

# Dyadic Perceptions of the Decision Process in Families Living With Lung Cancer

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**Purpose/Objectives:** To use dyadic analyses to identify determinants of patients' and family members' perceptions of the positive and negative aspects of the decision-making process in families living with lung cancer.

**Design:** Cross-sectional study.

**Setting:** Community setting in Greater Portland, Oregon.

**Sample:** 109 family care dyads (patient and family member) recruited from a statewide cancer registry.

**Methods:** Surveys were completed in-person, separately, and privately by each member of the family care dyad. Secondary analysis was completed using multilevel modeling.

**Main Research Variables:** Negative and positive aspects of the decision process.

**Findings:** Level 1 data revealed significant variability across care dyads' positive or negative perceptions of the decision-making process. Level 2 results for negative perceptions of decision making indicated that patient and family member perceptions were significantly associated with their own depressive symptoms and feelings of not being listened to by others. Level 2 results for positive perceptions of decision making indicated that patient and family member perceptions were significantly inversely associated with their own feelings of not being listened to and being in nonspousal relationships. In addition, family members' perceptions were more positive when the patients were older.

**Conclusions:** This study highlighted the complexity of the decision-making process in families with lung cancer, and underscored the importance of the care dyad feeling listened to by family members in the context of life-threatening illnesses.

**Implications for Nursing:** Nurses assisting families with decisions about lung cancer should be aware of the dynamics of the care dyad and how the decision process is perceived by patients and their family members.

A cancer diagnosis affects both patients and family members, and gives rise to many decisions that families often work through and process together. However, the life-changing nature of cancer diagnoses do not necessarily bring about greater communication or agreement among families (Siminoff, Dorflinger, Agyemang, Baker, & Wilson-Genderson, 2012; Siminoff, Rose, Zhang, & Zyzanski, 2006; Venetis, Greene, Checton, & Magsamen-Conrad, 2015; Zhang, Zyzanski, & Siminoff, 2010). Indeed, family communication often breaks down in the context of cancer (Badr & Taylor, 2006; Zhang & Siminoff, 2003a). This may be especially true in families affected by lung cancer—the leading cause of cancer-related mortality in the United States (Howlander et al., 2013)—because of the potential for blame associated with smoking and family conflict surrounding smoking cessation (Badr & Taylor, 2006; Lobchuk, Murdoch, McClement, & McPherson, 2008; Siminoff, Wilson-Genderson,