

Promoting Enhanced Patient and Family Caregiver Congruence on Lung Cancer Symptom Experiences

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Purpose/Objectives: To test the effects of different perspective-taking instructional sets, gender, caregivers' personal histories with cancer, and caregiving relationship factors on family caregiver and patient perceptual agreement of symptom experiences of patients with lung cancer.

Design: Counterbalanced.

Setting: Thoracic oncology outpatient clinical setting in Canada.

Sample: 98 dyads consisting of patients with lung cancer and their family caregivers.

Methods: Data were collected on a one-time basis by employing an abbreviated version of the Memorial Symptom Assessment Scale targeting lack of energy and worrying. Caregivers were randomized to one of six counterbalanced conditions of perspective-taking instructions.

Main Research Variables: Caregiver discrepancy scores, instructional sets (i.e., neutral, self-report, and imagine-self and imagine-patient perspective-taking), order effects, gender, caregivers' personal history with cancer, and caregiving relationship factors.

Findings: No order effects were found for the instructional sets. Instructions to imagine the patient's perspective over imagining how the caregiver would feel if he or she had cancer were most effective in enhancing the caregiver's ability to estimate the patient's lack of energy and worrying. Gender had no significant effects. The amount of patient-caregiver communication had a positive impact on the accuracy of caregivers' perspectives.

Conclusions: The patient-oriented instructions had a limited impact on enhancing patient-caregiver congruence on patient symptoms. This likely is related to the study's convenience sample of caregivers who appear to naturally engage in empathic processes of patient-oriented perspective-taking when they assessed and reported on patient symptom conditions.

Implications for Nursing: Further exploratory work should identify interpersonal conditions that negatively hamper the effects of caregiver perspective-taking on their reasonable understanding of patient symptoms.

According to the Canadian Cancer Society and the National Cancer Institute of Canada (2005), lung cancer remains the leading cause of cancer death for men and women. Compared to other types of cancer, the distress associated with symptoms arising from lung cancer has been reported to be the most intense (Degner & Sloan, 1995). In outpatient clinic settings, the main targets of surveillance are multiple physical and psychological symptoms that often are difficult for formal and informal caregivers to manage (Corner, Plant, & Warner, 1995; Krishnasamy & Wilkie, 1999). In light of poor five-year survival rates among patients with

Key Points . . .

- ▶ Family caregivers of patients with lung cancer report problems in coping with symptom management.
- ▶ Extant research and this study's findings suggest that family caregivers in long-term and openly communicative relationships with patients are more likely to embrace a patient-oriented versus a self-oriented perspective to assist them in empathically understanding patients' illness experiences.
- ▶ Oncology nurses should not encourage family caregivers to draw on their own symptom experiences because this results in more discrepant estimates of patients' experiences with symptoms.
- ▶ Regardless of the gender of family caregivers, nurses should evaluate the degree of communication and perspective-taking activities by family caregivers that affect their perceptual accuracy on patients' illness experiences.

lung cancer (i.e., less than 15%), symptom management is especially important in assisting them to achieve optimal quality of life (Canadian Cancer Society & National Cancer Institute of Canada).

With an aging population, healthcare cost restraints, and fewer acute and palliative care inpatient beds, the expectation is growing that informal caregivers play a sustained and effective role in the surveillance and management of troublesome symptom complexes experienced by patients across the cancer trajectory. This expectation appears to be based on the untested assumption that family caregivers already possess the skill and

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Digital Object Identifier: 10.1188/06.ONF.273-282