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# Impact of Patient Smoking Behavior on Empathic Helping by Family Caregivers in Lung Cancer

Michelle M. Lobchuk, RN, PhD, Susan E. McClement, RN, PhD,  
Christine J. McPherson, RN, PhD, and Mary Cheang, M Math

**P**atients affected by stigmatizing diseases such as lung cancer describe harsh judgment and negative emotions from healthcare providers and their support networks who feel that they brought the condition on themselves from cigarette smoking (Cataldo, Slaughter, Jahan, Pongquan, & Hwang, 2011; Chapple, Ziebland, & McPherson, 2004; Gulyn & Youssef, 2010). To the best of the authors' knowledge, no published studies have systematically tested the impact of family caregiver (FC) judgment and negative emotions on empathic responses (i.e., being able to understand and convey understanding of the situation from a patient-oriented viewpoint) (Mikulincer, Shaver, Gillath, & Nitzberg, 2005) and helping behavior. Empathic FCs make good judgments and decisions that are critical in fostering patient comfort, adherence to treatment recommendations, satisfaction with daily care, and avoidance of costly hospital stays (National Comprehensive Cancer Network, 2011). Empathy and helping behaviors are hallmarks of quality care, but when they are challenged, caregiver confidence can be diminished, resulting in unsafe, poorly timed, and suboptimal care of the patient with lung cancer.

With increasing emphasis on prevention, personal responsibility or a tendency to blame the victim for their lung cancer becomes more significant in the eyes of healthcare professionals, friends and family, and even patients who smoke (Bayer, 2008; Stuber, Galea, & Link, 2008). Patient smoking is a contentious issue: Researchers have found that 65% of families blamed the patient for contracting lung cancer (Zhang & Siminoff, 2003). Spouses feel constrained when discussing hot topics like smoking out of respect for patient autonomy or avoidance of conflict (Badr & Taylor, 2006). Spouses also feel resentment and blame toward the patient even

**Purpose/Objectives:** To test the impact of patient smoking behavior on family caregiver judgments of responsibility, emotions, empathic responses, and helping behavior.

**Design:** Structural equation modeling.

**Setting:** Five oncology outpatient settings in Canada.

**Sample:** 304 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, empathic responses, and helping behaviors.

**Findings:** The impact of patient smoking behavior on caregiver help was mediated by caregiver judgments of responsibility, affective reactions of anger and pride, and empathic responses by caregivers.

**Conclusions:** When patients continued to engage in smoking behavior, despite a diagnosis of lung cancer, caregivers tended to ascribe more responsibility and feel more anger and less pride in the patients' efforts to manage the disease, therefore placing caregivers at risk for less empathy and helping behavior.

**Implications for Nursing:** Caregiver blame and anger must be assessed, particularly when the patient with lung cancer continues to smoke. If caregiver judgments of blame and anger are evident, then an attribution approach is indicated involving a dialogue between the caregiver and the patient, with the aim of enhancing the caregiver's understanding of how negative attributions and linked emotions impact his or her ability to engage in empathic helping behaviors.

if the patient quit smoking before or at the time of diagnosis because they fear that the patient may relapse. When patients continue to smoke cigarettes, FCs can view the behavior as controllable by the patient and not functionally effective in altering illness outcomes.