain in the chest and throat. Patients also complain of fatigue and nausea which is very annoying. Patients say the side effects of chemotherapy can also trigger significant levels of anxiety. An increase in leukocytes of 14.87/µL which can indicate the presence of an infection or inflammatory response.
2. Point of factors that affect symptoms found data: The patient is undergoing advanced chemotherapy, some of the symptoms that arise directly are physical symptoms such as fatigue, pain, and nausea. A significant increase in leukocytes could be a response to chemotherapy or an indication of infection.
3. The third point is the result of symptoms, the patient appears to be asleep due to weakness, there is a decrease in physical activity, the patient has more wives due to weakness.

Nursing problems found: Fatigue, anxiety, chronic pain, sleep patterns, and risk of infection.

Second Case

Mr. R (63 years old) is a Muslim, the last education of high school, Sundanese ethnicity. Patients with meta-brain lung cancer. The patient came to the Dharmais Cancer Hospital referred from PON Hospital with complaints of right body spasms since two months ago, weakness of the right limbs, coughing up blood, and a loss of 12 kg in a period of 3 months. The patient has no history of allergies to either food or drugs, the patient does not have hereditary diseases either metabolic diseases or cancer. The results of the April 7, 2025 assessment obtained data on Blood Pressure: 134/92 mmHg, breathing: 20 x / minute, pulse 81 x / minute, temperature 36.40□C, TB 167 cm, BB 55 kg, no pain, IV installed via the right hand periphery, pblebitis is absent. Installed nasal cannula 5 liters/min, oxygen saturation 97%. Bronchoscopy dated March 19, 2025 with the results of a visible mass of nodules2 in the trachea, patients with a history of Pnytoin administration 400 mg. EWS score 0. Lab results on April 5, 2025: HB: 12.7, Leu: 14.87/micro, platelets 368 thousand.

When assessing the symptoms complained of, the factors that affect the symptoms (physiological, psychological, and situational), the results of the symptoms (performance) according to the Theory of Unpleasant Symptom (TOUS) were found to be nursing problems as follows:

1. Point of complained symptoms found: The patient shows some unpleasant symptoms that stand out. Physically, the right body spasm has been going on since two months ago. Weakness of the right limb. Coughing up blood. Drastic weight loss of 12 kg in the last three months.
2. Point of factors influencing symptoms found data: Physiologically, metastases to the brain cause seizures and weakness of the right limb, while lung tumors cause coughing up blood and weight loss. This extreme weight loss is a strong indicator of advanced cancer conditions and/or poor nutritional status. An increase in leukocytes could indicate an

inflammatory response or possible infection, especially with a bloody coughing condition.

3. Third point results of symptoms: Severe neurological disorders: Seizures and weakness of the right limb greatly affect the patient's quality of life and independence. Respiratory distress: Coughing up blood and the need for supplemental oxygen indicate a compromise in the respiratory system. Severe decline in nutritional status: Drastic weight loss reflects significant malnutrition. Patients need seizure management, coughing up bloody cough, nutritional support, and close monitoring of cancer progression.

Nursing problems found: Fatigue, nausea, anxiety, acute pain, spiritual distress, and depression.

Third case

Mr. R (56 years old) is a Muslim, the last education of junior high school, Sundanese ethnicity. Patients with T3N3M1ab Stage IV Left Lung Cancer. The patient has been in pain since five months ago. The results of the examination led to TB so that the patient was given TB treatment for 6 months. Patients say pain in the shoulders, spine, lower abdomen, head, and left legs. Scale 4 pain disappears. Patients with a history of smoking. The patient has no history of allergies to either food or drugs, the patient does not have hereditary diseases either metabolic diseases or cancer. The patient has undergone TTB (Core Biopsy and TTNA) ROSE results positive for tumor cells. The results of the April 9, 2025 assessment obtained data on Blood Pressure: 113/73 mmHg, breathing: 19 x / min, pulse 92 x / min, temperature 36.00□C, TB 160 cm, BB 60 kg, no pain, intravenous IV installed via peripheral in the left hand, mobilization as far as the patient is able, spontaneous diuresis, pblebitis is absent. EWS score 0. Lab results on April 7, 2025: HB: 11.0, Leu: 17.81/micro, platelets 341 thousand.

