

Introduction

The incidence rate of cancer reflects the number of new cases occurring in a specified population during a year, expressed as the number of cancer diagnoses per 100,000 people. For the year 2007, about 1,445,000 new diagnoses of cancer are expected in United States (**Black, & Hawks, 2009**). Cancer remains the second leading cause of death in Egypt exceeded only the heart disease. Approximately 1.4 million new cases are expected to be diagnosed in 2007 (**Daily News Egypt, 2007**).

Chemotherapy is considered primary treatment for cancers for which no effective alternative treatment is less than available or when the alternative treatment is less than optimal. The objective of chemotherapy is to destroy malignant tumor cells without excessive destruction of normal cells. Several types of cancer are now considered curable with chemotherapy, even in advanced stages. Unfortunately, these tumors account for only about 10% of all cancer. Chemotherapy is used to cure patients, prolonged life, increase the disease-free interval, and palliate symptoms, thus improving the quality of life. Chemotherapeutic agents are highly toxic attacking all rapidly dividing cells, both normal and malignant (**Black, & Hawks, 2009**). When normal cells are destroyed; the patient experiences certain signs and symptoms that are the expected side effects or toxic effects of chemotherapy. Effects of chemotherapy are caused by specific drug toxicities and destruction of cells. The adverse effects of these drugs can be classified as acute, delayed or chronic. Acute toxicity tends to occur in tissues composed of rapidly dividing cells includes vomiting, allergic reactions and arrhythmia. Delayed effects include mucositis, alopecia, and bone marrow depression. Chronic toxicities involve damage to organs such as the heart, liver, kidneys, and lungs (**Lewis, Heitkemper, and Dirksen, 2004**).

The face of health care, including scientific knowledge and care delivery systems, is ever changing. Likewise, the experience of cancer is changing for our clients and families. Today, a person confronted with a new cancer diagnosis often knows someone who has survived cancer; yet cancer remains a frightening unknown for many. Some clients, especially older ones, still associate the word with death. Cancer nursing requires a clinical knowledge of the disease and its treatment as well as the skills to care for and support clients and their families (**Smith, 2009**).

The World Health Organization's Quality Of Life Group has defined quality of life as individual's perception of their position in life in the context of the culture and value system in which they live, and in relation to their goals, expectations, standards and concerns. It is a broad-ranging concept affected in a complex way by the person's physical health, psychological state, social relationship, and by relationships to salient features of his/ her environment (**Ageborg, Allenius, and Cederfjall 2005**). Moreover, quality of life provides information valuable to physicians, nurses, psychologists, physical therapists and pharmacists, and also information to measure the impact of outcome of health care and changes on the life of a patient (**Daniel, 2004**).

Information about quality of life is important for planning treatment, decision making, and the provision of supportive care. Such information is useful for both clinicians and patients, as well as to promote communication between them. Oncology nurses play a critical role in providing this information to patients, so that they can evaluate the balance of risks and benefits associated with treatment (**Ferrancis, 2005**).

Patient teaching has demonstrated its potential to improve quality of life; also patient education is an extremely important part of the nurse's

role related to chemotherapy. To decrease the fear and anxiety often associated with chemotherapy, the patient must be told what to expect during a course of treatment. The patient's attitude toward treatment should be explored so that any misconception or fear can be discussed. The patient must be told of the possible side effects of chemotherapy that may be experienced during treatment (**Lewis, Heitkemper, & Dirksen, 2004**).

Nurses play an important role in helping patients to attain better quality of life, also the most important responsibilities of the nurse is that of differentiating between toxic effects of the drug and progression of the malignant process. The nurse also must differentiate between tolerable side effects and acute toxic effects of chemotherapeutic agents. For example, nausea and vomiting are expected and controllable side effects of many drugs. However if paresthesia occurs with the use of vincristine (oncovin) or signs of heart failure appear with the use of doxorubicin (Adnamycin), these serious reactions must be reported to the physician so that drug dosages can be modified or discontinued (**Lewis,Heitkemper,& Dirksen,2004**).

Significant of the study

Several studies reported that patients with cancer undergoing chemotherapy are practicing poor health behaviors as result of severity of side effect, versus inability to manage side effects, previous researches emphasized the need for patient education, and clarification of instruction to each individual patient (**Naser, 1998,Mohamed, 2001, Mohamed, 2006**). The ability of Patient with cancer to control chemotherapy side effects and maintain reasonable quality of life is limited due to lack of knowledge, guidance, and instructions from health care provider, who usually refrain from transferring responsibility for the treatment to the patient. So this nursing management program is designed to provide the patient with information, instructions, and guidance needed to enhance their self care abilities to overcome the problems and enhance the quality of life.