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

Fabie Duhamel, RN, PhD, and France Dupuis, RN, MSc

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 (Anderson & 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.

Striving to reduce patients’ and family members’ emotional distress yields short-term as well as long-term results. In the short term, support through listening, answering questions, and offering information and interventions that enhance the feelings of connectedness to their family members promote patient comfort and empowerment (Mok, 2001). Long-term benefits also may occur; for instance, resolution of family misunderstandings may reduce feelings of guilt and facilitate family members’ bereavement after the death of the patient (Kristjanson, 1996; Lev & McCorkle, 1998).

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 & Leahy, 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).