

Suffering and Its Impact on Communication in Dyads Living With Advanced Cancer

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Background

- Cancer remains a serious health threat in the United States
 - ~ 2 million cases and over 600,000 deaths reported in 2022.
- Current evidence gaps: 1) how to support patients in articulating goals and values during cancer 2) how to move support interventions upstream, early after diagnosis, rather than at end of life.
 - Formal communication support is rare and typically patient-centered or done in the final weeks of life.
 - Funding organizations have prioritized family-level support interventions to improve outcomes.
 - Open communication is critical for patients and families when living with advanced cancer.

Objectives

- To investigate dyadic communication of emotionally vulnerable content (goals, values, fears, thoughts about death/dying, hospice) in patients and intimate partners before and after a diagnosis of advanced cancer.
- Explore the influences of experiential suffering and communication patterns on communication behaviors in dyads while living with cancer.

Methods

- **DESIGN:** Multi-Method Study
 - A qualitative descriptive phenomenological approach, supplemented by quantitative data
- **THEORETICAL FRAMEWORK:** Bodenmann's systemic-transactional model of dyadic coping.
- **SAMPLE:** Seven patient/intimate partner dyads (diagnosed with advanced cancer \leq 6 months; life expectancy \geq 12 months)
- **DATA COLLECTION:**
 - **Qualitative:** Semi-structured interviews dyads (together and apart)
 - **Quantitative:** Cancer Communication Assessment Tool for Patients and Families and the Suffering Pictogram.
- **DATA ANALYSIS:**
 - **Qualitative:** Colaizzi's method for text analysis and identification of themes.
 - **Quantitative:** Descriptive statistics were calculated.

