

Lung Cancer Stigma Predicts Timing of Medical Help–Seeking Behavior

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Lung cancer kills more people than any other cancer worldwide, with an estimated 1.6 million new diagnoses and 1.4 million deaths annually (Bray, Ren, Masuyer, & Ferlay, 2013). In the United States, an estimated 224,210 new cases of lung cancer will be diagnosed, and 159,260 people are projected to die from the disease in 2014, representing 27% of all cancer-related deaths (American Cancer Society [ACS], 2014). Mortality from lung cancer is directly related to stage at diagnosis, with only 15% of lung cancers detected at a stage amenable to curative resection (ACS, 2014). The overall five-year relative survival rate is 17% (ACS, 2014).

Although lung cancer often is diagnosed in asymptomatic individuals who present for other health concerns, some people experience symptoms. Those who experience symptoms prior to diagnosis may be concerned about their symptoms and seek medical help from a healthcare provider, and others may choose to monitor and self-manage for varying lengths of time (Leveälähti, Tishelman, & Ohlén, 2007; Tod & Joanne, 2010). When people with cancer delay seeking help from healthcare professionals, the probability of a late-stage diagnosis increases. Lung cancer can be asymptomatic until in an advanced stage (Corner, Hopkinson, Fitzsimmons, Barclay, & Muers, 2005). However, many patients with lung cancer, even in early stages, experience symptoms prior to diagnosis but often do not link the symptoms with the possibility of lung cancer (Corner et al., 2005). Common lung cancer symptoms include cough, dyspnea, fatigue, weight loss, hoarseness, and hemoptysis (ACS, 2014). These symptoms are common to smokers; however, in the case of lung cancer, they are increased, persistent, or worsening. Early recognition of lung cancer symptoms combined with early medical help–seeking behavior has the potential to extend survival and decrease mortality from lung cancer (Goldberg, Mulshine, Hagstrom, & Pyenson, 2010; Tod, Craven, & Allmark, 2008).

Three variables (i.e., healthcare system distrust, lung cancer stigma, and smoking status) were identified

Purpose/Objectives: To examine relationships among demographic variables, healthcare system distrust, lung cancer stigma, smoking status, and timing of medical help–seeking behavior in individuals with symptoms suggestive of lung cancer after controlling for ethnicity, socioeconomic status, and social desirability.

Design: Descriptive, cross-sectional, correlational study.

Setting: Outpatient oncology clinics in Louisville, KY.

Sample: 94 patients diagnosed in the past three weeks to six years with all stages of lung cancer.

Methods: Self-report, written survey packets were administered in person followed by a semistructured interview to assess symptoms and timing characteristics of practice-identified patients with lung cancer.

Main Research Variables: Timing of medical help–seeking behavior, healthcare system distrust, lung cancer stigma, and smoking status.

Findings: Lung cancer stigma was independently associated with timing of medical help–seeking behavior in patients with lung cancer. Healthcare system distrust and smoking status were not independently associated with timing of medical help–seeking behavior.

Conclusions: Findings suggest that stigma influences medical help–seeking behavior for lung cancer symptoms, serving as a barrier to prompt medical help–seeking behavior.

Implications for Nursing: When designing interventions to promote early medical help–seeking behavior in individuals with symptoms suggestive of lung cancer, methods that consider lung cancer stigma as a barrier that can be addressed through public awareness and patient-targeted interventions should be included.

Key Words: lung cancer; decision making; healthcare system distrust; lung cancer stigma; medical help–seeking behavior

ONF, 41(3), E203–E210. doi:10.1188/14.ONF.E203-E210

from the investigator's pilot study as potential factors influencing delayed medical help–seeking behavior in individuals with lung cancer symptoms. Studies have shown lung cancer stigma is related to an internal self-blame and may adversely affect health status (Cataldo, Slaughter, Jahan, Pongquan, & Hwang, 2011; Else-Quest,