

Living with Lung Cancer:
Receptivity and Preferences
for Risk-reducing Behavior
Change among African
American Families

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Purpose

To identify social, cultural, and behavioral factors associated with receptivity, willingness to change, and preferences for cancer risk-reducing behavior change among African American survivors of lung cancer and their family members.



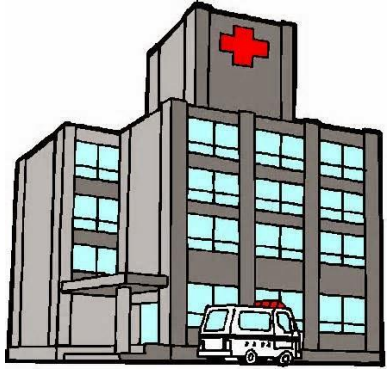
Design



- A descriptive, exploratory mixed methods design using focus group (FG) methodology
- Three sets of FGs were used:
 - Lung cancer survivor-only group
 - Family member-only group
 - Dyad (one survivor + one family member) group



Setting and Recruitment Plan



- Two large community hospitals with American College of Surgeon's approved cancer programs in South Carolina, USA
- Recruitment goal: 60 participants (30 dyads: 1 survivor + 1 family member)
- Primary recruitment method: Mailed invitation to survivors of lung cancer



Eligibility Criteria

- To be included, a survivor must:
 - Be an adult (age 21 or older) with a history of lung cancer;
 - Be willing to invite a family member to participate in a focus group discussion.



- To be included, a family member must:
 - Be an adult (age 21 years or older) and willing to attend a focus group.

Survivors or family members who do not speak and read English were not be eligible to participate.



Results: Sample Characteristics

56 participants:

- 30 lung cancer survivors
- 26 family members

Family members included:

- 6 spouses
- 6 siblings
- 6 daughters
- 5 close friends
- 1 son
- 2 others



Results: Sample Characteristics

Year of Lung Cancer Diagnosis	Survivors (n = 30)
2014	6 (20%)
2013	7 (23%)
2012	7 (23%)
2011	2 (7%)
2010	2 (7%)
Before 2010	6 (20%)

One FM was diagnosed with LC in 2013.



Results: Sample Characteristics

Characteristics	Survivors (n = 30)	Family Members (n = 26)
Mean Age (range)	67 years (52 – 86)	54 years (21 – 70)
Gender (male)	12 (40 %)	5 (19%)
Married	11 (37%)	12 (46%)
Completed High School	18 (60%)	6 (35%)
Annual Income (< \$20,000)	15 (58%)	8 (33%)
Employed for Wages	3 (10%)	13 (50%)
General Health (fair/poor)	17 (58%)	5 (19%)



Results: Health Behaviors

Characteristics	Survivors (n = 30)	Family Members (n = 26)
Smoke-free Homes	24 (80%)	23 (89%)
Mild Exercise (never)	17 (57%)	11 (42%)
Exercise Frequency (never/rarely)	14 (47%)	7 (27%)
Fruits (monthly)	24 (80%)	26 (100%)
Beans (monthly)	22 (73%)	21 (81%)
Dark Green Veggies (monthly)	24 (80%)	25 (96%)
Orange Veggies (monthly)	22 (73%)	21 (81%)



Results: Media Use

Characteristics	Survivors (n = 30)	Family Members (n = 26)
Working TV	29(97%)	26 (100%)
Cable TV	25 (83%)	23 (89%)
TV Daily Use	28 (93%)	21 (81%)
TV Health Programs	23 (77%)	23 (89%)
Working Tablet (Yes)	6 (20%)	10 (39)
Tablet Daily Use	1 (3%)	5(19%)
Working Smart Phone	9(30%)	14 (54%)
Text Messaging	8 (27%)	13 (50%)
Working Computer	14 (47%)	15 (58%)



Voices of Survivors

- Living Long with Lingering Symptoms
- Needing More HELP
- Making Changes – Personal Choices
- Having Faith and Determination



Voices of Family Members

- Resisting Caregiving
- Redefining Normal
- Leaning on Faith
- Living with the Specter of Cancer



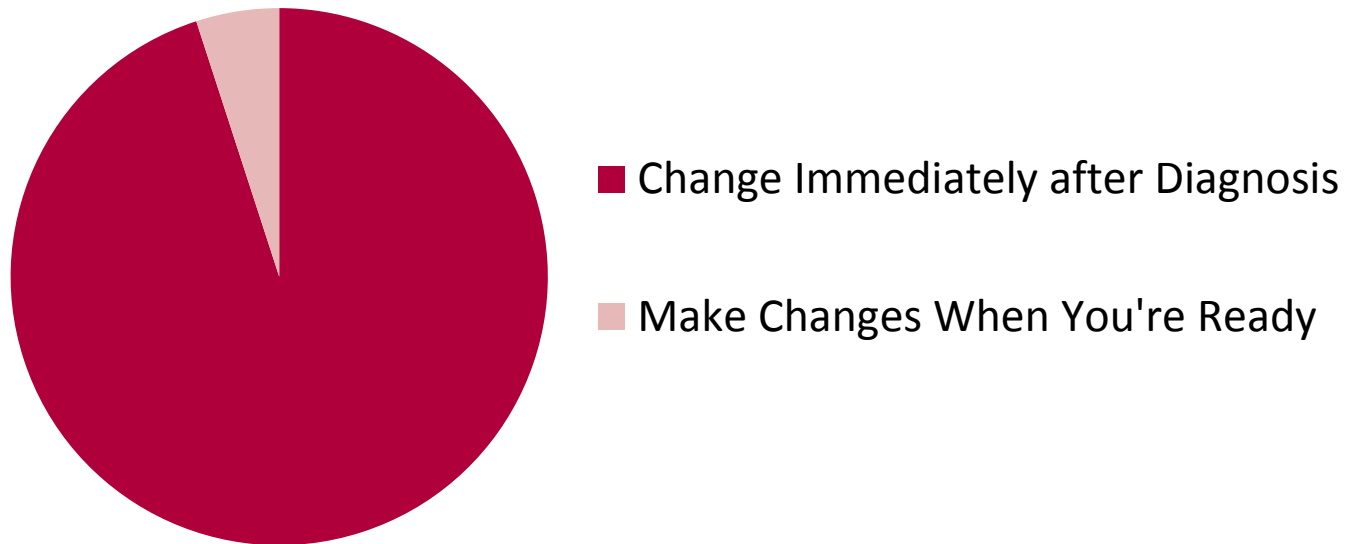
Collective Voices ~ Dyads

- Rethinking Recovery: Informational Oversights
- Needing Compassion, Hope & Understanding
- Living Long with Lingering Symptoms
- Willingness to Change



Timing Preferences

Best Time to Make Lifestyle Changes



Discussion

- Current methods to provide information to survivors and family members is limited in its effectiveness.
- Long-term survivors continue to experience burdensome symptoms like SOB, fatigue and mild-moderate pain and might benefit from existing services like pulmonary rehab and palliative care.



Discussion

- Knowledge gaps exist regarding nutrition, exercise and stress management to improve quality of life.
- Survivors and their family members need and want HELP to make changes in health behaviors.
- Behavior change might benefit from a shared-decision making approach.



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