

Exploring the Relationship Between Health–Illness Transition Experiences and Distress Among Patients With Pancreatic Cancer

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OBJECTIVES: To explore the correlation between health–illness transition (HIT) experiences and distress among patients with pancreatic cancer.

SAMPLE & SETTING: 55 patients with a diagnosis of pancreatic cancer receiving chemotherapy at a tertiary cancer center in New York.

METHODS & VARIABLES: A prospective correlational study was performed to explore the frequency, extent, and management of HITs. HITs were evaluated using the Measurement of Transitions in Cancer Scale, and distress was measured with the National Comprehensive Cancer Network Distress Thermometer.

RESULTS: All patients experienced at least one HIT. The extent of HITs decreased over time. Patients reported that they managed HITs moderately well. There was a significant correlation between unmanaged HITs and distress. As distress increased, the extent of the physical and emotional HITs increased and management worsened.

IMPLICATIONS FOR NURSING: HITs are ubiquitous among patients diagnosed with pancreatic cancer. Associated distress inhibits management. Nurses are well suited to assess for potential HITs and to support self-management of HITs.

KEYWORDS health–illness transitions; distress; pancreatic cancer

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Health–illness transitions (HITs) are shifts that patients experience in life situation or status that are triggered with the diagnosis of an illness and bring about subsequent changes in roles, behaviors, and relationships (Schumacher & Meleis, 1994). The study of HITs is guided by transitions theory, which describes the fundamental components of the transition experience, including the nature of the transition (i.e., time span, management, awareness, and engagement), facilitators and barriers to the transition, and patterns of response (i.e., mastery, coping, and distress) (Meleis et al., 2000). Much of the research on transitions focuses on a narrow aspect of the transition experience, describing either a transition in goals of care (e.g., from curative intent to palliative intent) (Fitch et al., 2020; Kitta et al., 2021) or a transition in site of care (e.g., from care in a hospital to care at home) (Coleman et al., 2005; Lorenzini et al., 2020; Smith et al., 2019). However, patients with cancer describe HITs as a complex, multifaceted series of events associated with illness-related time points such as diagnosis, start of treatment, and recurrence, which have the potential to profoundly influence their sense of identity, psychological health, and quality of life (Chao et al., 2020; Madsen et al., 2019; Schulman-Green et al., 2011, 2012).

Much of what is known about the cancer-related HIT experience is derived from research focused on female patients with a diagnosis of breast and ovarian cancer (Chao et al., 2020; Goldberg et al., 2016; Schulman-Green et al., 2011, 2012). These patients describe HITs as including personal transitions (changes in physical, emotional, social, or spiritual status) and care transitions (changes in cancer status,