Quality of Life for Our Patients: How Media Images and Messages Influence Their Perceptions

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Media messages and images shape patients’ perceptions about quality of life (QOL) through various “old” media—literature, film, television, and music—and so-called “new” media—the Internet, e-mail, blogs, and cell phones. In this article, the author provides a brief overview of QOL from the academic perspectives of nursing, psychology, behavioral medicine, multicultural studies, and consumer marketing. Selected theories about mass communication are discussed, as well as new technologies and their impact on QOL in our society. Examples of media messages about QOL and the QOL experience reported by patients with cancer include an excerpt from the Canadian Broadcasting Corporation radio interview with author Carol Shields, the 60 Minutes television interview focusing on Elizabeth Edwards (wife of presidential candidate John Edwards), and an excerpt from the 1994 film The Shawshank Redemption. Nurses are challenged to think about how they and their patients develop their perceptions about QOL through the media.

At a Glance

✦ Understanding of quality-of-life (QOL) issues with our patients is a collaborative effort supported by research from nursing, psychology, behavioral medicine, multicultural studies, consumer marketing, and mass communication.

✦ Because of our unique relationship with patients, clinical nurses can support interventions that help patients define, clarify, inform, and support their perceptions of QOL.

✦ The media—through literature, film, music, television, art, and content delivered by new technologies—transmit information about QOL to our patients. Their use of these technologies also affects their perceptions of QOL.

The idea for this—the 14th Annual ONS Trish Greene Memorial Quality-of-Life (QOL) Lecture—came from a few inspirations. One was a recurring scene shared by most of you in your practices each day. Our chemotherapy patients come in for treatment, plop themselves down in our vinyl treatment chairs, and bide their time during their treatments by watching a nearby television or burying themselves in a book, newspaper, or magazine. Some of our more “hip” patients bring in their laptops to make use of their time in the chair. Over the years, I have been curious about the concept of QOL for our patients and what learned points of view—other than nursing—are saying about it. I, like you, want to help my patients make the most of their QOL—whether it is for a brief time or for what we hope are many rich and productive years that follow their time in treatment with us.

Quality of Life: Input From Many Disciplines

Many different disciplines continue to try to make sense of QOL—what it looks like, how to assess it, how to make it better. So I’ll start by giving a brief overview of how nursing, as well as other disciplines, have contributed to our understanding of QOL and how these concepts may influence how patients perceive their own QOL.

How many times have you had a discussion with a patient about QOL and shared a story or idea—something you saw or heard, something you have experienced, something you agreed to disagree about? So much of the input for those discussions comes from what I am calling the media—communication and content that saturate our lives and also bring us to new understandings.

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