

Communication Difficulties and the Experience of Loneliness in Patients With Cancer Dealing With Fertility Issues: A Qualitative Study

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Cancer treatment can affect a patient's fertility (Diedrich, Fauser, & Devroey, 2011; Matthews et al., 2012), but its impact is difficult to predict because of a variety of factors related to the patient, disease, and therapy (Ajala, Rafi, Larsen-Disney, & Howell, 2010; Diedrich et al., 2011; Matthews et al., 2012). Fertility preservation includes medical and surgical treatments to decrease the impact of cancer therapy on future fertility (Matthews et al., 2012). The treatments can be offered to patients of reproductive age who are at risk for fertility problems, but they do not ensure a successful pregnancy. Therefore, uncertainty about future fertility and parenthood remains for many patients with cancer.

As the number of young cancer survivors increases, cancer survival cannot be the only focus within cancer care (Herbst et al., 2006; Howlader et al., 2012). Long-term quality-of-life issues, such as future fertility and parenthood, deserve attention (Valdivieso, Kujawa, Jones, & Baker, 2012).

Several studies have revealed that fertility and biologic parenthood are major issues for patients with cancer in the reproductive years and particularly for those with a desire to have children (Lee et al., 2006; Quinn, Murphy, Wang, Sawczyn, & Knapp, 2013). Previous studies have found that impaired fertility from cancer treatment has a negative impact on quality of life for cancer survivors. The psychological impact of cancer-related infertility is comprised of emotional distress, reproductive concerns, loss of identity, depression, and grief (Carter et al., 2005, 2010; Gorman, Bailey, Pierce, & Su, 2012; Perz, Ussher, & Gilbert, 2014). Infertility can also place strain on couples' relationships (Penrose, Beatty, Mattiske, & Koczwara, 2013; Perz et al., 2014). Single cancer survivors with the potential for fertility problems may experience difficulties in starting new relationships because of past rejection or the fear of being rejected by a potential partner (Zebrack, Casillas, Nohr, Adams, & Zeltzer, 2004).

Purpose/Objectives: To explore communication difficulties and the experience of loneliness among patients with cancer dealing with fertility issues.

Design: Qualitative study based on grounded theory principles.

Setting: One university hospital and two general hospitals in Flanders, Belgium.

Sample: 21 female and 7 male patients with cancer with potential fertility problems as a result of treatment.

Methods: Grounded theory approach using the constant comparison method; data collection (semistructured face-to-face interviews) and analysis occurred simultaneously.

Findings: Loneliness was a central theme in the experience of potential fertility loss among patients with cancer. Feelings of loneliness resulted from communication difficulties between the patient and members of his or her social environment or healthcare professionals because of several underlying processes and influencing factors.

Conclusions: Loneliness was a strong and common feeling among patients with cancer. Patients, members of their social environment, and healthcare professionals experienced difficulties in communicating about fertility in the context of cancer, leading to patients' feelings of loneliness.

Implications for Nursing: Healthcare professionals must be attentive to signs indicating loneliness regarding fertility concerns, and they should provide adequate information and appropriate guidance to support patients. Professionals need further training to improve knowledge and skills.

Key Words: oncofertility; cancer; infertility; loneliness; communication; qualitative research

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Oncofertility is a relatively new field of medicine that bridges the fields of oncology and reproductive medicine (Woodruff, 2010). Despite growing interest in the psychosocial aspects of oncofertility, gaps in research remain. To the authors' knowledge, extensive studies exploring the experience, psychosocial impact, and underlying processes of fertility problems among patients with cancer regardless of gender, cancer type, and illness trajectory are limited.