I Know I Can: Feeling Confident About Discussing Cancer May Help Couples' Cancer Management

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Repository Citation
Magsamen-Conrad, Kate; Venetis, Maria K.; Checton, M. G.; and Greene, K., "I Know I Can: Feeling Confident About Discussing Cancer May Help Couples' Cancer Management" (2015). School of Media and Communication Faculty Publications. 40.
https://scholarworks.bgsu.edu/smc_pub/40

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I Know I Can: Feeling Confident About Discussing Cancer May Help Couples’ Cancer Management

I, like many, am terrified of cancer. For many people, the idea of cancer creates dread and fear. We all hope that our loved ones will not face a cancer diagnosis and the difficulties of treatment. More than 1 million Americans are diagnosed with cancer each year. Fortunately, cancer no longer means death. For many individuals, cancer is a chronic illness, and cancer treatment and life in remission may last several years. Managing chronic illness, especially something like cancer, affects more than the diagnosed person. Cancer also affects partners, families, and loved ones. In our study, we were interested in how cancer affects communication patterns between survivors and their partners. We wanted to apply a model that explains chronic illness management in couples to see if we could determine how parts of a relationship, uncertainty about cancer prognosis, and the confidence people have in talking with partners about the cancer affect couples’ ability to manage the disease.

To test the model with communication variables, and specifically among individuals with cancer, we recruited 83 cancer survivors and their partners, for a total of 166 participants. These individuals ranged in age from 32 years old to 86 years old, were primarily Caucasian, and had been in a relationship with their partners for approximately 24 years. The sample included 25 male cancer survivors and 58 female cancer survivors (referred to as patients). Almost 40 percent of our patients had breast cancer diagnoses. Couples completed the survey in their own homes at the same time, but with partners separated.

We analyzed the data in two ways. First, we did preliminary analyses to determine which factors to include in our model. For example, we found that men and women did not have significantly different perceptions about the variables we studied, allowing us to exclude biological sex from the model. Next, we used a type of statistical modeling called an actor partner interdependence model to evaluate both patients’ and partners’ perceptions of various aspects related to their relationship and the patients’ cancer, including quality of the relationship, certainty of the cancer prognosis, confidence in the ability to communicate about cancer (termed communication efficacy), patient’s cancer management, time since diagnosis, and patient’s general health.

The actor partner interdependence model next painted a partial picture for us of how communication, especially confidence in one’s ability to communicate with a partner about cancer, affects both patients’ and partners’ cancer management and patients’ general health. We found that both patients’ and partners’ perceptions of communication efficacy played an important role in each individual’s cancer management. Communication efficacy is the degree to which patients and partners assess their ability to share information about the patient’s cancer with each other. For example, we asked partners to rate how confident they are sharing information about the patient’s cancer with the patient. The same version of the question for patients would read, “I am confident that I can share information about my cancer with my partner.”
Many groups (e.g., American Cancer Society, Susan G. Komen) advise families managing cancer to frequently engage in open, direct communication, expressing needs and emotions. However, our study illustrates that talking frequently or having deep conversations about potentially uncomfortable topics is not a panacea for chronic illness management. In fact, some research suggests that avoiding communication can serve a valuable function in some instances. Thus, it may be more relevant for couples managing cancer to have confidence in their ability to talk about an issue with the partner, rather than the myth that all communication is good communication, and more communication equates with better communication.

In our study, patients’ increased feelings of confidence (or communication efficacy) positively predicted improved cancer management. Partners’ increased feelings of confidence (or communication efficacy) predicted both their own ability to manage the patient’s cancer and the patient’s cancer management. That is, in order to engage in open communication, patients and partners must feel confident in their ability to talk about cancer, start that conversation, and know what to say.

Consequently, it is important to know how to facilitate patients’ and partners’ feelings of confidence. Patients feel more confident when they feel better about their relationship and less uncertain about their cancer prognosis. The same is true for partners, with the exception that for partners, both their own perceptions and the perceptions of the patients predict their feelings of efficacy. Cancer patients naturally possess a degree of ownership over the cancer information: “This is my body.” Partners must balance not only their own concerns, but also consider patients’ experiences (i.e., will it be bothersome to the patient if I talk about my own cancer-related fears?) when determining if they should communicate about a cancer-related topic.

It stands to reason that partners’ perceptions are not quite as integral to patient confidence because as owners of the information, patients are already more confident in their ability to talk about the cancer should they need to. Patients may be viewed as “gatekeepers” of the information and relatedly, even if partners want to talk about the cancer, they may not feel it is their place to initiate that discussion. Partners have more of a burden to balance both their own and the patients’ perceptions about talking about the cancer because they are not directly experiencing the effects of the cancer.

To that end, it may be especially important for patients and partners to negotiate ways to let each other know options for how to communicate. Oncologists and other healthcare providers may be encouraged to pass this information along to cancer patients and survivors, to describe that their loved ones may be taking their cues about cancer communication from the patients themselves. Patients and partners may use this knowledge to enact strategies that would clarify their personal needs for effective communication. Healthcare providers may also want to let families managing cancer know that although they may not have control over the illness or related medical circumstances, they do have control over their communication patterns, and these patterns have the ability to affect family cancer management and the overall health of cancer survivors.

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Communication Monographs and Communication Currents are publications of the National Communication Association.