Exploring Stigma Among Lung Cancer Survivors: A Scoping Literature Review

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Lung cancer is the second leading cause of cancer among adults, accounting for 27% of all cancer deaths in the United States (American Cancer Society [ACS], 2018; American Lung Association [ALA], 2018). Because of advances in screening practices, early detection, and improved treatments, lung cancer survival rates continue to slowly improve (ACS, 2018; de Moor et al., 2013). In 2018, the one- and five-year survival rates for lung cancer were 50% and 18%, respectively, up from 37% and 15% in 2013 (ACS, 2018; ALA, 2018).

The Institute of Medicine (2013) reported that 14 million cancer survivors lived in the United States in 2012 and estimated that number to increase to 18 million by 2022. Survivorship is defined as the time from diagnosis to the end of life; the increasing number of cancer survivors, including lung cancer survivors, warrants examination of the challenges these survivors face, particularly stigma in the lung cancer population.

Stigma is “an undesirable stereotype leading people to reduce the bearer from a whole and usual person to a tainted, discounted one” (Goffman, 1986, p. 3). Health-related stigma is the perception of possessing a trait that produces an unfavorable health outcome. For lung cancer, the health-related stigma is a perception that individuals diagnosed with lung cancer must be tobacco users, because tobacco use is the leading cause of lung cancer (Cataldo, Slaughter, Jahan, Pongquan, & Hwang, 2011). Cigarette smoking is viewed as a poor life choice, and individuals who make this choice are perceived as being responsible for their lung cancer diagnosis (Cataldo et al., 2011; Lehto, 2014). This perception stems from the U.S. Department of Health, Education, and Welfare (1964) report that heightened public awareness of the effects of tobacco use and its link to chronic illnesses. Subsequent reports have validated that groundbreaking finding and revealed more concerns regarding

PROBLEM IDENTIFICATION: Lung cancer survivors face many challenges that affect their quality of life and survival. A growing concern is the layered effect of stigma related to cigarette smoking and the perceived life-threatening diagnosis of lung cancer. This experience may affect lung cancer survivors’ physical, psychological, and social well-being, negatively influencing their quality of life.

LITERATURE SEARCH: CINAHL®, PubMed®, PsycINFO®, and Web of Science were searched from January 2000 through August 2017, using combinations of four keywords: lung cancer, lung neoplasm, stigma, and smoking.

DATA EVALUATION: Extracted data included research aims, design, method, analytical approach, sample size, gender, ethnicity/race, setting, stigma measure, smoking status, and major results.

SYNTHESIS: Of 163 studies initially identified, 30 (19 quantitative, 8 qualitative, 2 theoretical reviews, and 1 mixed method) were included. Quantitative studies were analyzed by statistical significance and relevant findings. Thematic analysis was used to evaluate qualitative studies.

IMPLICATIONS FOR RESEARCH: Future research should focus on the development and testing of tailored and multilevel interventions to support the management of stigma and lessen the negative impact it has on quality of life, with special considerations for vulnerable subpopulations.

KEYWORDS lung cancer; stigma; smoking; scoping review; psychometrics

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