Interactive Family Learning Following a Cancer Diagnosis

Patricia Friesen, RN, MScN(c), Carolyn Pepler, RN, PhD, and Patricia Hunter, RN, MSc(A) Nursing

Purpose/Objectives: To describe the experience of families when a member is diagnosed with cancer.

Design: Descriptive, qualitative study.

Setting: Patients’ homes.

Sample: Eight adults, two to five months postdiagnosis, who were receiving radiotherapy or chemotherapy for stage I or II solid tumors and family members, including seven children between the ages of 13–18. Thirty people interviewed total.

Methods: Patients recruited from an oncology outpatient clinic and gynecologic inpatient unit of a teaching hospital interviewed on one occasion with at least two immediate family members in patients’ homes. Semistructured interviews were tape-recorded and analyzed for themes and categories using the techniques of constant comparison.

Main Research Variables: Transitions from health to illness.

Findings: Families described a learning process in which information was gathered, interpreted, and shared. Families learned together by reviewing the past, gathering and sharing information, and sharing their experiences of living with someone undergoing treatment for cancer. By revealing their own personal perspectives, patients taught their families about their illness experiences and what constituted effective support.

Conclusions: Interactive family learning is a mode of learning and a form of support in which the whole family may participate early in the process of learning to live with cancer.

Implications for Nursing: Nurses can facilitate patient and family learning by considering the interactive manner in which families acquire information. By acknowledging how past experiences with cancer inform the present, nurses can help families identify beliefs influencing the illness experience. By including families in teaching sessions; facilitating communication between patients, families, physicians, and nurses; and providing take-home learning materials, nurses can facilitate shared information gathering. Nurses should acknowledge the value of learning about illness by experience, accept patients and families as experts, and encourage revelation of patients’ and families’ perspectives of the illness to enhance feedback on support and coping.

Key Points . . .

➤ Families learn together by reviewing the past, sharing the work of gathering and interpreting information, and sharing experiences.

➤ Patients teach their family members through personal revelations about their experiences with cancer and about helpful support.

➤ Nurses can use information gathered by patients and families to facilitate effective relationships with healthcare providers and explore illness beliefs.

When a family member is diagnosed with cancer, the family’s experience is more complex than healthcare professionals may observe in the clinic or hospital. Often, healthcare professionals relate to patients and one family member only (Jassak, 1992); therefore, reports of adjustments and changes that are part of the family’s reactions to a new illness are filtered through this member. Curiosity about the nature of the transition families experience in the first months after diagnosis became the springboard for this study. Other studies have examined transitions from health to illness in oncology (Davies, Reimer, Brown, & Martens, 1995; Jassak; Lewis, 1986, 1993), but the current study’s authors found no research that examined family transitions through whole family interviews when a member initially was diagnosed with cancer. The authors convened whole families to explore this transition more fully.

Literature Review

According to family systems nursing (Friedman, 1997; Wright & Leahey, 2000), when one family member experiences a major change, such as the diagnosis of cancer, the whole family is influenced. The responses of family members, in turn, influence patients and the overall family experience. Lewis (1986) reviewed the oncology literature from 1977–1985 and concluded that, despite methodologic limitations, the studies illustrated multiple family stressors and needs. Kristjanson and Ashcroft (1994) cited more than 200 clinical articles and studies that examined the impact of a family member’s diagnosis of cancer. Most of the research has been cross-sectional, and data were collected from one individual in the family (most frequently, a spouse). Recent family research in oncology has