



Review

To carry on as before: A meta-synthesis of qualitative studies in lung cancer

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ABSTRACT

As a complement to quantitative studies, qualitative studies give us a better understanding of how persons affected by lung cancer live their everyday lives and how they deal with the obvious strain of having lung cancer. Because qualitative studies are based on only a few participants in specific contexts, the purpose of the present study is to synthesize knowledge from these qualitative studies to get a more general picture of the everyday lives of patients with lung cancer. A search on PubMed, CINAHL, Medline and PsychInfo yielded 383 hits. After exclusion we found 16 studies that focused on how these patients lived, reflected, and dealt with their new life situation. These studies comprised 393 interviews with 283 patients with primary lung cancer, and the findings from these studies were synthesized into a core process with subcategories. The overarching process was that the patients were eager “to carry on as before”. They wanted to resume their former everyday life, and their views on their relationships with their bodies and side effects of treatments, their families, the health care staff, and with dying and death were very much related to how these could assist the core process. The synthesis presented here suggests that health care in consultations with patients with lung cancer should defer to the importance of the patient’s core idea that life carries on despite the fact that it will probably soon come to an end.

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1. Introduction

Lung cancer is the most frequent cancer worldwide and lung cancer more than other cancers is associated with distress linked to both psychological and physical aspects of the disease as well as with the treatment of the disease [1,2].

Quite a few quantitative studies have addressed aspects of living with lung cancer in terms of distress, symptom burden, and health-related quality of life. From these studies, we typically learn that dyspnoea, cough, and haemoptysis as well as a decline in physical performance, are related to increased anxiety [3] and that fatigue is the most commonly reported symptom that impairs quality of life [4]. From a more psychosocial point of view, we also learn that patients with lung cancer experience worries about the future [5], have a fear of deterioration and are concerned about becoming a burden on their families [6].

These types of findings are based on studies measures of pre-defined discrete variables. They help us to understand how it is to be affected by lung cancer, but they give us limited understanding of how the affected persons live and reflect on their everyday life and how they deal with the obvious strain of having lung cancer. Some qualitative studies have been conducted that give us complementary information. However, such studies are typically based on relatively few participants in a certain context implying that transferability of these findings is restricted.

The purpose of the present study is, therefore, to synthesize the knowledge provided by studies that focus on different aspects that are important for living an everyday life with lung cancer. A somewhat similar meta-synthesis was previously undertaken by Refsgaard and Fredriksen [7], but that study focused on the different emotional experiences of living with lung cancer.

2. Methods

We searched in PubMed, CINAHL, Medline and PsychInfo with the search terms “Lung cancer AND (psychological OR interview study OR qualitative study OR everyday life OR grounded theory OR phenomenological OR content analysis OR hope)” in the titles of papers published no later than 2015. We received 383 hits.

Because we were interested in how patients with lung cancer lived, reflected on and dealt with their new life situation, we scanned the titles and abstracts of these studies and excluded all quantitative studies, all studies that also included patients with other cancers, and qualitative studies that mainly focused on:

- explorations of needs *per se*, e.g. studies focusing on supportive care needs.
- patients' experiences of health care, e.g. the experienced significance of follow-up.
- the relationship between patients and their close relatives, e.g. studies focusing on dyadic adjustment.
- a special topic, e.g. the patients' views on smoking.

After this exclusion 16 studies (Table 1) remained, and these constituted the data for this meta-synthesis. We did not restrict our searches as to time span, so it is interesting to note that all included studies were conducted after 2007. This shows that naturalistically designed studies on the lives of patients with lung cancer are a more recent phenomenon.

Qualitative studies are ordinarily not based on statistically efficient randomized samples from a defined population, but instead on contextually bound co-creative dialogues with small groups of informants. Performing a meta-synthesis of qualitative studies within a certain domain of interest is a way of drawing together findings from different studies in order to increase knowledge and

to increase the transferability of the findings to broader contexts. It is a way of finding the essential message from studies that elaborate on a similar topic using different qualitative methods or from different perspectives. In a sense, conducting a meta-synthesis is a way to triangulate on the conducted studies with the goal of increasing the credibility of the results of the different studies. In the words of Schreiber et al. [8, p. 314], a meta-synthesis is “the bringing together and breaking down of findings, examining them, discovering the essential features, and, in some way, combining phenomena into a transformed whole”.

2.1. Synthesising

Different kinds of meta-syntheses are described in the literature [9]. The present study is influenced by “descriptive meta-synthesis” as described by Finfgeld [10] and by the constant comparative method of analysis from grounded theory [11]. The present meta-synthesis had the following four steps:

1. The identified papers were read and studied, and the methods sections were critically scrutinized as to their scientific soundness, especially with regards to inclusion and methodology.
2. Each study's findings in terms of categories, subcategories and meaning units that were part of the answer to the question “what is this study's contribution to the understanding of how persons with lung cancer live and reflect on their lives?” were extracted. These extractions were coded and categorized in each study and then compared and translated across studies.
3. Quite a few of the studies explicitly presented a theoretical outline, an overarching theme or a core category and these are listed under “essential outcome” in Table 1. When this was not the case, the study was assigned an essential outcome through consensus of the authors of this meta-synthesis. These outcomes are synthesized into the core process “To carry on as before”. A core process is a process that is connected to and visible in all other categories and thus constitutes a main thread in the analysis [12].
4. Finally, the studies were re-read in order to ensure that the findings in the studies were reflected in a proper way in the meta-synthesis.

3. Results

In the 16 studies, 393 interviews were conducted with 283 patients with primary lung cancer. Twelve studies reported on the gender distribution and the average of these was 56% men. Eleven studies reported on the mean age, which was 65.7 years of age. First, we provide a short description of the obvious methodological weaknesses in the studies, and then we present the core category “To carry on as before” along with its subcategories.

3.1. Methodological weaknesses

Without going into details, some general omissions or shortcomings of the identified studies can be mentioned. In addition to the single case study [13], three studies conducted fewer than 12 interviews [14–17]. Three studies did not provide the mean or median age of those interviewed [14,18,19], and one study did not provide the gender distribution of the participants [20]. In three studies, the information about how the interviews were conducted was omitted or unclear or the analysis was not quite convincing [14,21,22]. Finally, the majority of the studies did not provide information about compliance with inclusion [13–16,18,21,23–26]. This, probably more than the other weaknesses, should be taken into consideration when transferring the findings.

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