

Does Blaming the Patient With Lung Cancer Affect the Helping Behavior of Primary Caregivers?

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This article has been chosen for a podcast conversation with Michelle M. Lobchuk, RN, PhD. Lobchuk shares her experiences with studying empathetic communication by primary caregivers. Her program of research focuses on developing a theory-based intervention to enhance primary caregivers' empathetic communication and understanding of the illness experience for patients with cancer.

Purpose/Objectives: To examine whether primary caregivers' helping behaviors are predicted by their illness attribution reactions as proposed in Weiner's model.

Design: Latent-variable structural equation modeling.

Setting: Five oncology outpatient settings in central Canada.

Sample: 100 dyads consisting of patients with lung cancer and their primary caregivers.

Methods: Self-report questionnaires, abstracted medical record data, confirmatory factor analysis, and structural equation modeling.

Main Research Variables: Smoking history, judgments of responsibility for controlling the disease, anger, pride, and helping behaviors.

Findings: An interrelation was seen between judgments of responsibility toward patients to control aspects of the disease, affective reactions of anger and pride, and helping behavior. Anger and pride had a stronger influence on helping behavior than smoking history did.

Conclusions: Judgments of responsibility for controlling lung cancer and anger toward patients put caregivers at risk for dysfunctional helping behavior, particularly if patients had a history of tobacco use.

Implications for Nursing: Primary caregivers' affective states directly affect their helping behavior toward patients with lung cancer. Clinicians should be aware that caregivers who perceive the patient to be largely responsible for managing the disease also may be angry toward that patient. Angry caregivers are at risk of providing suboptimal helping behavior.

Key Points . . .

- In light of extensive media coverage of the link between tobacco use and lung cancer, a lung cancer diagnosis has become a stigmatization primarily brought on by the patient's behavior.
- A number of qualitative studies have reported that patients with lung cancer are confronted with intensely negative reactions from acquaintances, friends, family, and doctors, and feel unjustly blamed for their illness.
- Best practice for patients with lung cancer and their primary caregivers can be enhanced by routine nursing assessments that identify caregivers harboring negative judgments toward their patients. Educational interventions may help change illness attributions associated with a lung cancer diagnosis.

their tobacco use. The literature indicates that blaming or being angry toward patients with lung cancer can alter helping behavior and usual lines of communication between primary caregivers and patients (Chapple, Ziebland, & McPherson, 2004; Cooper, 1984; Zhang & Siminoff, 2003a). Changes

Lung cancer is a devastating and stigmatizing disease that challenges interpersonal dynamics between the primary caregiver and the patient. The stigma associated with lung cancer is likely related to the fact that more than 90% of lung cancers in men and at least 70% in women are directly attributable to cigarette use (Gaudette, Altmayer, Wysocki, & Gao, 1998). Researchers also have found that cigarette smokers experience negative public sentiment (Kim & Shanahan, 2003), which can have a profound effect on the relationship between primary caregivers and patients.

How primary caregivers assist patients often is mediated by relationship characteristics between patients and caregivers (Aaronson, 1991; Phillips et al., 1995; Taylor, Ferrell, Grant, & Cheyney, 1993). Primary caregivers (i.e., spouses, family, friends, or informal or family caregivers) may blame the patient with lung cancer for having caused the disease through

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