Guaranteed Returns: 
Investing in Conversations 
With Families of Patients With Cancer

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Because of their strategic role in the healthcare team, nurses often are called on to provide emotional support to patients and their families who are overwhelmed by a cancer diagnosis (Andersson & Albertsson, 2000; Kristjanson & Ashcroft, 1994; Musci & Dodd, 1990). However, many nurses feel inadequate or lack confidence in this role. Many articles have been written about patients’ emotional needs and psychosocial problems experienced by the family, but few offer specific interventions that nurses can implement to provide the support that patients and their families require. This article describes interventions that nurses can use to invest in conversations with families to help them cope and diminish the sensation of helplessness that often is associated with a cancer diagnosis.

Cancer can be considered a “family affair” because a cancer diagnosis affects patients and their families. A patient’s family is comprised of the individuals that the patient identifies as family and may include people not biologically related to the patient. Although nurses play a key role in communicating with patients and their families, many lack confidence in their ability to provide emotional support. In addition, many educational resources are available to address the hands-on care of patients with cancer, but few are available to educate nurses about specific interventions that can be used in conversations with families. This article reviews practical suggestions to guide these conversations and provides examples of questions to ask to facilitate communication.

Key Words: family nursing, communication, palliative care

Illness and Family Dynamics

The behaviors and emotions of one family member in response to a stressful event, such as illness, have an effect on all members of the family (Weihs, Fisher, & Baird, 2002; Wright & Leabey, 2000). From the time of a cancer diagnosis until the disease is cured or well controlled or if death results, each family member experiences a unique emotional reaction in his or her own way and in varying degrees. Consequently, the entire family is shaken functionally and emotionally, and the stability of “everyday life” is threatened (Cooley & Moriarty, 1997; Germino, Fife, & Funk, 1995; Lev & McCorkle, 1998).

When faced with a diagnosis of cancer, family members often experience a range of emotions that may include anger, frustration, anxiety, and anguish (Germino et al., 1995; Kristjanson & Ashcroft, 1994; Persson, Rasmussen, & Hallberg, 1998). They also may feel isolated, alone, and helpless.

In a study conducted by Morse and Fife (1998), wives of men with cancer reported family distress and noted that healthcare providers tended to focus attention on patients, which left the wives feeling as though they did not have anyone to talk with about their problems and concerns. In fact, these wives experienced greater psychological distress than did the patients with cancer. Financial concerns and uncertainty about the future overwhelmed the wives with feelings of instability and helplessness (Morse & Fife).

Social and psychological support can serve as an effective stress buffer to facilitate adaptation to disease (Weihs et al., 2002). Social support is the factor that best predicts adaptation to a cancer diagnosis, and a patient’s spouse or partner is the key person in the patient’s social network (Kaye & Gracely, 1993; Morse & Fife, 1998). In a


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We refer you to the original document for further reading and detailed research.
study of 412 patients with various types of cancer and 175 spouses, satisfactory communication was associated with a lower level of depression and anxiety and a greater sense of control (Germino et al., 1995).

Providing emotional support to patients often is perceived by family members as the most difficult activity to perform (Laizner, Yost, Barg, & McCorkle, 1993). Family members usually are eager to address physical problems (e.g., weight loss, fatigue) and provide routine care (e.g., bathing, administering medications) but may be reluctant or feel inadequate to address patients’ emotional needs and concerns. The role of family caregivers is multifaceted and variable. Therefore, the family can be a source of strength and support—or stress—for patients with cancer.

Investing in Conversations

Talking with families can help them to cope with a cancer diagnosis. A model of conversing with families, created by the authors, contains four elements that must be acknowledged: the three “ex’s”—the family’s existence, experience, and expertise—and their need to maintain hope.

Acknowledge the existence of the family: Family members sometimes feel ignored or overlooked by healthcare providers. When healthcare providers focus their attention on patients, family members may feel “invisible.” Simple gestures that acknowledge their presence often are appreciated (e.g., addressing them by name, shaking hands, introducing oneself, including them in conversations).

