

# Exploring the Lived Experiences of Chemotherapy-Induced Peripheral Neuropathy: A Qualitative Review Protocol



PRESENTER:

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## BACKGROUND

### Why this matters

- **CIPN affects up to 68%** of cancer patients
- Symptoms often **persist long after treatment** — pain, falls, loss of independence
- CIPN is often **underreported and dismissed**
- **Drugs offer limited relief** — patients cope alone
- This review amplifies **patients’ voices** to reveal **unmet self-care needs**
- Uses **Orem’s Theory** to frame these needs and guide nursing action

### Why should we care?

Because without listening to patients, we miss half the diagnosis and all the solutions.

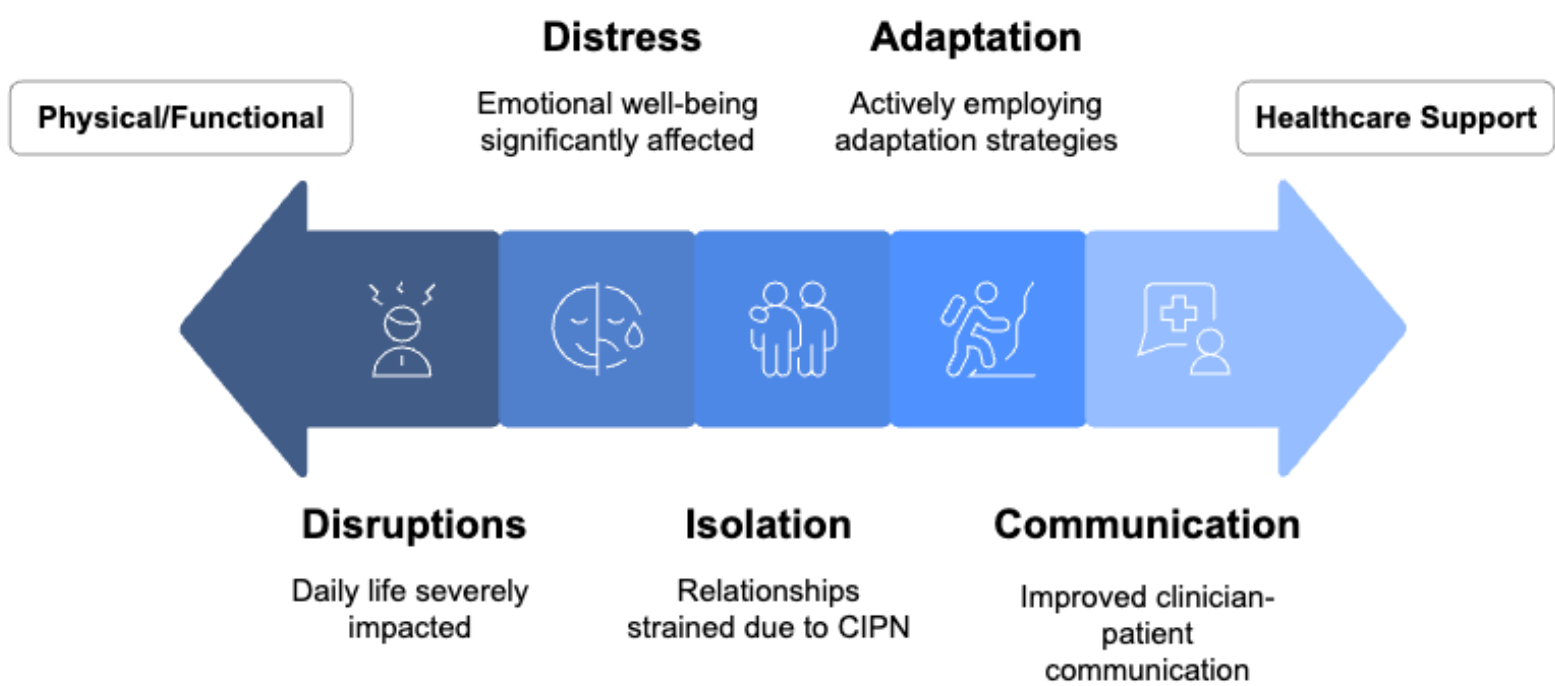
## METHODS

- **Data:** 18 peer-reviewed studies (n = 719 adults with CIPN)
- **Quality appraisal:** JBI Critical Appraisal Checklist
- **Synthesis method:** Thematic Synthesis (Thomas & Harden)
- **Theoretical framework:** Orem’s Self-Care Deficit Nursing Theory (SCDNT)  
→ Used to map needs and guide nursing response

Originally submitted as a protocol. Results are presented here after completing the meta-synthesis.