Results

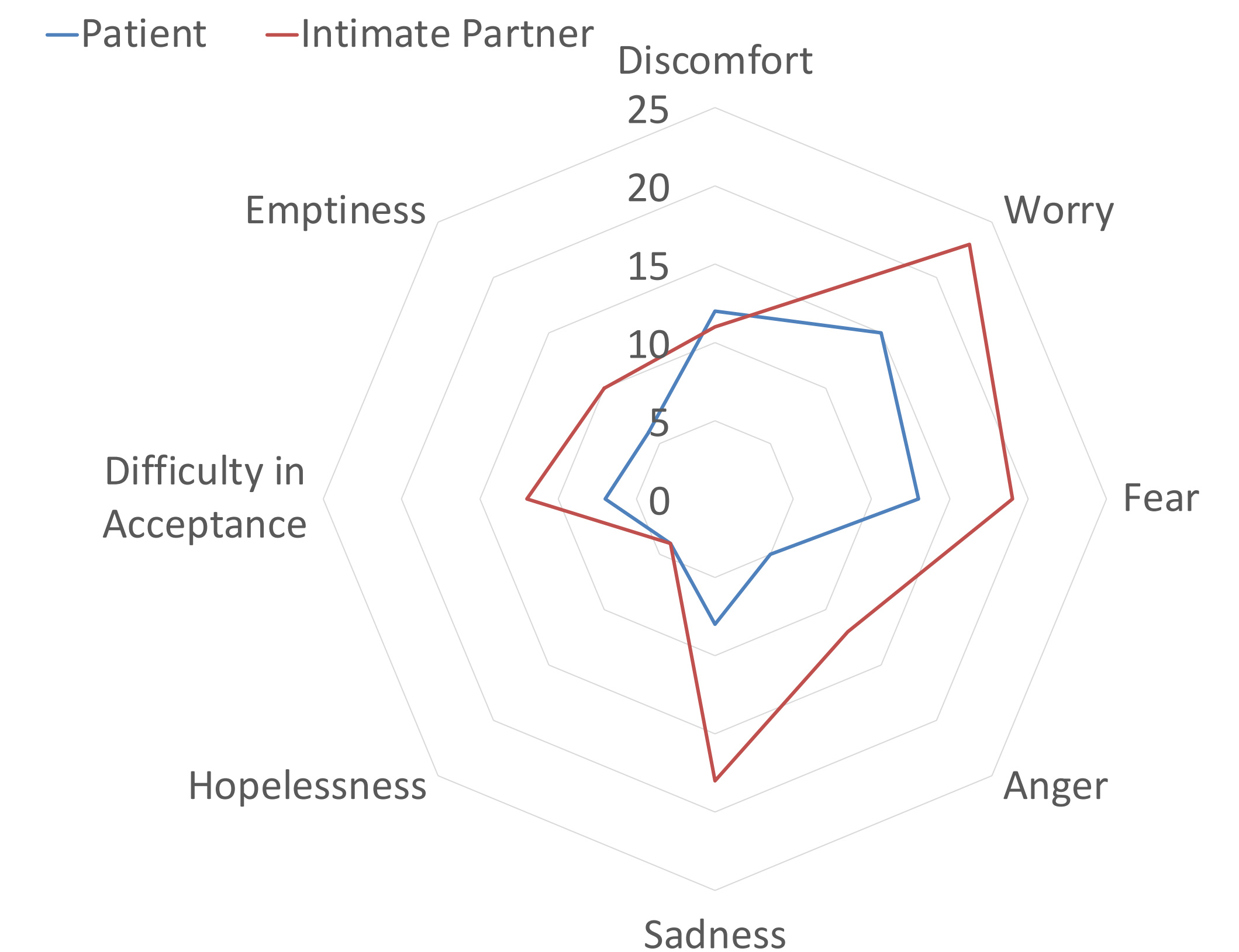
Final Qualitative Themes

Theme 1: Vulnerable communication during advanced cancer is influenced by pre-existing communication patterns and complicated by challenges with learning to live in two worlds: Hope/Positivity and Uncertainty/Fear of Death.

Theme 2: Vulnerable communication about end of life (EOL) and hospice is emotional and unfamiliar. Communication is influenced by one's perception of proximity to death. The word 'hospice' ends the uncertainty, gives closure to how one's story will end, while confirming that death from cancer is certain.

- Dyadic life is perceived as unstable and this instability impaired ability to communicate openly and consumed physical and psychological energy.
- Dyads validated that suffering is present for patients and intimate partners and suffering is influenced by negative communication behaviors within the dyad and with their oncology providers.
- Intimate partner suffering scores were almost 2x patient suffering scores (Figure 1).
- Greatest influences of dyadic suffering are *worry* and *fear* (Figure 1).
- Regardless of pre-cancer communication behaviors, all dyads were explicit in their need for external help with emotionally vulnerable conversations while living with cancer.

Figure 1. Suffering Pictogram Domain Summed Scores



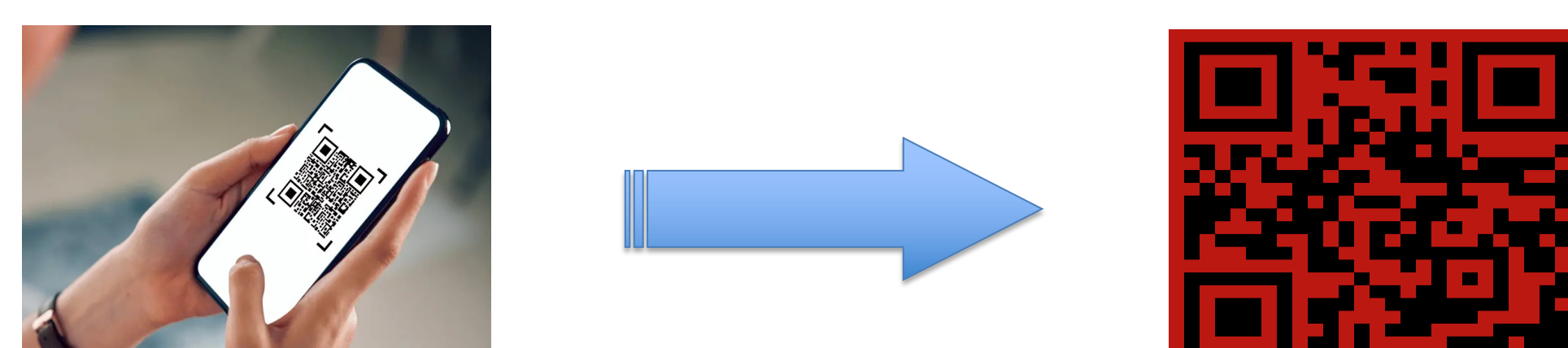
Conclusions

- This study is novel in its use of dyadic theory, inclusion of patient and intimate partner dyads, and its focus on emotionally vulnerable content while living with advanced cancer.
- Findings validate the reciprocal nature of outcomes in dyads with cancer and highlight the need for paradigm shift away from patient-centered care to a more inclusive, family-centered care approach to improve outcomes during the provision of cancer care.
- Oncology providers must address relational communication and suffering during all phases of the illness experience from diagnosis to end-of-life.

Future Research

- Pilot test dyadic communication support intervention with intimate partner dyads living with advanced cancer.
- Longitudinal study designs evaluating dyadic communication support from diagnosis through death and bereavement on dyad-level outcomes.
- Investigate impact of dyadic communication support interventions on experience of Oncology providers caring for dyads living with advanced cancer
- Investigate impact of dyadic communication support for families with advanced cancer on institutional outcomes (ER visits; ICU admissions; death in ICU; hospice referrals; receiving aggressive medical care within 2 weeks of death).

References



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