

Family-Focused Oncology Nursing Research

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Purpose/Objectives: To analyze five common assumptions about a family's adjustment to breast cancer and to suggest needed future directions for family-focused research.

Data Sources: Published research in nursing, psychiatry, behavioral medicine, and psycho-oncology about families' functioning with breast cancer.

Data Synthesis: Evidence from published research is that family members do not modify their coping behavior in response to illness-related pressures, do not appear to learn over time how to manage illness-related concerns, are not responsive to each other's thoughts and feelings about cancer, experience tension in the marriage from cancer, and neither understand nor assist children affected by a mother's breast cancer.

Conclusions: Current assumptions about how families function with breast cancer need to be replaced with a more informed, data-based view that guides the development of better programs and services for assisting families.

Implications for Nursing: Future research and interventions need to address the impact of breast cancer on the primary relationships in a household, the impact of the illness on the family's core functions, and the family members' competencies to manage the illness.

Key Points . . .

- ▶ Commonly held assumptions about a family's functioning with breast cancer have delayed the development of informed intervention studies and services in oncology.
- ▶ Future research with families needs to include a healing paradigm that addresses the core functions of families, the impact that the illness has on family member relationships, and the family's cancer-related management competencies.

Members of a family experiencing breast cancer must balance two lives—their life as part of a family and their life with cancer (Lewis, 2002). Despite this reality, most intervention research to date has focused on the index patient or on a family member as a caregiver. Research has not focused on the family as a family (Lewis, 1997, 1998). The goal of this article is to critically examine prior published studies on the impact of breast cancer on the family to challenge assumptions that many people hold about how families function and manage breast cancer. Recommendations are made for needed future directions of research. This article is organized into two sections: (a) a critique of five common assumptions about how families function with breast cancer that have been challenged in completed research and (b) a proposed new paradigm for future family-focused research in oncology nursing.

Assumptions About How Families Adjust to Breast Cancer

Five assumptions about a family's adjustment to breast cancer have been challenged by completed research (see Figure 1).

Assumption 1: Family Members Modify Their Coping Behavior in Response to Illness-Related Pressures From Breast Cancer

Results across multiple studies with families experiencing breast cancer have documented that illness-related pressures occur but families do not significantly modify their coping

behavior as a function of these pressures (Lewis, 1998). Path analyses calculated on data obtained from households with women diagnosed with breast cancer and their spouses or partners consistently have documented a nonsignificant relationship between patient- or spouse-reported illness-related pressures and family member coping behavior (Lewis & Hammond, 1992, 1996; Lewis, Hammond, & Woods, 1993). Evidence is that family members modify their coping behavior in response to family system changes, including tension in primary family member relationships, especially the marital dyad (Lewis & Hammond, 1992, 1996; Lewis et al., 1993).

The absence of a significant relationship between illness-related pressures and family member coping behavior runs counter to prediction in stress and adaptation theory and its extensions to families (Lazarus & Folkman, 1984; Manne, 1994; Manne, Pape, Taylor, & Dougherty, 1999; McCubbin & McCubbin, 1993; McCubbin & Patterson, 1983; Wenzel, Glanz, & Lerman, 2002). Given these results, healthcare providers cannot unconditionally assume that family members modify their coping behavior in response to the illness-related pressures. Assumption 1 is not substantiated in the research literature.

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