Nurses' blame attributions towards different types of cancer: A cross-sectional study

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ABSTRACT

Background: Public health education increasingly emphasizes the link of personal lifestyle with cancer risk, which may result in unintended negative social effects such as triggering stigma and/or blame towards cancer patients when their illness is perceived to be caused by personal behaviours or disapproved lifestyles.
Objectives: To explore nurses' blame attributions towards patients with different types of cancer and to identify associated factors.
Design: Cross-sectional survey.
Setting: A tertiary cancer-specialized hospital in Beijing.
Participants: 317 Chinese oncology nurses working in the cancer hospital.
Methods: Participant nurses completed a self-administrated anonymous questionnaire and rated how much they would blame someone with a diagnosis of breast cancer, cervical cancer, colon cancer, liver cancer, lung cancer, as well as leukaemia and obesity.
Results: More than half of the oncology nurses (57.1%) attributed at least some blame to patients with leukaemia, following with breast cancer (67.5%), cervical cancer (79.2%), liver cancer (79.2%), and colon cancer (78.5%). Lung cancer patients attracted at least some blame by 82.0% of participating nurses. Attributions of blame for patients with lung, cervical, colon and liver cancer were most common among nurses with shorter working experience.
Conclusions: This study demonstrated that a high proportion of Chinese nurses attributed at least some blame to patients with different cancers despite being working in a cancer-specialized hospital. Future education and support for nurses are essential to avoid negative attitudes and blame attributions to cancer patients in order to enhance the quality of care.

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What is already known about the topic?

- Cancer continues to carry a significant amount of stigma/blame.
- Patients with certain types of cancer are more frequently blamed when their illness is perceived to be caused by personal behaviours or lifestyles.

What this paper adds

- Many Chinese oncology nurses attributed at least some blame to patients with different types of cancer.
- Chinese oncology nurses with shorter working experience tended to more likely to attribute at least some blame to cancer patients.
- No significant associations were found between nurses' educational attainment and blame attributions across five common cancers (lung, breast, cervical, colon and liver cancer).

1. Background

It is estimated that 65% of all cancers are attributable to modifiable lifestyle factors (American Cancer Society, 2013). Recent decades, public health education increasingly emphasizes the link of personal lifestyle factors with cancer risk, which may result in unintended negative social effects such as triggering stigma and/or blame towards cancer patients when their illness is perceived to be caused by personal behaviours or (particularly disapproved) lifestyles (Chapple et al., 2004; Lebel and Devins, 2008; Marlow et al., 2010; Shepherd and Gerend, 2013). A typical example is that many lung cancer patients are blamed or feel guilty for having smoking-attributable cancers, even if they have never smoked or stopped smoking years earlier (Chapple et al., 2004). Similarly, as knowledge on the link between sexual behaviour and cervical cancer increases, women with cervical cancer may be stigmatized and/or blamed for their medical condition (Lebel and Devins, 2008; Shepherd and Gerend, 2013). Persons who feel stigmatized tend to experience more chronic stress, which can impair health outcomes as a result of reduced adherence to necessary follow-up procedures for fear of further stigmatization (Else-Quest et al., 2009; Lai et al., 2009).

Illness-representation theory suggests that individual's beliefs about cancer representations usually possessed into five domains (Leventhal et al., 1998): identity, causes, timeline, consequences, and controllability/curability, these being influenced by individuals' age, sex, educational level, and particularly family experience with cancer (Del Castillo et al., 2011). Attribution theory asserts that causal attributions are centrally important in a person's understanding of and interacting with the world (Kelley and Michela, 1980). People attempt to understand why events happen (causes/risk factors), and in the absence of relevant information, conclusions (attributions) are usually made on the basis of what little information is available. Many studies have examined beliefs regarding a specific cancer held by cancer patients and survivors to link personal causal beliefs to psychological adjustment in this population (Lam and Fielding, 2003; Stewart et al., 2001). Other studies examined causal beliefs about cancer as a general concept held by both healthy populations (Inoue et al., 2006; Lykins et al., 2008) and individuals with cancer history (Maskarinec et al., 2001; Wold et al., 2005). Although some studies assessed healthcare professionals' attitude to cancer (Kearney et al., 2003; McCaughan and Parahoo, 2000), yet there are a lack of studies on healthcare professionals' casual beliefs and blame attributions across different types of cancer even though important difference exist based on cancer types (Costanzo et al., 2005).

By using face-to-face computer assisted interviews Marlow et al. (2010) examined British women's blame attributions across five different cancer types (breast cancer, cervical cancer, bowel cancer, lung cancer, and leukaemia) and found that blame was highest for patients with lung cancer, followed by cervical and bowel cancer, supporting that illnesses perceived to be more controllable by individual's behaviours attracted more blame (Fife and Wright, 2000; Weiner et al., 1988). Higher education was associated with expressions of greater blame to cancer patients (Marlow et al., 2010). However, Marlow's study did not explore respondents' perceived causes of different cancers therefore failed to identify why blame attributions were made. Other variables including personal unhealthy behaviours (e.g. smoking and drinking) and personal/family history of cancer which may influence individuals' cancer representations (Lykins et al., 2008) were not assessed, thus identifying the effects of these factors on blame attributions has yet to be done. Finally, blaming someone with cancer for their illness is not socially desirable and the effects of such prevailing attitudes may distort responses during face-to-face interviews, while self-administered data collection can ideally help eliminate this effect.

Cancer is a growing public health issue in mainland China. There are about 3.5 million new cases and 2.5 million cancer deaths annually (He and Chen, 2012). Lung, bowel, breast, and liver cancers are the most prevalent cancers in mainland China (He and Chen, 2012). Cancer beliefs differ by cultural contexts (Thorne and Murray, 2000), thus, study findings based on western cultures may not be generalizable to Chinese population. Currently, studies examining causal beliefs and blame attributions across different types of cancer among Chinese population and in particular Chinese healthcare professionals are lacking. Oncology nurses working with cancer patients, through their frequent contacts with patients, play a vital role in caring for cancer patients and addressing patients' quality of life. This study aimed to explore Chinese oncology nurses' blame attributions to patients with different types of cancer (lung, breast, liver, colon, and cervical cancer) and to identify associated factors. It was hypothesized that (1) Participants would attribute more blame to patients with lung cancer than to other cancers. (2) Participants who attribute more controllable risk factors as causes of specific cancer are more likely to blame patients with that cancer. (3) Participants' blame attributions to cancer patients are associated with participants' edcuational level, personal/faimly history of cancer, and personal unhealthy behaviours (in terms of smoking and drinking).