

After Ringing the Bell: Receptivity of and Preferences for Healthy Behaviors in African American Dyads Surviving Lung Cancer

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PURPOSE: To explore receptivity of and preferences for risk-reducing health behavior changes among African American survivors of early-stage lung cancer and their family members.

PARTICIPANTS & SETTING: 26 African American non-small cell lung cancer survivor–family member dyads were recruited from two cancer programs in the southeastern United States.

METHODOLOGIC APPROACH: Social cognitive theory principles guided the design and implementation of focus groups. Descriptive statistics were used to summarize the data, and thematic analysis was used to interpret the transcripts from the focus groups.

FINDINGS: The following four themes were identified: (a) rethinking recovery and identifying information oversights; (b) needing compassion, hope, and understanding; (c) living longer with lingering symptoms; and (d) being willing and able to compromise and change.

IMPLICATIONS FOR NURSING: Participants emphasized the need for improved provider communication. Pragmatic communication interventions for providers, survivors, and family members may facilitate behavior change and improve outcomes among underserved populations.

KEYWORDS survivors; family members; dyads; African Americans; lung cancer; lifestyle behaviors
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Declining incidence and improving survival rates have contributed to an increasing number of lung cancer survivors in the United States (American Cancer Society [ACS], 2019b). The five-year relative survival rate for individuals with lung cancer is 16% for men and 22% for women, with 23% and 6% five-year relative survival rates for those with non-small cell and small cell tumor types, respectively. Unfortunately, only 16% of lung cancers are diagnosed in a localized stage, which has a five-year survival rate of 56% for Caucasian survivors and 52% for African American survivors (ACS, 2019a). A faster decline in the mortality rates of African American men compared to Caucasian men has led to a considerable reduction in racial disparity in lung cancer mortality, from as many as 40% of African American men in 1990–1992 to 18% in 2012–2016 (ACS, 2019a). Cigarette smoking, which accounts for about 80% of all lung cancer burdens, is the leading risk factor for lung cancer, and most lung cancer survivors are former or current smokers (Vijayvergia et al., 2015). Smoking is often associated with other unhealthy behaviors, such as lower physical activity levels and ineffective stress management skills (Chiolero et al., 2006). However, health behavior changes can positively influence survival and improve health-related quality of life (Campo et al., 2011).

Background

Previous research has examined the prevalence of health-related behaviors in lung cancer survivors and their family members (Cooley et al., 2013; Evangelista et al., 2003; Hawkins et al., 2010; Krebs et al., 2012; Park et al., 2012). In a survey of 183 survivors of