

The Formation of Stigma and Its Social Consequences on Chinese People Living With Lung Cancer: A Qualitative Study

Xiaohang Liu, RN, Jiudi Zhong, BSN, RN, Jinying Ren, MSN, RN, and Jun-E Zhang, PhD, RN

PURPOSE: To explore the formation of stigma toward lung cancer and its social consequences for Chinese patients living with this diagnosis.

PARTICIPANTS & SETTING: A purposive sample of 19 patients with lung cancer were recruited in the outpatient clinic of a tertiary cancer center in southern China.

METHODOLOGIC APPROACH: This is a descriptive qualitative study. Semistructured interviews were conducted to explore the formation of stigma toward lung cancer and its social consequences. Audio recordings were transcribed verbatim and coded by the thematic analysis approach.

FINDINGS: The following three themes emerged from interviews: (a) sources of stigma, (b) stigma manifestations, and (c) social consequences of stigma.

IMPLICATIONS FOR NURSING: Considering that the formation of lung cancer stigma is socioculturally specific, existing stereotypes and prejudice in Chinese society should be the focus of antistigma interventions at the population level. At the individual level, cancer concealment, resistance to cancer identity, and feelings of no longer being a normal person were three common manifestations that may be indicators for stigma screening among people with lung cancer. In addition, stigmas profoundly affected patients' social lives and their help-seeking behaviors, and medical staff should use effective strategies to alleviate stigma toward lung cancer and its effects.

KEYWORDS stigma; lung cancer; culture; China; smoking education; public health

ONF, 50(5), 589–598.

DOI 10.1188/23.ONF.589-598

Lung cancer is among the most common and aggressive cancers worldwide (Siegel et al., 2022). In 2020, it was estimated that 2.09 million new cases of lung cancer occurred, with about 1.76 million lung cancer deaths globally (Ferlay et al., 2020). With the implementation of effective tobacco control and health education, lung cancer incidence has decreased in some countries, like the United States (Siegel et al., 2022). However, lung cancer incidence in China is still increasing and high and is seen as a great threat to public health, with around 733,300 new cases diagnosed in China in 2015 (Yang et al., 2020). Patients with lung cancer often experience high levels of symptom burden (e.g., fatigue, shortness of breath, cough) and psychological distress (Morrison et al., 2017).

Goffman (1986) defined stigma as “an undesirable stereotype leading people to reduce the bearer from a whole and usual person to a tainted, discounted one” (pp. 2–3). It is well known that cancer is a highly stigmatized condition because of its association with death (Mosher & Danoff-Berg, 2007), negative body image (e.g., alopecia, weakness) (Rosman, 2004), and internal causal attribution (Ferrucci et al., 2011). Evidence has shown that lung cancer stigma is associated with self-blame and feelings of shame, and can even negatively affect patients' help-seeking behaviors (Webb et al., 2019). Prior studies in Western countries have highlighted that lung cancer stigma stemmed from smoking denormalization. With the implementation of tobacco control campaigns, smoking has become an unethical behavior (Stuber et al., 2008). An investigation among 266 people with lung cancer in the United States showed that patients who had a smoking history reported significantly higher stigma compared to those who never smoked (Williamson et al., 2020). A previous study in the United Kingdom demonstrated that lung cancer attracted more public stigma than other cancer types because of its close association with