

Stigma, Communication, and Clinical Oncology Care: Three Case Studies

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BACKGROUND: Health-related stigma can contribute to health inequities and poor outcomes. To address stigma-related issues in clinical oncology care, healthcare providers can identify stigma in clinical practice and apply strategies that reduce stigma.

OBJECTIVES: The aim is to identify stigma-related issues experienced by patients with cancer and to present strategies that address stigma-associated barriers to quality clinical oncology care.

METHODS: This article presents three case studies that illustrate stigma-associated issues and strategies to address those issues in clinical oncology care.

FINDINGS: Identifying intersectional stigmas in clinical care, each case study includes the patient's background information, a social assessment, and a clinical update, as well as an example of dialogue between the nurse and patient. Each case study ends with commentary and questions to further illustrate stigma-related issues in clinical oncology care. Finally, supporting the case studies, the toolbox includes inclusive language; principles of universal precautions to apply to stigma in clinical oncology care; and communication components, strategies, and resources to reduce stigma in clinical oncology care.

KEYWORDS

health-related stigma; clinical oncology care; communication

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STIGMA CAN SIGNIFICANTLY AFFECT THE CLINICAL CARE of patients with cancer. It can appear and be manifested in many ways—among them, discriminations associated with gender, race, ethnicity, culture, and sexual orientation and identification; socioeconomic status and accompanying barriers to health care; and individual clinician behaviors and attitudes that are insensitive at best and abusive at worst to patients and their caregivers (Fogarty International Center at the National Institutes of Health, 2021; Williams et al., 1997).

For patients with cancer, stigma also can be associated with their cancer diagnosis and plan of care. Therefore, to better address stigma that affects patients with cancer and their accompanying healthcare challenges, oncology nurses can practice from a knowledge base about stigma and use effective strategies to address stigma in clinical care (Weiss et al., 2006).

The most beneficial stigma-addressing strategy in clinical oncology practice is effective, consistent use of appropriate and sensitive language. This masterful use of language is prompted by listening to the patient and being aware of the patient's experience (Volkow et al., 2021). Applying communication competencies along the continuum of care is one area in which oncology nurses excel. These competencies are a foundation of clinical oncology practice along with the core competencies of clinical assessment, technical clinical skills, side effect management, patient education, and psychosocial support of patients and their caregivers (Oncology Nursing Society, 2016, 2017; Young et al., 2020).

To educate and equip the oncology nurse in practice, this article presents the following three case studies to illustrate communication issues and challenges in the context of stigma in clinical oncology care delivery.

The first case study focuses on Max, who is living with HIV, in recovery from a substance use disorder (SUD), and diagnosed with Hodgkin lymphoma. Next is Manuel, who is newly diagnosed with lung cancer; English is not his first language. Manuel quit smoking 5 years ago, after smoking a pack of cigarettes per day for 20 years. The last case study profiles Rosa, a patient diagnosed with cervical cancer and affected by barriers associated with social determinants of health (SDOH).

To address stigma in the clinical care of these patients, verbal communication involves words in written and spoken formats; communication includes internal thoughts and occurs formally and informally. Each case study identifies intersectional stigmas that people diagnosed with cancer may experience in clinical encounters.