When assessing the symptoms complained of, the factors that affect the symptoms (physiological, psychological, and situational), the results of the symptoms *(performance)* according to *the Theory of Unpleasant Symptom (TOUS)* were found to be nursing problems as follows:

1. Point of complained symptoms found: The patient complains of several unpleasant symptoms that are complex and significant. Physically, the main complaint is chronic pain that spreads to the shoulders, spine, lower abdomen, head, and left leg, with an intensity of 4 scale and is lost.
2. Point factors that affect symptoms found data: Several complex factors affect the onset and intensity of symptoms experienced by patients. Physiologically, the diagnosis of Stage IV Left Lung Cancer is a major trigger, causing pain in various locations (often as a result of metastasis to the bone) and can lead to other systemic symptoms. Slightly low HB levels (11.0 g/dL) may worsen fatigue, while elevated leukocytes (17,810/µL) indicate an inflammatory or infectious response that may affect the patient's general condition. A history of smoking is also a risk factor that worsens lung conditions. Feelings of anxiety, worry, and fear of bronchoscopy are also strong psychological factors.
3. The third point is the result of symptoms: A long and complex diagnostic journey: The patient went through a tiered referral from the Health Center to Balaraja Hospital, then to Pakuhaji Hospital, and experienced a TB misdiagnosis before finally being diagnosed with cancer. Ineffective therapy at the beginning: 4 months of TB treatment did not make a difference because the cause of the pain was cancer. Mobilization as much as the patient is able: Shows the patient can still move independently even though they may be limited by body conditions. EWS score of 0: Indicates the stability of basic vital signs at the time of assessment.

Nursing problems found: Fatigue, anxiety, pain, physical mobility barriers, sleep pattern disturbances and depression.

Fourth Case

Mr. S (53 years old), Muslim, last high school education, self-employed and married. The patient is diagnosed with stage IV Lung Cancer with metastasis to the spine. The patient is currently undergoing chemotherapy at Dharmais Cancer Hospital to reduce pain. The patient had a 20-year history of active smoking. No history of drug allergies. The family history

of hereditary diseases is a history of coronary heart disease in the patient's father. Previously, patients had undergone PET-CT Scan for staging and CT-Scan guided spine biopsy. The biopsy results confirmed the presence of lung cancer cells with metastases to the bone. The results of the assessment on April 18, 2025 obtained the following data: Blood Pressure 111/66 mmHg, Breathing 20 x/min, Pulse: 108 x/min, Temperature: 36.5°C, TB: 164 cm, BB: 52 kg (significant weight loss in the last 3 months). Pain: 4/10 scale. Mobilization is assisted. Patients often complain of difficulty sleeping due to pain and increased anxiety. Diuresis is spontaneous, but the volume of urine is slightly reduced. An indwelling urinary catheter is installed to monitor the output. EWS score: 3 (1 for breathing, 1 for pulse, 1 for pain). Lab results on April 13, 2025: HB: 11.4 g/dL, Leukocytes: 27.45 x 10^3/µL, Platelets: 710 x 10^3/µL, Calcium: Significantly increased (hypercalcemia, likely due to bone metastases).

When assessing the symptoms complained of, the factors that affect the symptoms (physiological, psychological, and situational), the results of the symptoms *(performance)* according to *the Theory of Unpleasant Symptom (TOUS)* were found to be nursing problems as follows:

1. Point of complained symptoms found: The patient complains of several unpleasant symptoms that are complex and significant. Pain on a scale of 4/10. Difficulty sleeping due to increased pain and anxiety. Increased anxiety. Significant weight loss in the last three months. The volume of urine is slightly reduced, despite spontaneous diuresis.
2. Point factors that affect symptoms found data: Several complex factors affect the onset and intensity of symptoms experienced by patients. 20-year history of active smoking: This is a major risk factor for lung cancer. Hypercalcemia (significantly increased calcium): This is a serious complication of bone metastases and can cause a variety of symptoms such as weakness, nausea, changes in mental status (which can contribute to anxiety), and kidney disorders (related to reduced urine volume).
3. The third point results from the symptoms: The patient needs help to move. Sleep and psychological disorders: Pain and anxiety affect his or her resting quality and mental well-being. Decreased nutritional status: Characterized by significant weight loss. Clinical risks that require attention: An EWS score of 3 indicates the presence of moderate clinical risks, particularly related to respiration, pulse, and pain, which require rigorous monitoring and intervention.