Wright and Leahey (2000) noted that the nurse’s attitude was a key element in establishing a relationship of trust and beginning therapeutic communication. Thus, an upbeat, positive attitude combined with acknowledging that cancer is a “family affair” may help to “humanize” care and assist the family in coping with cancer and its treatment (Dupuis & Duhamel, 2002; Noiseux, 1999).

Another way to acknowledge the existence of the family is to illustrate the role that the patient occupies within the family. A genogram (see Figure 1) provides a graphic representation of the family and can be used to better understand family dynamics in the context of illness (Wright & Leahey, 2000).

Acknowledge the experience of illness: Acknowledging the experience of illness consists of inviting family members to tell their story of the illness. Many authors have underscored the relevance and benefits of listening to accounts of people affected by cancer (Frank, 1994). Nichols (1995) suggested listening to what people mean rather than what they actually say. By telling their story to an attentive audience, family members clarify their thoughts and discover their feelings.

Nurses sometimes are hesitant to encourage patients and families to tell their stories for several reasons. First, for most nurses, the workplace is busy and offers few opportunities to sit down with patients and families in a quiet, nondistracting area for prolonged periods of time to hear them tell their stories. Second, given the limited opportunity for patient and family contact, addressing physical symptoms and complaints often takes precedence over psychosocial needs. Another factor is that many nurses are aware that patients and families may express a range of complex emotions and reactions as they tell their stories, and nurses may feel unprepared to deal with these intense conversations. Lastly, some nurses may be concerned about becoming overly involved with patients and families on an emotional level, because this involvement can lead to “compassion fatigue” and even nurse burnout.

As cancer sets in motion a chain of anxiety, worry, and distress that may short-circuit usual modes of communication, family members affected by the illness may sink into an unbearable silence. Family members may develop new communication patterns to protect themselves, and these patterns may include engaging in superficial conversations that have no function other than to sustain optimism and mask feelings of fear and distress.

Encouraging family members to speak out, even if what they say may sound superficial at times, is the beginning of a communication process in which family members can feel safe and secure in expressing their feelings. Accepting what they say and encouraging further conversation can enable family members to open up more and may help them share their beliefs, values, feelings, worries, and needs that often are difficult to express and constitute fundamental elements for effective interventions (Taylor, 1997).

Moreover, these stories enable family members to give meaning to their experience of illness and suffering (Chelf, Deshler, Hillman, & Durazo-Arvizu, 2000; Taylor, 1997; Taylor, Amenta, & Highfield, 1995). Nurses must explore the meaning that people give to illness because it plays a major role in their adaptation process.

Recognizing the family’s experience in addition to the patient’s is just as important, giving its members the opportunity to share not only their concerns and needs but also the meaning that they give to the illness, its treatment, and their reactions when facing the illness. Exchanges of this sort allow them to identify, understand, and respect their differences. Such communication can yield the added benefit of encouraging family members to explore new ways of helping each other, minimizing the burden of care, and better supporting one another in
their efforts to cope with the situation at hand (Tapp, 2000).

How can nurses make their conversations more therapeutic while acknowledging the family’s experience? Nurses can ask specific questions, such as those suggested in Figure 2. These types of questions can be directed solely toward patients, but all family members can be invited to participate in the conversations. These questions allow for an exploration of the family’s experience. Nurses may find that including this type of questioning in their practice is challenging. Although the lack of time remains an undeniable factor, the aim of this type of questioning is not for the nurse to provide answers and solutions but rather to give family members the opportunity to discuss their experiences and feelings. Family members often are surprised by the responses of other members of their family to these questions.

**Acknowledge the family’s expertise:**
Nurses can enhance family members’ confidence by noting and commending their strengths and abilities. For example, nurses could make the following comments: “You’ve raised some very good questions about your husband’s illness. The interest and support that you’re showing by learning how to take care of him will reassure him,” or “That was a very good idea you had to find out about home services to help you care for your husband.”

