

Bone Marrow Transplantation: The Battle for Hope in the Face of Fear

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Purpose/Objectives: To describe patients' experience of having an autologous bone marrow transplantation (BMT).

Design: Hermeneutic phenomenologic, descriptive, and interpretive.

Setting: Outpatient treatment area of a comprehensive cancer center in the Southwest.

Sample: 20 adult survivors of autologous BMT, 15 women and 5 men, with a mean age of 46 years.

Methods: Content analysis of verbatim transcriptions of open-ended interviews using hermeneutic phenomenology, which combines descriptive and interpretive phenomenology.

Conclusions: These patients illustrate that fear, a predominant reality when undergoing autologous BMT, is balanced with hope for survival. The overarching fear, fear of death, often was related to the unknown, including cancer recurrence. The fear of the unknown also came from being unprepared physically and emotionally. Losses were intertwined with these fears and included loss of both control and trust in one's body. Patients discussed fear of leaving the hospital and not having someone "constantly looking at you to make sure that the cancer isn't back." These fears and losses changed patients' view of life and led to a need for help in bringing closure to the experience.

Implications for Nursing Practice: Specific nursing actions to help allay fear include providing information about both feelings and procedures, giving opportunities to discuss fears and losses, arranging meetings with others who have had a BMT or suggesting an appropriate support group, and including family in all interventions, as appropriate. Reducing fears with these interventions helped patients maintain hope. By understanding the relationship between hope and fear, nurses caring for people having BMT can use specific strategies to decrease fear, hence increasing hope in patients. Nursing education can emphasize the need to adequately prepare patients. Further research is indicated to explore the effectiveness of interventions to prepare patients for BMT and the interplay between hope and fear.

*Faith — is the pierless bridge
Supporting what We see
Unto the Scene that We do not.*

—Emily Dickinson

Bone marrow transplantation (BMT) rapidly is becoming a standard treatment for a variety of malignant and hematologic diseases. In 1995, 29,000 BMTs were performed worldwide, as compared to only 10 years earlier when less than 4,000 were performed (Inter-

Key Points . . .

- ▶ Maintaining hope for patients with cancer is a nursing challenge.
- ▶ Fear, specifically of the unknown and death, is a usual and appropriate reaction to the prospect of undergoing bone marrow transplant (BMT).
- ▶ No amount of pre-BMT preparation is sufficient to help patients understand what to expect; however, creative efforts should be employed to give patients some idea of what is to come.
- ▶ The extent to which fears can be allayed will help determine the ability of the individual to maintain hope.

national Bone Marrow Transplant Registry, 1996). The number of autologous BMTs has increased annually and currently surpasses the number of allogeneic BMTs performed (International Bone Marrow Transplant Registry). The need to focus research efforts on the long-term psychological and social factors involved in autologous BMT has become more evident.

A number of studies in the past 15 years have examined the impact of BMT on patients' quality of life, physical and psychological status, and psychosocial adjustment. Several comprehensive reviews have been published (Andrykowski, 1994; Hjermstad & Kaasa, 1995; Whedon & Ferrell, 1994).

In addition, several studies were designed to understand the perspective of BMT recipients. Shuster, Steeves, Onega, and Richardson (1996) used hermeneutic inquiry to describe the meaning of BMT for hospitalized patients. The patients' struggle with their disease and with the BMT process was seen as a fight between body (nature) and

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