Nursing problems found: Fatigue, anxiety, pain, sleep pattern disturbances and depression.

Fifth Case

Mr. M (47 years old), Muslim, last education S1, Javanese ethnicity. The patient was diagnosed with stage IV Lung Cancer with metastasis to the liver. The patient is currently undergoing a third cycle of chemotherapy and radiotherapy treatment at Dharmais Cancer Hospital. The patient has a history of active smoking from a young age and a history of COPD (Chronic Obstructive Pulmonary Disease). The patient also has a history of allergy to antibiotics of the penicillin class (skin rash and shortness of breath). There is no history of hereditary diseases of either metabolic disease or cancer in the patient's family. Previously, the patient had undergone a CT-Scan of the thorax and abdomen with contrast, as well as an ultrasound-guided liver biopsy. The biopsy results confirmed the presence of lung cancer cells with metastases to the liver. The results of the assessment on April 15, 2025 obtained the following data: Blood Pressure 105/65 mmHg, Breathing 24 x/min (shallow and fast, sometimes accompanied by dry cough), Pulse: 100 x/min, Temperature: 37.5°C, TB: 170 cm, BB: 55 kg (significant weight loss in the last 3 months), Pain: 5/10 scale (dull pain in the upper right abdominal and chest area, especially when coughing or moving), Inserted an intravenous via peripherals in the right hand, there is mild edema in the lower extremities. Mobilization is partially assisted, patients often feel weak and tired easily. Diuresis is spontaneous, but the volume of urine is slightly reduced. Phlebilitis is absent. EWS Score: 3. Lab Results on April 13, 2025 HB: 9.5 g/dL (anemia) Leukocytes: 9.44 Platelets: 160. SGOT/SGPT: Significantly increased (indication of impaired liver function).

When assessing the symptoms complained of, the factors that affect the symptoms (physiological, psychological, and situational), the results of the symptoms *(performance)* according to *the Theory of Unpleasant Symptom (TOUS)* were found to be nursing problems as follows:

1. Point of complaint symptoms found: Patient says pain in the chest and throat. Patients also complain of fatigue and nausea which is very annoying. Patients say the side effects of chemotherapy can also trigger significant levels of anxiety.

2. Point of factors that affect symptoms found data: The patient is undergoing advanced chemotherapy, some of the symptoms that arise directly are physical symptoms such as fatigue, pain, and nausea. Patients also complain, stress and anxiety. Psychologically, a cancer diagnosis poses a heavy burden, stress, and uncertainty about the future.
3. The third point is the result of symptoms, the patient appears to be asleep due to weakness, there is a decrease in physical activity, the patient has more wives due to weakness.

Nursing problems found: Fatigue, decreased appetite and increased emotional distress.

Sixth Case

Mrs. L (52 years old), Muslim, last education in high school, Javanese. The patient was diagnosed with Stage III Lung Cancer. The patient is currently undergoing chemotherapy treatment at Dharmais Cancer Hospital. The patient has no history of smoking from either the work environment or the family environment. There is no history of hypertension. No history of drug allergies. Previously, patients had undergone MSCT THORAX for staging and CT-Scan guided spine biopsy. The biopsy results confirmed the presence of lung cancer cells with metastases to the bone. The results of the assessment on April 10, 2025 obtained the following data: Blood Pressure 130/84 mmHg, Breathing 20 x/min, Pulse: 100 x/min, Temperature: 36.0°C, TB: 150 cm, BB: 50 kg (stable in the last 3 months). Pain: Scale 6/10 (sharp pain in the lower back area that radiates to the legs, especially when moving or standing for a long time). Mobilization is fully assisted due to pain and weakness of the limbs. Patients often complain of difficulty sleeping due to pain and anxiety. Spontaneous diuresis, normal urine volume. An indwelling urinary catheter is installed to monitor the output. When assessing the symptoms complained of, the factors that affect the symptoms (physiological, psychological, and situational), the results of the symptoms *(performance)* according to *the Theory of Unpleasant Symptom (TOUS)* were found to be nursing problems as follows:

