

Stress in Patients With Lung Cancer: A Human Response to Illness

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This article has been chosen as particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article. Photocopying of this article for group discussion purposes is permitted.

1. What are the biologic and physiologic effects of stress?
2. What are the emotional effects of stress?
3. What are the signs and symptoms of stress in the patients we care for?
4. Is there a specific patient or situation that comes to mind that demonstrates a stress response? What was the outcome? How could the outcome have been different with assessment and intervention?
5. Do we or should we assess for stress systematically in our patients?
6. Is there an evidence base cited in this article to support a change in practice?

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

Purpose/Objectives: To provide a comprehensive overview of stress in patients diagnosed with lung cancer within the context of the four perspectives (normal physiologic, pathophysiologic, behavioral, and experiential) of the Human Response to Illness Model.

Data Sources: Published research articles, clinical articles, book chapters, and Internet sources on stress and lung cancer. Initial literature searches in CINAHL® and PubMed® focused on data subsequent to 2001; classic research dating back to the 1970s also was included.

Data Synthesis: Patients diagnosed with lung cancer experience psychological and biologic stressors from a delayed cancer diagnosis, symptom management issues, and social stigmatization of their illness. These stressors may cause a physiologic stress response, exacerbate the disease process, and decrease the patient's quality of life.

Conclusions: Acknowledging that the stress response may interact with pathophysiologic disease processes such as lung cancer is important, and stress management in patients with cancer should include all four perspectives of the Human Response to Illness Model.

Implications for Nursing: By examining the four perspectives, interventions may be implemented to prevent or alleviate the detrimental effects of the pathophysiologic stress response. This article establishes the relevance of this nursing model to assess and manage stress among patients with lung cancer and other types of cancers.

Key Points . . .

- Patients with lung cancer experience stressors related to diagnosis, symptom management issues, and having an illness with an increasing societal stigma.
- The physiologic stress response is a normal adaptive response elicited by social, psychological, physiologic, or biologic stress.
- Sufficiently intense and unresolved stress responses may lead to pathophysiologic consequences. Patients with a coexisting illness are at high risk.
- Nurses are in an ideal position to assess, intervene, and reduce or alleviate the detrimental effects of stress among patients with lung cancer through the Human Response to Illness Model.

with lung cancer experience many psychological stressors from diagnosis and symptom management issues. Lung cancer often carries an additional stressor from the increasing societal stigmatization of cigarette smokers. The Human Response to Illness Model, proposed by Mitchell, Gallucci, and Fought (1991), provides a comprehensive framework to

Although great accomplishments have been made toward increasing knowledge of cancer's causes and cures, lung cancer remains the leading cause of cancer deaths (American Cancer Society, 2007a; Canadian Cancer Society, 2007). Psychological stressors may elicit a physiologic stress response in both healthy individuals and those suffering from a coexisting illness (Page & Lindsay, 2003). Patients

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