



Exploring General Practitioners’ Views of The Psychosocial Impact of Parental Cancer on Young Adult Offspring

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Abstract

Research has shown that a cancer diagnosis can have a profound impact on the individual and their wider social circle. Research looking at the impact of parental cancer on young adult offspring in the Irish context is scarce. The present study aimed to obtain an understanding of general practitioners’ (GPs) views of the psychosocial impact of parental cancer on young adult offspring (aged 18 to 25). Twelve GPs working around the Republic of Ireland took part in the research (7 males and 5 females, mean number of years practicing 20.75 years, *SD* = 10.69) and completed qualitative semi-structured interviews. Thematic analysis identified seven key themes: Occasional to infrequent issue for GPs; Disruption; The journey of the illness, Open communication; An offer of relief from anxiety; GPs have important skills but have limitations; The dependence on voluntary support and the limitations of mental health services. The research revealed that from GPs’ experience parental cancer can causes great disruption in different cycles with unique consequences to this age cohort. GPs see addressing these psychosocial issues as vital to their role, but level of awareness and rapport can be an important mediators in how effectively they can apply their skills. The findings indicate that there is scope for a quantitative survey based on this findings with a greater number of GPs as it is difficult to generalise with a small sample. Furthermore, it acts as a base for the potential for inclusion of extra training around the issues discussed in the continuous education pathway of the Irish GP network, further research is needed.

Introduction

With more and more people living with a cancer diagnosis, more people are continuing to live with the long-term issues of the disease. It is a stressful event for the patient but also the patient’s family (Mor et al., 1994). Huizinga et al. (2011) state that in the US more than 2.85 million children live with a parent diagnosed with cancer. It can cause a vast array of psychosocial issues for the offspring of a parent with cancer (Osborn, 2007). Offspring under the age of eighteen is a well-studied area (Osborn, 2007). However, with over 60% of cases of cancer being diagnosed in those over the age of 65, the population of young adult children of cancer patients is a larger group yet underrepresented in the literature (Mosher & Danoff-Burg, 2005). Parental cancer can be particularly difficult for young adults due to significant social, emotional, cognitive changes and developments. For example, young adults’ development into employment, forming intimate relationships and the strive for financial independence can all be negatively impacted (Walczak et al., 2018). Young adults need support to deal with these issues (Walczak et al., 2018). General practitioners play a pivotal role in cancer care across many areas and domains, they are in the unique position as they can potentially have a perspective of both the patient and their offspring with concerning the psychosocial issues offspring may face (Engler et al., 2017; Hellenberg et al, 2018). It is this premise that this study aims to explore within the Irish context.

Table 1. Specific Research Aims

- The frequency with which GPs see young adult offspring presenting with psychosocial issues due to parental cancer
- An understanding of the role a GP plays in supporting a young adult in coping with a parent that has been diagnosed with cancer
- GPs’ knowledge, attitudes, capability, and approaches around the impact of parental cancer on young adult offspring
- GPs’ knowledge of outside supports for young adult offspring regarding these issues and interest in further training

Discussion

Findings: GPs find that it is an infrequent issue but not uncommon. GPs’ report that the illness can cause great changes in these formative years of their adult lives in terms of university, work, and relationships. Family dynamics can change with often adult children taking on more responsibility. The effects can come in cycles with initial fears, anxiety, and confusion with more questions about their parent’s illness coming later in time. GPs are well-placed to help with practical advice, relieving anxiety, and facilitating honesty within families. They have limits in terms of awareness for this group and with the time pressures of general practice. GPs highlight that there is a dependency on volunteer cancer supports with some reporting that there is a lack of adequate access to public and private supports.