1. Complained of symptom points found: Sharp pain in the lower back that radiates to the legs, reaching a scale of 6, especially when moving or standing for a long time. Significant weakness of the limbs, making him require full assistance for mobilization. Difficulty sleeping due to the pain and anxiety he felt. Anxiety that arises in response to a disease condition. Increased pulse rate (100 x/min), indicating the body's response to pain or other conditions.
2. Point of factors that influence symptoms found data: The spread of cancer cells from the lungs to their spine is the main cause of severe pain and weakness of the limbs. Laboratory results show increased calcium levels (hypercalcemia), which is strongly associated with bone metastases and can exacerbate the weakness experienced by patients. High leukocytes and platelets were also detected, indicating the presence of an inflammatory response or other condition that needed further evaluation. The patient is undergoing chemotherapy, although the side effects on pain symptoms are not described in detail in this data, chemotherapy may affect the patient's general condition.
3. The third point is the result of symptoms, severe mobility limitations, making the patient unable to move independently. Significant rest and sleep disturbances due to pain and anxiety. The increase in the EWS (Early Warning Score) to 2, indicates a clinical risk that requires immediate attention, especially related to the uncontrolled management of pain. Strict monitoring of the patient's condition is required, including monitoring of vital signs and urine output.

Nursing problems found: Fatigue, anxiety, pain, physical mobility barriers, sleep pattern disorders and depression

Seventh Case

Mr. S (46 years old), Muslim, last junior high school education, is married. The patient was diagnosed with stage II Lung Cancer susp brain metastases. The patient is currently undergoing systemic chemotherapy treatment at Dharmais Cancer Hospital. The patient had no history of smoking. Patients with a controlled history of asthma.

The patient has a history of seafood allergies. There is no history of hereditary diseases of either metabolic disease or cancer in the patient's family. Previously, patients had undergone brain MRI with contrast and stereotactic brain biopsies. The biopsy results confirmed the absence of lung cancer cells with metastases to the brain. The results of the assessment on April 20, 2025 obtained the following data: Blood Pressure 112/73 mmHg, Breathing 20 x/min (normal), Pulse: 90 x/min, Temperature: 36.0°C, TB: 160 cm, BB: 52 kg (progressive weight loss in the last 6 months). Pain: Scale 5/10 (persistent dull headache, accompanied by occasional nausea and vomiting). The patient has impaired balance and blurred vision. Mobilization is fully assisted due to general weakness and the risk of falling. Patients often complain of dizziness and mild confusion. Spontaneous diuresis, the volume of urine is slightly reduced. EWS score: 3. Lab results as of April 18, 2025: HB: 10.7 g/dL (mild anemia) Leukocytes: 8.43 10^3/µL, Platelets: 583 10^3/µL, Sodium: 136.

When assessing the symptoms complained of, the factors that affect the symptoms (physiological, psychological, and situational), the results of the symptoms *(performance)* according to *the Theory of Unpleasant Symptom (TOUS)* were found to be nursing problems as follows:

1. Symptoms of complained of were found: Persistent dull headache on a scale of 5/10, often accompanied by nausea and vomiting. Impaired balance and blurred vision. The general weakness that causes its mobilization must be fully assisted, as well as the risk of falling. Often complain of dizziness and mild confusion. The volume of urine is slightly reduced, despite spontaneous diuresis. An indwelling urinary catheter is installed for monitoring. Have experienced progressive weight loss in the last 6 months.
2. Point factors that affect symptoms found data: Chemotherapy often causes side effects such as nausea, vomiting, fatigue, and weight loss. Anemia can cause general weakness and dizziness. Although currently under control, asthma can be a comorbid factor that affects overall respiratory conditions. A history of allergies is always important to take into account in management. Sufficiently high platelet levels need to be monitored, although leukocytes and sodium are still in the normal range.
3. The third point is the result of symptoms, weakness and balance disorders that make the patient unable to move independently. Neurological conditions and general weakness increase the risk of injury. The presence of mild confusion, dizziness, and balance disorders indicate the presence of significant neurological problems, regardless of negative brain biopsy results. Weight loss indicates impaired nutritional status. An increase in the EWS Score to 3 indicates a moderate clinical risk, mainly due to neurological problems, and requires strict monitoring and intervention.

Nursing problems found: Fatigue, anxiety, chronic pain, sleep pattern disturbances, constipation and risk of infection.

