Exploring Hope and Healing in Patients Living With Advanced Non-Small Cell Lung Cancer

Chloe Eustache, RN, MSc(A)N, BA, BS, Emily Jibb, MSC(A), RN, BScH, and Mary Grossman, BScN, MScN, PhD

Purpose/Objectives: To explore the experience and meaning of hope in relation to the healing process of patients living with stage IIIb or IV non-small cell lung cancer.

Research Approach: Interpretative qualitative study design.

Setting: Peter Brojde Lung Cancer Centre in the Jewish General Hospital in Montreal, Quebec, Canada.

Participants: 12 English- and French-speaking patients, aged 36–78 years.

Methodologic Approach: One 60–90-minute semistructured interview per participant was conducted. An inductive approach to data analysis was taken, involving immersion in the data, coding, classifying, and creating linkages.

Findings: Four main themes emerged: (a) the morass of shattered hope, (b) tentative steps toward a new hope paradigm, (c) reframing hope within the context of a life-threatening illness, and (d) strengthening the link between hope and wellness.

Conclusions: Patients described a process where hope was diminished or lost entirely, regained, and reshaped as they learned to live and grow following their diagnosis.

Interpretation: This study adds to the literature by describing the dynamic nature of hope as well as factors facilitating or hindering the hope process. It demonstrates how finding meaning, a structural component of healing, can be used to envision a new hopeful future. This study suggests hope and healing cannot exist in isolation, and highlights the importance of understanding the fluctuating nature of hope in patients with advanced lung cancer to foster it, therefore promoting healing.

Key Words: hope; healing; meaning

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Lung cancer is the second most commonly diagnosed cancer in Canada (Canadian Cancer Society [CCS], 2012). An estimated 85%–90% of lung cancers are classified as non-small cell lung cancer (NSCLC), with almost half of patients with NSCLC presenting with advanced disease at the time of diagnosis (CCS, 2012). Advanced disease refers to NSCLC that has spread locally (stage IIIB) or distally (stage IV) to the lymph nodes or other tissues and organs (CCS, 2012). The five-year survival rates are poor at 13% and 19% for men and women, respectively (CCS, 2012).

Unsurprisingly, 43%–50% of patients with lung cancer experience psychological distress, surpassing the rates associated with all other diagnoses (Cooley, Short, & Moriarty, 2003; Tishelman et al., 2005; Zabora, BrintzenhofeSzoc, Curbow, Hooker, & Piantadosi, 2001). That distress has been linked to a number of cancer- and treatment-related factors that have been found to negatively affect the patients' social, physical, and spiritual well-being and quality of life (Akin, Can, Aydiner, Ozdilli, & Durna, 2010; Fan, Filipczak, & Chow, 2007; Thompson, Solà, & Subirana, 2005). Such distress also has been associated with poor adherence to treatment and low satisfaction with care, contributing further to poor health and survival outcomes (Graves et al., 2007; Kaasa, Mastekaasa, & Lund, 1989; Kukull, McCorkle, & Driever, 1986).

Although the terms are sometimes used interchangeably and their definitions overlap, distress is not a synonym of suffering but rather one of its components. Psychological distress is a predictor of suffering in patients with cancer (Wilson et al., 2007). Suffering has also been reported at all phases of the cancer trajectory and significantly affects patients' ability to cope with advanced disease (Chio et al., 2006; Ferrell & Coyle, 2008). One of the first to explore the affective experience of suffering, Cassel (1982) deplored the separation of mind and body, which he felt contributed to suffering being given scant attention as it was unjustly relegated to the realm of the mind, thereby giving it less credibility within medicine. Cassel (1982) posited that suffering is experienced by the whole person and occurs when the "impending destruction of the person is perceived" and lasts until the threat has passed or until the person can restore a new sense of integrity (p. 640). This suffering occurs in any of the multiple facets of the person (e.g., physical, emotional, social, spiritual) (Cassel,