The relationship between meaning of illness, social support

Literature

The article, " The Relationship Between Meaning of Illness, Social Support, Coping Strategies, and Quality of Life for Lung Cancer Patients and Their Family Members" presents the quantitative analysis of a study on lung cancer patients' and their families' understanding of their illness (Downe-Wamboldt, et al. , 2006). This understanding is examined in relation to the social support they receive, coping strategies they employ, and their overall quality of life (QOL). Thus, the title of the article adequately prepares the reader for the content of the study.

Further, such a study is extremely relevant to the field of nursing as the factors it examines are ones in which the patients' nurses have an influence, and through reviewing a study such as this, nurses may be able to better understand the effects they have on patients and employ strategies to maximize patients' positive experiences. The examination of this phenomenon in lung cancer is additionally significant due to its prevalence in patients today (p. 111). Abstract The article's abstract presents a concise yet informative summary of the study's key findings.

According to the abstract, this cross-sectional study utilized data from interviews with 85 patients and their families to determine that patients' QOL is most closely correlated to their perception of their illness as manageable, while family member QOL can be best predicted by the " less adverse impact. " They also claim that they found similar results in the two groups. The abstract does suffer from two key problems. One, terms such as " less adverse impact" are not defined or used in a manner that makes their exact meaning clear.

In this specific example, the abstract fails to clarify on whom the illness must have less adverse impact. Second, while it is coherent, acceptably brief and provides a solid yet brief description of the study's methods, this abstract does not include a problem or purpose statement. It only mentions one in stating that " the results of the study emphasize the importance of acknowledging the circumstances of people's lives, both patients surviving lung cancer and their family members, which contribute to QOL," but this extremely broad claim does not seem to satisfactorily address the purpose of the research.

Thus, though the abstract does an adequate job of summarizing the study, by failing to provide a compelling statement of problem or purpose it falls short of truly grabbing the potential reader's interest. Further, the primary problem with the abstract is that it does not include any statistical findings (p. 111). Introduction Problem and Purpose Statement The problem statement begins with an introduction to the topic of Non-small Cell Lung Cancer (NSCLC) a classification to which " most lung cancer deaths are attributable."

The authors assert that given the " poor prognosis often associated with lung cancer, quality of life (QOL) may be more important to the patient than length of life. " The author notes that the physical symptoms of lung cancer are well documented, but an analysis is needed to focus on QOL, as the physical and psychological effects of lung cancer on QOL progress with the illness and impact both the patient and their family. Hence, the purpose of this study is to determine the factors that are most critical in determining a patient's QOL (p. 112).

Interestingly, the problem statement claims that 11, 900 men and 9, 800 women were diagnosed with lung cancer in Canada in 2004, but does not address which portion of this population the study will target (p. 112). Review of the Literature and Theoretical Framework The literature review makes use of mainly primary resources and is broken down by topic: meaning of illness, social support, coping strategies, and quality of life. In this way, some of the definitions of terms is achieved within the literature review rather than the problem statement.

The presentation of each of these four topics are very similar in form and consequently exhibit similar strengths and weaknesses. To use meaning of illness as an example, the authors note the existence and importance of six other articles. These succeed in establishing a background for their study, and how it will fill a much needed gap in the research. However, much like in the abstract, the authors' reluctance to provide succinct and comprehensive definitions for key terms is a significant detractor to their success.

Thus, while they cite studies that " have indicated that favorable meaning of the chronic illness is a better predictor of adjustment than sociodemographic and disease characteristics" they do not at any point address what a " favorable meaning" might be. Again, the formulaic reviews of each of the terms results in each of the four demonstrating similar weaknesses (p. 113). Hypotheses/Research Question(s) The study does not contain a formal hypothesis, but the lack thereof is appropriate because this study focused on revealing information rather than proving it.

The explanation of what is known about the topic and what information is needed for better treatment is enough to introduce the study and explain it

thoroughly so the subsequent parts of the article and results can be understood. Although there was a lack of hypotheses, the variables and sample are identified. A null and alternate hypothesis can be formed mentally, however, by an educated reader, with the null hypothesis stating that the four variables being tested would have no effect on lung cancer patients and their family members.

The alternate hypothesis would state that there is a positive relationship between meaning of illness, perceived social support resources, coping strategies used, and QOL for lung cancer patients and their family members (p. 112). The primary research question is stated to be " What is the relationship between meaning of illness, perceived social support resources, coping strategies used and QOL for lung cancer patients and their family members?"

Secondarily, the study sought to investigate the question of whether there are " differences between patients' and family members' perceptions of the meaning of the illness, perceived social support resources, coping strategies used to manage the stress, and QOL associated with lung cancer? " These questions are succinct, objective and testable (p. 112). Methods Research Design As stated in the abstract, the study was cross-sectional, and used interviews to gain information. This design is very appropriate, because they study focuses on gathering information regarding cancer patients and their family members.

Conducting the same survey on both members of the dyad was a very appropriate way of gathering such information (p. 112-113). Sampling The sample was collected over a two year time span from Queen Elizabeth II

Head Sciences Center in Canada. The sample consisted of 85 consecutive patients. They had all been diagnosed with NSCLC, stage I or II, within the past six months. The family members of the patients all live within 150 kilometers. They all provided informed written consent.