Kasus Kedelapan

Ny. SJP (75 Tahun), beragama Katolik, pendidikan terakhir S1, suku bangsa China. Pasien didiagnosis dengan Kanker Paru Kanan stadium IV dengan metastasis ke kelenjar getah bening dan adrenal. Pasien saat ini sedang menjalani proses pengobatan kemoterapi dan radioterapi. Pasien tidak memiliki riwayat merokok namun sering terpapar asap rokok di lingkungan kerja (perokok pasif), serta riwayat hipertensi dan diabetes melitus tipe 2 yang terkontrol dengan obat oral. Riwayat penyakit keturunan dalam keluarga adalah riwayat kanker payudara pada ibu pasien. Hasil pengkajian pada 2 Mei 2025 didapatkan data sebagai berikut: Tekanan Darah 150/80 mmHg, Pernapasan 22 x/menit (sedikit cepat, kadang disertai sesak napas ringan saat aktivitas), Nadi: 106 x/menit, Suhu: 36.2°C, TB: 156 cm, BB: 54 kg (penurunan berat badan moderat dalam 4 bulan terakhir). Nyeri: Skala. Pasien mengeluh mudah lelah dan kadang sulit konsentrasi. Mobilisasi mandiri, namun sering merasa cepat lelah setelah beraktivitas. Diuresis spontan, volume urin normal. Tidak ada edema. Skor EWS: 1 (nilai 1 untuk pernapasan). Hasil Lab tgl 30 April 2025: HB: 9.9 g/dL, Natrium: 133 mmol/L, Leukosit: 5.04 10^3/µL (normal) Trombosit: 162 10^3/µL.

When assessing the symptoms complained of, the factors that affect the symptoms (physiological, psychological, and situational), the results of the symptoms *(performance)* according to *the Theory of Unpleasant Symptom (TOUS)* were found to be nursing problems as follows:

1. Symptoms of complained of were found: Dull pain on a scale of 3 in the neck and abdominal area that came and went (intermittent). Easily tired and sometimes difficult to concentrate. Mild shortness of breath that sometimes accompanies activity, with a slightly rapid breathing rate (22x/minute). Moderate weight loss in the last four months.
2. Point of factors influencing symptoms found data: Spread of cancer (metastasis) to lymph nodes is the main cause of pain and possible impaired function of related organs. Anemia (HB: 9.9 g/dL), which can explain complaints of fatigue and difficulty concentrating. Mild hyponatremia (Sodium: 133 mmol/L), which can also contribute to fatigue and concentration disorders. Chemotherapy and radiotherapy treatment can cause side effects such as fatigue, nausea, and weight loss. A controlled history of hypertension and type 2 diabetes mellitus is a comorbidity condition that needs to be managed to avoid further complications.
3. The third point is the result of symptoms, limited self-mobilization because it is easy to feel tired quickly after activities. An EWS score of 1 indicates a low clinical risk but still requires monitoring, especially in respiratory patterns. A decrease in nutritional status characterized by weight loss.

Nursing problems found: Fatigue, nausea, anxiety, acute pain, spiritual distress, and depression.

Ninth Case

Mrs. L (45 years old), Muslim, last education of high school, married. The patient is diagnosed with stage IV Lung Cancer with metastasis to the pleura (pulmonary membrane) and massive pleural effusion. The patient is currently being treated in the inpatient room of Dharmais Cancer Hospital for the management of recurrent pleural effusions and severe dyspnea. The patient

has no history of smoking. No history of drug allergies. The history of hereditary diseases in the family is a history of hypertension and stroke in the patient's parents. Previously, the patient had undergone repeated thoracogenesis and pleural biopsy. The biopsy results confirmed the presence of lung cancer cells with metastases to the pleura. The results of the study on May 5, 2025 obtained the following data: Blood Pressure 145/80 mmHg, Breathing 22 x/min, Pulse: 107 x/min, Temperature: 36.7°C, TB: 150 cm, BB: 41 kg (drastic weight loss in the last 2 months). Pain: 2/10 scale. The patient looks very tight and restless. Mobilization is very limited, it is only possible to sit in bed. Spontaneous diuresis, little urine volume. A chest tube is installed in the right chest for pleural fluid drainage. EWS score: 4 (value 2 for breathing, value 1 for pulse, value 1 for temperature). Lab Results on May 4, 2025 HB: 8.8 g/dL (severe anemia) Leukocytes: 12.0 $10^3/\mu L$, Platelets: 280 $10^3/\mu L$ Albumin: Low (hypoalbuminemia, indication of malnutrition and chronic inflammation).