## RESULTS

**Impact of CIPN:** From physical limitations to healthcare support.

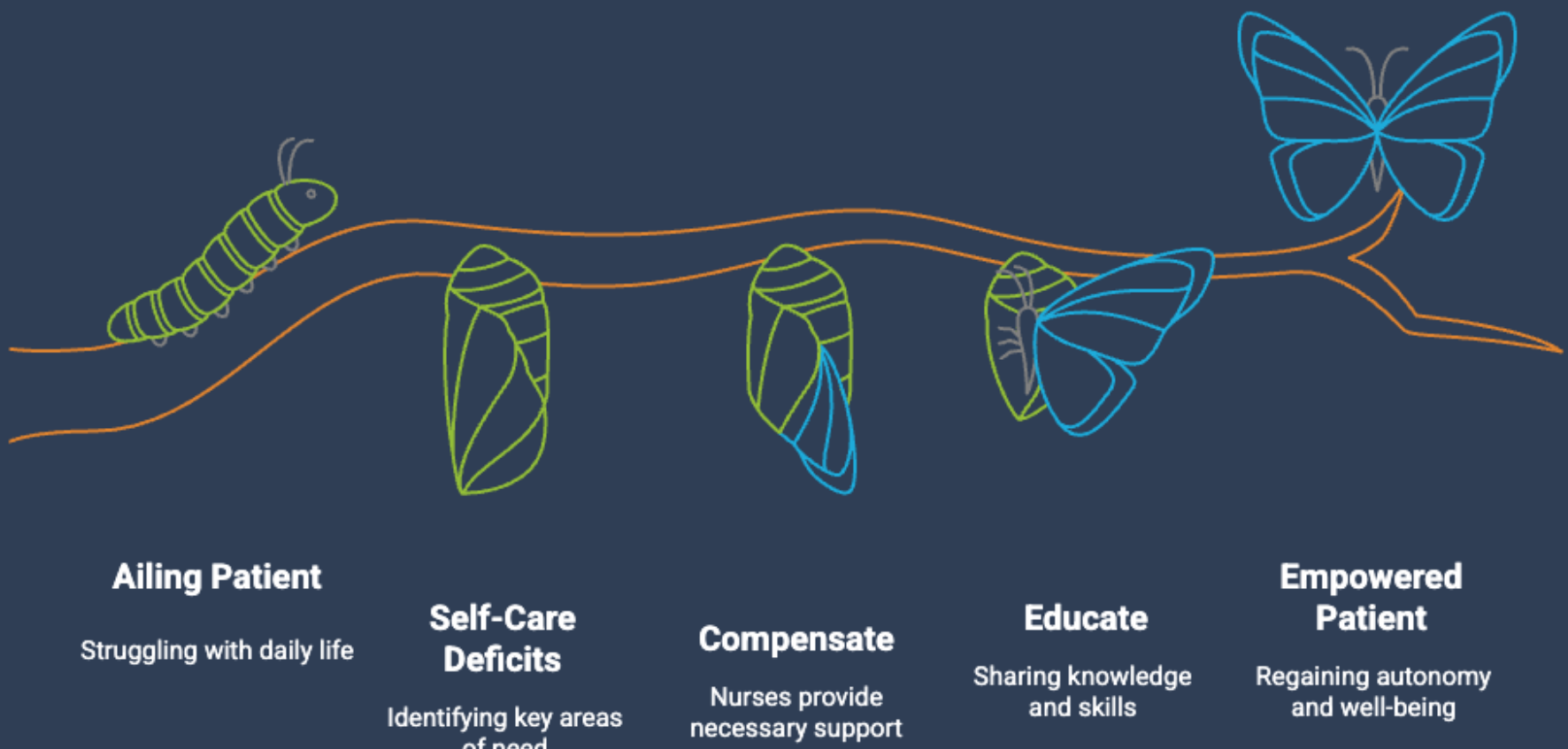


CIPN causes more than pain — it disrupts daily life, identity, and autonomy.