Strengths and limitations: The sample was well-varied. The semi-structured interviews and thematic analysis allowed for in-depth exploration of GPs’ experiences, giving attention to this understudied area. The willingness of GPs’ to take part also aided the in-depth discussions. A key strength of this research is its originality. There has been no research in this area in Ireland or other countries with this age cohort to the researcher’s knowledge. Responses may have differed from those that were not willing to participate. The GPs that did respond may have been more involved and interested in these types of issues. Thus, this sample may not be representative of GPs’ views in general. However, GPs were open in saying that they had no experience with these issues. Furthermore, a focus on an in-depth and selected sample is more desirable in qualitative research (Suri, 2011). The ongoing COVID-19 pandemic may have caused GPs to be under more time pressure causing some of the interviews to be shorter. A survey based on these findings could be administered to gain a greater sample and generalisable results of GPs

On the balance of reviewing the literature and assessing the strengths and limitations, this study acts as a preliminary investigation into how GPs in Ireland deal with young adults struggling with parental cancer. Thus, making an important contribution to the literature in an under-researched area. It further builds upon the more general literature base of psychosocial care in general practice and the impact of parental cancer on offspring.

Implications: A quantitative study whereby this age cohort could be looked at with a large sample size within the Irish context based on these findings. The fact that this is a proxy study, a qualitative study giving the accounts of young adults themselves around psychosocial issues with parental cancer would be an area of interest. There is potential for including an educational intervention about awareness for this group in training and education for GPs, particularly within continuous training network as proposed by GPs. This study further highlights the time pressures GPs are dealing with. It mirrors the concerns of time pressures described by Crosbie et al. (2020), they highlight the need for planning around recruitment and retention in order to relieve pressure. It also highlights the need for better access to public mental health supports. Some GPs mentioned young adults can be forgotten about with some services only aimed for younger offspring, more targeted support services in places like college campuses would be beneficial. Furthermore, GPs describe how they are capable of dealing with a lot of these issues, but awareness can be difficult. Young adults should be open about visiting their GP around any issue pertaining to parental cancer

Methodology

Research Design: The study used a qualitative research design to create a rich portrayal of GPs’ experiences of the impact of parental cancer on young adults, this is best suited to under-research groups (Braun & Clarke, 2019; Southam-Gerow & Dorsey, 2014). Semi-structured interviews were conducted to collect data and to allow GPs’ experiences to be explored. Thematic analysis (Braun & Clarke, 2006) was conducted on the data obtained from the interviews, this allowed for both an in-depth analysis and an overall portrayal of GPs’ views

Participants and Sampling: A purposive sample of GPs working in Ireland was identified through personal contacts and snowball sampling. 12 GPs took part in the study (Mean age= 49.83, *SD*= 9.77, mean number of years working as a GP= 20.75 years, *SD*= 10.69), the sample consisted of 5 Females and 7 males, catchment areas include North Inner-City Dublin, South Dublin, Galway City, Cork City, South Donegal, and East Donegal.

Data Analysis: Reflexive thematic analysis was used to analyse the data. This is a method of identifying patterns, ideas, and themes in qualitative data (Braun & Clarke, 2019). It is a flexible approach dictated fully by the researcher aiming to answer questions about people’s experience (Braun & Clarke, 2019). This study took an ‘inductive’ approach to analysis as there was no prior coding frame, thus, the data dictated the themes that would be identified. Furthermore, the focus was more of a ‘semantic’ or data derived approach as the aim was to give a rich descriptive overview of GPs’ experiences, rather than a more assumptive or ‘latent’ coding approach. The phases of reflexive thematic analysis were followed as described and outlined by Braun and Clarke (2006), Braun et al. (2015) and Guerin (2013).

Table 2 The Steps of Thematic Analysis	
Phase	Description
Familiarisation	Data was transcribed, read multiple times, and notes taken, an intimate understanding of the data is aimed for.
Coding	Parts of the transcripts were highlighted and given shorthand labels to convey meaning, these codes must relate to the research questions.
Candidate themes	Patterns of codes or ‘rare’ codes were identified and combined to form overarching themes.
Credibility Check	The supervisor coded 4 interviews, this was compared, contrasted, and discussed with the researchers coding. This is an additional step added by the researcher
Reviewing Candidate themes	Themes were checked to ensure they represent and capture the data; they should tell a story. Any themes that were too vague were discarded.
Defining and identifying themes	Themes were defined by describing how they capture the data and answer the research questions, quotes were also selected.
Write Up	The report is written. Ensuring to draw results back to research aims.
Note. Adapted from Braun and Clarke phases of thematic analysis (2013), pp. 202–203	