When assessing the symptoms complained of, the factors that affect the symptoms (physiological, psychological, and situational), the results of the symptoms *(performance)* according to *the Theory of Unpleasant Symptom (TOUS)* were found to be nursing problems as follows:

1. The point of the complained symptoms was found: Severe shortness of breath that made the patient look very restless. The limitation of mobilization is very significant, so it can only sit in bed. Drastic weight loss in the last two months. Chest pain on a scale of 2.
2. Point factors influencing symptoms found data: Recurrent pleural effusion fluid that constantly builds up in the lungs requires repeated drainage measures indicating persistent breathing problems. Severe anemia (HB: 8.8 g/dL), this condition can aggravate fatigue and shortness of breath felt by patients.
3. The third point results from the symptoms, the patient is very limited in movement and can only sit in bed. The high risk of worsening clinical conditions with an EWS Score of 4 indicates the presence of significant clinical risks, especially related to respiration, pulse, and body temperature, thus requiring close monitoring and immediate medical intervention.

Nursing problems found: Fatigue, anxiety, pain, physical mobility barriers, sleep pattern disorders and depression

Tenth Case

Mrs. E (70 years old), Muslim, last education in junior high school, married. The patient was diagnosed with stage III Lung Cancer with metastasis to the liver and bones. The patient is currently undergoing cycle 1 Chemotherapy treatment at Dharmais Cancer Hospital. The patient had a decades-long history of passive smoking from the residential environment and a history of uncontrolled diabetes mellitus. The patient has no history of drug allergies. Previously, the patient had undergone an abdominal ultrasound examination and spinal X-rays that showed lesions. The biopsy results confirmed the presence of metastatic lung cancer cells. The results of the study on May 7, 2025 obtained the following data: Blood Pressure 141/75 mmHg, Breathing 20 x/min, Pulse: 83 x/min, Temperature: 36.5°C, TB: 148 cm, BB: 37 kg (extreme weight loss in the last 1 month). Pain: 3/10 scale (pain spreads in the upper right abdomen and lower back, severely interfering with activity and sleep). Patients appear very weak, lethargic, and often complain of nausea. Mobilization is very limited, it is only possible to lie in bed. Spontaneous diuresis, the volume of urine is very small and concentrated. There is severe pitting edema in both lower extremities. Patients also complain of severe constipation. EWS score: 5 (value 2 for blood pressure, value 1 for breathing, value 2 for temperature, value 0 for pulse because weak). Lab Results on May 6, 2025 HB:11.8 g/dL, Leukocytes: 8.33 $10^3/\mu L$, Platelets: 6254 $10^3/\mu L$, Total bilirubin: Significantly increased (indication of severe liver dysfunction), Creatinine: Increased (impaired renal function).

When assessing the symptoms complained of, the factors that affect the symptoms (physiological, psychological, and situational), the results of the symptoms *(performance)* according to *the Theory of Unpleasant Symptom (TOUS)* were found to be nursing problems as follows:

1. The point of the complained symptoms was found: Pain spreads in the upper right abdomen and lower back on a scale of 3, which greatly interferes with his activity and sleep. It looks very weak and lethargic. Often complain of nausea. Extreme weight loss in the past month. There is heavy pitting edema in both legs. Complaining of severe constipation.
2. Point factors that influence symptoms found data: Severe liver dysfunction that can lead to nausea, weakness, and lethargy. Impaired kidney function that can contribute to edema and changes in urine volume. Chemotherapy treatment cycle 1, although it is only the first cycle, chemotherapy can cause side effects such as nausea, weakness, and weight loss.
3. The third point of the result of the symptoms, a severe decline in nutritional status, is characterized by extreme weight loss. The need for intensive palliative care for the management of pain and other symptoms that severely interfere with his quality of life.

Fatigue, anxiety, chronic pain, sleep patterns, constipation and risk of infection.

