FAMILY COHESION, FAMILY ADAPTABLEITY, AND FAMILY STRENGTHS OF ADOLESCENTS WITH CANCER

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Purpose: As the leading cause of death due to disease in adolescents, cancer imposes profound stress on patients and their families. The resilience in illness model (RIM) guiding this study poses that optimal, supportive family functioning is protective in adolescents recently diagnosed with cancer, receiving treatment for cancer, and/or recovering from cancer. The purpose of this study was to examine similarities, differences, and relationships in family functioning of adolescents living with cancer based on age, sex, ethnic background, annual family income, and time since diagnosis. Family functioning is defined as levels of family adaptability, family cohesion, and family strengths.

Methods: Cross-sectional data of two studies conducted in 1999 and 2004 were used for this secondary analysis. The combined convenience sample consisted of 202 adolescents aged 10–26 years (M = 16, SD = 3) diagnosed with cancer during the past 18 years. Recruited from large cancer centers across the US and Canada, the sample was 55% male, predominantly Hispanic and non-Hispanic White (23% Hispanic, 56% White, and 21% other including Black, Asian, and Native American). Family annual income reflected the general population with 35% low, 39% middle, and 27% upper levels. Time since diagnosis ranged from less than 1 year to 16 years (M = 3.8, SD = 4.6). Adolescents completed a paper-and-pencil self-report survey that included the confirmed reliable and valid Family Adaptability and Cohesion Scale II (FACES II) and Family Strengths Scale (FS). Cronbach’s alpha correlation coefficients for this sample were .85, .90, and .90, respectively. Mean scores for family adaptability ranged from 1.00–4.75 (M = 3.32, SD = .74), family cohesion ranged from 1.25–4.94 (M = 3.51, SD = .76), and family strengths ranged from 1.25–5.00 (M = 3.56, SD = .80). Independent samples t test, analysis of variance, and Pearson r correlation were used to determine similarities, differences, and relationships in family cohesion, family adaptability, and family strengths based on age, sex, ethnic background, annual family income, and time since diagnosis.

Findings: No statistically significant differences were found in family cohesion, family adaptability, and family strengths based on age group, sex, ethnic background, and annual family income group. However, statistically significant correlations (p < .05) were identified between family cohesion and age (r = -.19), family income (r = .33), and time since diagnosis (r = .16); family adaptability and age (r = -.16), family income (r = .35), and time since diagnosis (r = .17); and family strengths and age (r = -.22) and annual family income (r = .21).

Conclusions: Negative correlations between levels of family functioning and age indicated that as adolescents developed over time, family dynamics were challenged. Positive correlations between family functioning and annual family income and time since diagnosis suggested increased income and time might be protective factors. Due to unequal group sizes for ethnic groups, more research with larger and more diverse samples is needed. Beginning understanding of the relationships between demographic characteristics and family functioning informs evidence-based practice considerations, ultimately leading to better patient care.