Results

Theme 1: Occasional to infrequent issue for GPs: This theme captures the varying degrees of experience GPs have in dealing with young adults dealing with parental cancer. The majority of GPs viewed it as an infrequent issue but recognising it does occur

Theme 3: The journey of the illness: GPs identified that the impact of a parental cancer diagnosis on a young adult and the parent can span a considerable amount of time. GPs recounted the initial emotional strain they witnessed when faced with a young adult. GPs highlighted the initial anger that can be difficult to deal with and how it can impact the young adult and themselves. GPs reported that it can be the case that young adults do not look for help when their parent is dealing with the illness, it can take time for struggles to arise.

Theme 2: Disruption: A recurring area that GPs recognised was that young adults are in a key stage of their lifespan in terms of educational, professional and relationship developments. Parental cancer can be very disruptive to these developments and make it very difficult to focus on oneself. GPs talked strongly about young adults having to take on more family responsibility in response to a parent being diagnosed with cancer. This can be an extra stressor and often a burden in their life.

Theme 4: Open communication: GPs noted the importance of being open when talking to young adults about their parents’ cancer. On the contrary, issues can arise when a young adult is “left in the dark” and they can go into “panic mode”. As well as being open and honest with their patients around these issues, GPs also talk about the importance of facilitating honesty and openness within families.

Theme 5: An offer of relief from anxiety: GPs identified the importance of giving reassurance to young people around their health anxiety and fears. Often when a young adult comes to them with concerns it is to do with their health initially. Positivity and being realistic was a common pattern in what type of information GPs reported they would give to young adults to relieve their anxiety. This positivity must be equally balanced with a realistic interpretation of the situation, as one GP reported that sometimes young adults can be too negative or too unrealistic

Theme 6: GPs have important skills but have limitations: GPs talked about how they use general skills to help them worked through these issues such as, “listening and allowing them to discuss their concerns”. Being in a position of trust and having a rapport with the family was seen as a hugely important factor in spotting issues and helping young people get the support they need. GPs recognise when there is not a longstanding rapport with the young adult or family it is very challenging to be aware of these issues. GPs talked about how sometimes this age group can be forgotten about if it is not brought to their attention explicitly as an issue

Theme 7: The dependence on voluntary support and the limitations of mental health services: GPs current views of the supports that exist for young adults dealing with psychosocial issues around parental cancer. All GPs talked highly about the voluntary supports that they would use when presented with these issues. However, a reliance on these services was reported. There was a call made by GPs for there to be more “available counselling in the public sphere” through the HSE to ease reliance on volunteer supports and waiting lists.

Theme 7: “we don’t have any psychologists services, the waiting list is far too long, so I never refer anybody to psychology, not because I don’t believe in psychologists but because we don’t have access, you are talking two years before you get seen to by a psychologist”

Theme 4: “Well, I feel like the main thing is to have the whole family on board and to have no- that an open discussion...especially in that age group to know about what is going on with the parents, so the more you are left in the dark the more you- I mean you go on the panic mode, the same way as an adult that has to deal with cancer has to deal with the more they know, the easier it is to cope with”

Theme 2: “I remember a girl that had a good career going for her in New York and she just abandoned it overnight and came home and you know she had left, she had made a huge sacrifice and it might be very hard for her to step back up on that ladder, you know she did that over love and care for her mother “

Theme 3: “because it is a bit like running a marathon, when you are doing it you do it, you are going for it and you don’t have any choice, so you keep doing it and you are not tired, and after the marathon you are exhausted”

Theme 5: “I would explore what their current understanding is, to make sure it is factual, that it is realistic, so you know it is based on a reasonable understanding and grasp of the issues, either sometimes because they are too negative or they are being too unrealistic in denying of future, very gently, very carefully”

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