Discussion

The nursing care process uses the *Theory of Unpleasant Symptoms (TOUS) framework that focuses* on the symptoms expressed by the patient subjectively. First, the nurse examines the symptoms in depth, including the intensity, time of occurrence, level of distress (how annoying the symptoms are), and their quality (e.g., needle-like pain) (Lenz et al., 1997). Next, the nurse identifies the factors that affect the symptoms, be it physical, psychological, or situational factors. The data obtained from the assessment of these symptoms and causative factors then becomes the basis for determining the appropriate nursing intervention to reduce patient discomfort. Furthermore, the evaluation is carried out to assess the final outcome of the intervention, namely the patient's performance or performance. This assessment includes three aspects: physical performance (perceived physical changes), cognitive performance (changes in thinking or perception), and social/role performance. The concept of TOUS makes it easier for nurses to understand and address patients' symptoms holistically.

Research has shown that a comprehensive assessment of symptoms according to TOUS, which includes intensity, timing, distress, and symptom quality, is essential. For example, a study by Kim et al. (2018) in cancer patients emphasized the importance of not only measuring the intensity of pain, but also understanding how the pain affects the patient's daily activities (distress dimensions) and its unique characteristics. This approach allows nurses to get a more accurate picture of the burden of symptoms on patients. Furthermore, the assessment of the factors that affect symptoms is crucial. Research by Rhim et al. (2020) on cancer patients undergoing chemotherapy highlights the complex interplay between physical (e.g., chemotherapy side effects, nutritional status), psychological (e.g., anxiety, depression), and situational (e.g., family support, treatment environment) factors in influencing symptoms such as fatigue and nausea. Understanding these interconnections allows nurses to design more targeted and holistic interventions.

After conducting a nursing assessment and obtaining abnormal data, a priority nursing diagnosis was obtained. Nursing diagnoses that arise in accordance with the assessment of the TOUS theory are more on problems of physiological aspects such as Physical Mobilization Disorders, Sleep Pattern Disorders, Self-Care Deficits, Thought Process Disorders, or Social Isolation. Nursing diagnoses also arise from the point of view of psychological aspects such as Anxiety or Helplessness. From the results of measuring the level of stress, anxiety and depression of respondents using *the Depression Anxiety and Stress Scale (DASS 21) measuring tool,* it was found that there was a decrease in scoring in each respondent before and after the intervention on days 1 and 7, this shows that there is a significant difference in symptom scores between before and after the intervention which has an impact on physical symptoms and psychological symptoms that cause stress, anxiety and depression in lung cancer patients at Dharmais Cancer Hospital.

This is in line with a study conducted by Kim et al. (2019) on lung cancer patients showing that the mindfulness loving kindness meditation intervention was successful in reducing respiratory symptoms (physical performance) and could also improve their quality of life and their ability to interact socially (social performance/role). This reinforces the idea that the reduction of unpleasant symptoms is directly correlated with improved function and overall quality of life of patients. The differences in evaluation results between patients, as emphasized by Lenz et al. (1997), emphasize the need for an individualized approach in nursing care. Thus, integrating research findings into every stage of nursing care based on TOUS not only strengthens the scientific basis of nursing practice, but also ensures that patients receive the most effective care and are centered on the patient's subjective experience. Mindfulness-based interventions and their impact on patients' psychological states have shown that these interventions can effectively reduce symptoms of depression, anxiety, and stress in cancer patients.

A large number of studies, including systematic reviews and meta-analyses, have consistently shown that *mindfulness-based* interventions (including MFIs) significantly reduce levels of stress, anxiety, and depression in cancer patients of various types and stages (UCLA Health, 2025; Cancer Treatment Centers of America, 2023). Although the main focus is psychological,

research has also found that *mindfulness* can affect physical symptoms that are often exacerbated by stress and anxiety, such as improved sleep quality, decreased fatigue, reduced pain, and overcome nausea and fatigue due to chemotherapy. Overall, the growing scientific evidence strongly supports the use of *mindfulness-based* interventions and *Loving-Kindness Meditation* as part of holistic care for cancer patients, helping them manage the psychological and physical burden associated with the disease and its treatment.

Conclusion And Suggestion

The nursing care process based on *the Theory of Unpleasant Symptoms (TOUS)* has proven to be an effective and holistic framework in managing patients, especially in lung cancer patients. TOUS accurately identifies and assesses the patient's subjective symptoms (intensity, timing, distress, quality) as well as the complex factors that affect them (physical, psychological, situational). This approach facilitates the determination of priority nursing diagnoses that focus on physiological (such as mobilization disorders, sleep patterns, self-care), cognitive (thought process disorders), social (social isolation), and psychological (anxiety, helplessness) issues arising as a result of symptoms.