The questions presented in Figure 3 also can be very useful for revealing and reinforcing the family’s abilities. The answers to these questions often strengthen their self-worth and encourage them to continue acting in a way that they otherwise would not realize was useful. Underscoring the family’s strengths attenuates their sense of failure and guilt and imparts a sense of control over the situation.

As the disease follows its course, family caregivers acquire competencies related to the evolution of the illness and the patient’s reaction to certain treatments or aspects of care. Consequently, family caregivers can provide information about patients that can be very useful to healthcare providers. This information may even minimize complications and the risk of rehospitalization. Involving family members fosters collaboration between nurses and families.

**Acknowledge the need for hope:**
Hope may bring meaning, guidance, motivation, and a reason to continue to exist. Maintaining hope in a favorable outcome is important for coping with the illness and its prognosis and treatment, performing daily tasks, maintaining a functional role, and even surviving cancer (Leonard, Enzle, McTavish, Cumming, & Cumming, 1995). Post-White et al. (1996) noted an association between hope and quality of life, spiritual peace, a sense of coherence, and a positive outlook on life. The 32 patients studied had hematologic cancer and were undergoing active treatment, maintaining hope in a favorable outcome is important for coping with the illness and its prognosis and treatment, performing daily tasks, maintaining a functional role, and even surviving cancer (Leonard, Enzle, McTavish, Cumming, & Cumming, 1995). Post-White et al. (1996) noted an association between hope and quality of life, spiritual peace, a sense of coherence, and a positive outlook on life. The 32 patients studied had hematologic cancer and were undergoing active treatment, maintaining a functional role, and even surviving cancer (Leonard, Enzle, McTavish, Cumming, & Cumming, 1995). Post-White et al. (1996) noted an association between hope and quality of life, spiritual peace, a sense of coherence, and a positive outlook on life. The 32 patients studied had hematologic cancer and were undergoing active treatment, maintaining a functional role, and even surviving cancer (Leonard, Enzle, McTavish, Cumming, & Cumming, 1995). Post-White et al. (1996) noted an association between hope and quality of life, spiritual peace, a sense of coherence, and a positive outlook on life. The 32 patients studied had hematologic cancer and were undergoing active treatment, maintaining a functional role, and even surviving cancer (Leonard, Enzle, McTavish, Cumming, & Cumming, 1995).

For patients, turning to people with whom they maintain positive relationships and relying on their strengths are strategies that help them maintain hope. For family members, even when the outcome is poor, they always have the possibility of hope. The glimmer of hope resides in the trust that their loved one will receive the best possible care, that his or her suffering will be minimized, and that no effort will be spared to ensure his or her optimal comfort. Family members need to have hope in their abilities to face the worst-case scenario and the strength to survive the loss and dismay that such a trial can cause. By listening to them actively, answering their questions, conversing with them, and giving pertinent information, nurses can bring hope to the families.

**Benefits for Nurses**
Relieving suffering and promoting hope are real privileges for nurses. In this regard, nurses must not underestimate their importance in this role. By investing in conversations with family members, nurses partner with them and, consequently, can optimize the care provided to patients. Although the benefits not always are immediate and the positive effects of these conversations at times are deferred until after a patient’s death, these efforts are not in vain. Whether over the short, medium, or long term, therapeutic conversations with families yield guaranteed returns.

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**References**


### Rapid Recap

**Guaranteed Returns: Investing in Conversations With Families of Patients With Cancer**

- The behaviors and emotions elicited by one family member in response to a stressful event, such as a cancer diagnosis, have an effect on all members of the family.
- In response to a cancer diagnosis, family members may experience a range of emotions, including anger, frustration, anxiety, anguish, isolation, and helplessness.
- Having a supportive spouse and family is a key factor in predicting a patient’s response to a cancer diagnosis.
- Family members often are eager to provide physical care to patients and may find that providing emotional support is difficult, usually because of feelings of inadequacy.
- Conversations that identify the strengths and resources of family members can help to determine ways to better provide care to patients.

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