The sampling plan is sound, although because the sampling technique used is Non-Random Convenience Sampling, it is open to biased and questioned in terms of validity. However, each patient met certain criteria, and the point of the interviews was to study the characteristics of the sample. The size of the sample is appropriate, but could be larger for a more accurate conclusion. If the sample size was larger, an outlier would have less of an effect on the results as a whole, and because the results are meant to be used to treat a large population of patients with NSCLC, the larger the sample size, the better.

However, it is known the with large sample sizes comes cost and disorganization. The sample size of 85 patients was of an adequate size to obtain accurate results. There are no outstanding ethical or informed consent issues, because patients and their families agreed to the study and the Canadian Lung Association supported the entire study. Ethical approval was received from the Queen Elizabeth II Health Sciences Center Research Review Committee at Dalhousie University (p. 114). Instrumentation The instruments used in the study were nurse conducted interviews over the telephone.

The interviews each lasted about 90 minutes. There is a possible instrumentation threat because there could be a possible bias in the actual interviewer and the way she asked questions of the patient or the family

member. It is not discussed in the study what precautions were taken to preserve the validly and reliability. The data was gathered by recording the telephone interviews (p. 114). Procedures The procedure is relatively uncomplicated and well-explained in the study, so it would not be difficult for another researcher to replicate.

The data analysis procedure is very detailed and broken down so is it better understood. Each variable, meaning of illness, social support, coping, and quality of life, is explained separately, and the statistical results are explained in those sections so that they cannot be easily confused. The scales used for each variable are clearly explained, including what the surveys and questions entailed and how many questions were present. Meaning of Ilness was measured using the Meaning of Illness Questionnaire (MIQ) with Cronbach [alpha] scores ranging from. 67 to. 81.

The study utilized the Arizona Social Support Interview Schedule to measure social support. The internal consistency for this measure ranged from . 50 to . 70. Coping was measured using the Jalowiec Coping Scale which measures eight coping strategies. The reliability for five of these strategies was . 60 to . 80. Three of the coping strategies (patient and family fatalistic coping and family palliative coping) showed low internal consistency and were omitted from the analysis. Quality of Life was measured by the Quality of Life Index. The reliability for this measure was.

90 for patients and . 91 for families (p. 113 Results Descriptive statistics including mean values, standard deviation, and percentages were used to describe the sample's demographic data. Paired t-tests, were used to compare patient and family member scores. The internal consistency of

questionnaire subscales was evaluated using Cronbach a. Stepwise multiple regression was used with independent variables predict QOL scores for patients and their families. The independent variables were MIQ subscales, social support subscales, and coping subscales.

The Cronbach a levels were low for Meaning of Illness in patients and their family members, remaining at or below a . 80 for patients and . 69 for family members. Factor analysis was used to form four new variables, and reliability increased to . 67-. 81 for patients and . 64-. 80 for family members. The descriptive statistics for variables showed that patient and family member scorers were very similar for all four variables.

The t-tests revealed " statistically significant higher QOL psychological and spiritual subscale scores of the QLI (t = -5. 80, P < . 001) in family members compared with patients. " They further revealed " psychological and spiritual satisfaction (t = -19. 48, P < . 001) and psychological importance (t = -33. 93, P <. 001) were statistically higher for family members" than for patients (p. 115). Discussion The authors of the article provide a general overview of the major findings, and conclusions flow logically from these findings. The author defines the findings according to the study, relating all information to the study and its participants. No superfluous findings were expressed.

The findings were expressed completely and clearly. The findings mentioned other literature when it mentioned future nursing implications. The findings state that although there is a lot of cancer research already, it needs to be supplemented to include the findings from this study. The authors mention a threat to external validity. They mention the effect of selection. They acknowledge that selection is an issue because the findings of this study

may not apply to all patients with all types of lung cancer. The findings of this study may not be useful in cases of other lung cancers.

There are other threats to internal and external validity that were not acknowledged in the study. History threats were present in the study. Because the study measures stress and QOL scores, world and local events, including family events having nothing to do with the patients' lung cancer could effect the measured stress levels and therefore effect QOL scores of both the patients and their corresponding family member, possibly leading us to believe that there was a higher stress level due to the effects of lung cancer rather than external stressful events.

Instrumentation threats may be present in this study. Because each participant was interviewed by a person rather than electronically or my mail, biases may have been present. Because human communication is so complex and sometimes subconscious, interview answers could have been affected by the way the interviewer asked her questions; especially if she was aware of the answers of the other dyad member (both members of the dyad were asked the same questions).

Because of the sampling techniques, the study is open to bias. Non-random Convenience Sampling was used, which is usually highly questioned in terms of validity. Specifically the use of a convenience sample creates threats to internal validity. However, each patient met certain criteria, and the point of the interviews was to study the characteristics of the sample. The findings of this study contribute to practice and theory and practice-based implications and recommendations for further research are discussed.

The knowledge gained from this study can be used to support health professionals in developing supportive care interventions for patients and families experiencing lung cancer. Clinicians have an important role in assisting patients with a negative or fatalistic view of their lung cancer to examine the new opportunities and new goals. This study underscores the need to include the family in cancer care and to assess the family as a whole, focusing directly on coping.