The application of scientific evidence-based interventions, such as Mindfulness Loving-Kindness Meditation (MLKM), has shown significant results. Research and data at Dharmais Cancer Hospital showed a significant decrease in DASS 21 (Depression, Anxiety, and Stress Scale 21) scores in respondents after the 7-day MLKM intervention. This indicates that MLKM is successful in reducing stress, anxiety, and depression in lung cancer patients. This success is not only limited to psychological aspects, but also has a positive impact on physical symptoms such as improved sleep quality, reduced fatigue, pain reduction, and management of nausea and fatigue due to chemotherapy. Thus, TOUS integrated with interventions such as MLKM can comprehensively improve patients' clinical performance – physical, cognitive, and social/role – which ultimately correlates directly with improved patient quality of life.

Reference

1. Alligood, M.R., & Tomey, A.M. (2006). Nursing theory utilization & application (3rd Ed.). St. Louis: Mosby Elsevier.
2. Bray F, Laversanne M, Sung H, Ferlay J, Siegel R, Soerjomataram, et al. 2024. Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA: A Cancer Journal for Clinicians. 74(3): 229–263.
3. Gift, E. R., Lentz, M. R., Pugh, J. C., & Milligan, R. A. (1990). Theory of unpleasant symptoms. Unpublished manuscript, School of Nursing, University of Washington, Seattle.
4. Global Cancer Observatory. 2024. Top 5 most frequent cancers Indonesia.
5. Hofmann, S. G., Grossmann, P., & Hinton, D. E. (2011). Loving-kindness meditation and compassion-focused therapy for chronic pain. Journal of Clinical Psychology, 67(1), 105-112.
6. D. E. (2011). Loving-kindness meditation and compassion-focused therapy for chronic pain. Journal of Clinical Psychology, 67(1), 105-112.
7. Johnson, L., & Lee, K. (2022). Psychological distress in lung cancer patients: A review. Journal of Psycho- Oncology, 31(5), 123-130.
8. Lenz, E. R., Pugh, L. C., Milligan, R. A., Gift, A., & Suppe, F. (1997). The middle-range theory of unpleasant symptoms: An update and future directions. Advances in Nursing Science, 19(3), 14-27.
9. Lutz, A., Brefczynski-Lewis, H., Johnstone, E. T., & Davidson, R. J. (2008). Regulation of the neural circuitry of emotion by compassion meditation: Effects of expertise. PLoS One, 3(3), e1897.
10. Morgan, L., Schabert, J., & Smith, P. (2015). Mindfulness-based interventions for cancer patients: A systematic

review. Supportive Care in Cancer, 23(8), 2450-2460.

11. National Comprehensive Cancer Network (NCCN). (2024). NCCN Guidelines for Patients: Lung Cancer. Retrieved from https://www.nccn.org/
12. Putra A, Rasmin M, Aninwidyaningsih W. 2020. Kejadian Hipoksemia dan Faktor yang Berpengaruh pada Tindakan Bronkoskopi Diagnostik Kasus Tumor Paru. Jurnal Respirologi Indonesia. 40(2): 66-119.
13. Salzberg, S. (1995). Lovingkindness: The revolutionary art of happiness. Shambhala Publications.
14. Shapiro, S. L., & Carlson, L. E. (2017). The art and science of mindfulness: Integrating mindfulness into psychology and the helping professions. American Psychological Association.
15. Siegel, R. L., Miller, K. D., Wagle, G., & Jemal, A. (2024). Cancer statistics, 2024. CA: A Cancer Journal for Clinicians, 74(1), 7-40.
16. Smith, A. B., Jones, C. D., & Brown, E. F. (2023). Prevalence of anxiety and depression in lung cancer patients undergoing treatment. Oncology Nursing Forum, 50(2), 150-160.
17. Wang, X., Chen, Y., & Li, Z. (2023).
18. Coping strategies and psychological burden in lung cancer patients: A qualitative study. Journal of Clinical Nursing, 32(1-2), 100-110.
19. World Health Organization (WHO). (2024). Lung Cancer. Retrieved from https://www.who.int/indonesia
20. Zhang, L., Wang, Q., & Liu, X. (2020). The effect of loving-kindness meditation on psychological well- being in cancer patients: A meta- analysis. Complementary Therapies in Medicine, 52, 102488.