Patients describe being “cured but not well”, facing invisible struggles with little support.

By synthesizing 18 studies, we uncovered clear self-care deficits.

Using Orem’s Theory, we show how nurses can compensate, educate, and empower.



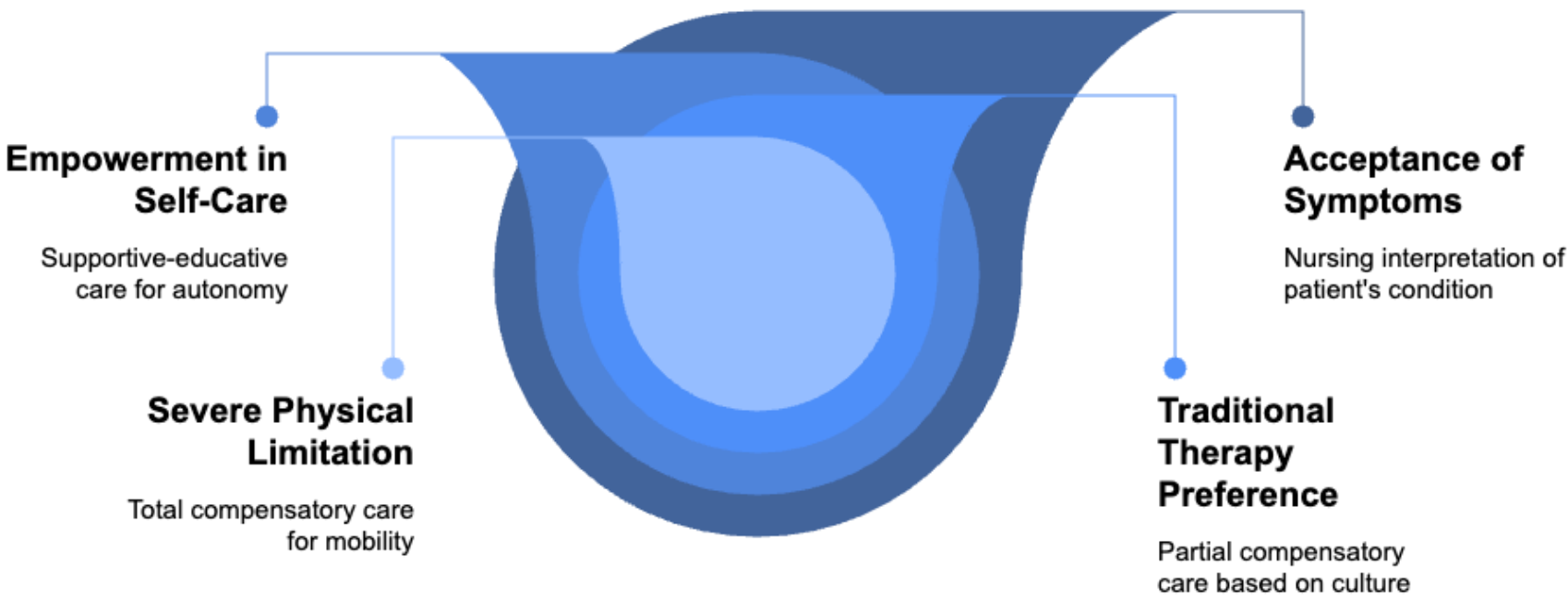
Applying Orem’s theory: from patient struggle to empowerment through nursing action.



Want to know more?  
I’m happy to discuss during or after the session.  
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## INTERVENTION LOGIC

Mapping patient needs through a nursing theory lens



Interpretation of meta-synthesis findings through Orem’s Self-Care Deficit Nursing Theory (SCDNT), guiding nursing response based on patient needs.

References  
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