Background
More people die of lung cancer than other types of cancer. AAs experience disparity in incidence and mortality and are underrepresented in lung cancer research.

Stigma negatively affects psychological wellbeing and quality of life (QOL). Cataldo’s Lung Cancer Stigma Scale (CLCSS) is a reliable and valid measure with limited inclusion of AA survivors in the testing processes.

Purpose
To evaluate lung cancer stigma using CLCSS among AAs.

Methods
A mixed-method approach included completion of CLCSS, Center for Epidemiologic Studies Depression Scale (CES-D) and European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core (EORTC-QLQ-C-30). A semi-structured audio-recorded interview explored CLCSS interpretations.

Descriptive statistics analyzed instrument scores; correlational analysis recorded interview explored CLCSS interpretations.

Theoretical Model – Lung Cancer Stigma

Precursors
Perceptions of societal attitudes towards smoking and lung cancer
Blame ~ Shame ~ Self-knowledge of having a lung cancer diagnosis

Internalized Lung Stigma
Negative change in Identity
Stigma and Blame/Smoking
Self-blame, Regret, Guilt

Perceived Lung Stigma
Social disqualification – Social isolation
Limited opportunities – Discrimination

Responses - Quality of Life
Functionality – Role – Physical – Cognitive
Emotional – Social – Health Status – Physical Symptoms

Results
Participant Profile
N = 26 participants
67.2 mean age (range 48 to 81 years of age)
16 females (61.5%)
18 high school grad/some college (69.2%)
17 reported health as fair to poor (65.4%)
14 diagnosed since 2016 or after (54.8%)
19 former smokers (73.2%)
4 current smokers (15.3%)
3 never smokers (11.5%)

Instruments Scores

<table>
<thead>
<tr>
<th>Instrument Range</th>
<th>Mean/SD</th>
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<tbody>
<tr>
<td>Lung Cancer Stigma</td>
<td>31-124 57.8/15.3</td>
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<tr>
<td>Depressive Symptoms</td>
<td>0-60 17.6/9.7</td>
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<tr>
<td>Global Quality Of Life</td>
<td>0-100 63.5/25.6</td>
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Correlational Analysis

<table>
<thead>
<tr>
<th>Measure</th>
<th>CLCSS</th>
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<tbody>
<tr>
<td>Depressive Symptoms/CES-D</td>
<td>.494*</td>
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Thematic Analysis

Analysis of interviews identified the following themes:
I feel isolated because of physical limitations.
"I can’t do the things I used to do.”
"I feel isolated when it comes to physical participation.”
I have no guilt. But, I do regret smoking.
"Well, I shouldn’t have never smoked.”
"So I want to say I deserve it but then I didn’t know.”
I put my trust in God. I am not worried about being judged by others.
"At the end of the day, it’s just me and the Lord.”
"I don’t live my life for others to pick it apart.”

Discussion

- Stigma affects and manifests itself differently among individuals, as well across racial and ethnic groups.
- Among this sample of survivors, moderate lung cancer stigma and depressive symptoms exist. Higher levels of depressive symptoms moderately correlated with higher lung cancer stigma scores and was found to be statistically significant.
- There was a negative statistically non-significant correlation with global health and lung cancer stigma.
- CLCSS was found to be a reliable and valid instrument among this population of survivors.
- AAs in this sample expressed their feeling of isolation due to physical barriers.
- They felt regret but not guilt associated with their smoking cigarettes. For this reason judgment from others did not negatively impact their feelings about themselves.
- Participants expressed the need for prayer and a relationship with God. Spirituality among this sample fostered their coping with living with lung cancer.

Implications For Research
An evaluation of stigma, depression and QOL may be warranted when planning individualize care for African American lung cancer survivors. However, more research is needed to develop practical strategies to measure these variables. Future research should be directed towards interventions that will improve depressive symptoms and lung cancer stigma among this vulnerable population.

References


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