BREAST CANCER GLOBAL RESEARCH: COPING, SOCIAL SUPPORT AND HEALTH OF WOMEN WITH BREAST CANCER

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Problem:

Breast cancer is a stressful experience for women worldwide. National and international studies report poor quality of life and increased emotional distress among women with breast cancer (Mayer, et al., 2010; Mukwato, et al., 2010; Yusuf, et al., 2013). Factors which can impact health after breast cancer include coping and social support (Doumit, et al., 2010; Drageset, et al., 2010; Kim, et al., 2010; Teleghani et al., 2006; Till, 2003).
Purpose:
The purpose of this presentation is to discuss: global research findings on coping and social support and their impact on health of women with breast cancer; and implications of global research findings on coping and social support for nursing practice, advocacy and policy for women with breast cancer.
Background

- Breast cancer is the most common disease of women worldwide and it contributes to 23% of all newly diagnosed cases of cancer (Mukwato et al., 2010).

- Breast cancer is the most common cause of cancer death among women in developing countries including Cambodia, Nepal, Rwanda, Malaysia (Yusuf et al. 2013), and the second cause of cancer mortality among women in developed countries including the USA, England, Australia (Breast Cancer Global Statistics, 2015).

- The USA, India and China account for almost one third of global breast cancer cases.

- Factors contributing to reduction of breast cancer include better screening, early detection, increased awareness and improving treatment options.
Drageset et al. (2010) studied coping with breast cancer in Norwegian women between diagnosis and surgery and found women coped by: taking things step by step; pushing away; doing business as usual; enjoying life; dealing with emotions; preparing for the worst and positive focus. Women were aware of death but at the same time hopeful and optimistic.

Themes related to social support were: available support; needing information, advice, care; having confidants; balancing distance and closeness with their social support network. Social networks both gave support and needed support.

Other themes were: feeling healthy; adapting to disease; waiting; uncertainty; informing others about breast cancer.
- Mukwato et al. (2010) found four predominate coping mechanisms for women with breast cancer and their family: seeking social support; reliance on God; positive suggestion/attitude; acquisition of information and education.

- Distress in significant others is prevalent with a breast cancer diagnosis. Neris and Yokoyama dos Anjos (2014) studied spouses of women with breast cancer from Brazil, Canada, Iran and the USA. Spouses worried that they will not be able to support and care for their wife. Breast cancer led to changes in the marital relationship, either it became more positive or increased conflict occurred.

- Research indicates social support may: reduce anxiety; improve ability to cope with stress; reduce emotional distress, depression, fatigue, and pain; increase feelings of control (Denewer, et al., 2011; Mayer et al., 2010; Sammarco, 2001).
Study Purpose:
The purpose of this study is to investigate coping, social support and health of women with early stage breast cancer, and describe women’s perceptions of social support received from husbands and significant others.
Theoretical Framework:

Lazarus and Folkman’s stress-appraisal-coping theoretical framework guided the study.
Methods:
Sample

Sample included younger (age 29-58, n=32) and older (age 60-80, n=15) women having a mastectomy (n=33) or lumpectomy (n=14) surgery of African-American (n=15), Caucasian (n=30) or Hispanic (n=2) ethnicity.
Procedure:

Women were referred by their surgeons. A letter of explanation about the study was shared with the women with telephone follow-up to ascertain interest in participating and if inclusion criteria were met. Subjects were interviewed by a nurse before breast surgery.
Instruments

Ways of Coping Revised, Assessment of Resources, Social Support Questionnaire, and Profile of Mood States.
Results

Perceived causes of breast cancer included: poor eating habits; eating too much meat; not caring for oneself; taking estrogen; stress; and injury to the breast.
Results

Women appraised breast cancer as a challenging experience with harmful losses. Women were challenged to maintain self-esteem, feel good emotionally, stay active and take care of themselves.

Women reported: losses of independence and changes in finances, goals and social life; grieving; bad lifestyle habits and problems sleeping.

Some women perceived having breast cancer as an opportunity for personal growth and learned new things and this was seen as beneficial. A few women reported they had changed for the better (became closer to family, took control over their life).
Results

Older women had more positive appraisal of having breast cancer than younger women. Older women more often than younger appraised breast cancer as a benign experience which had not affected key aspects of their life.

There were no statistically significant differences in threat, harm-loss, challenge, beneficial-positive and benign appraisal types for mastectomy and lumpectomy patients.
Results

African-American women had more beneficial-positive appraisals of having breast cancer than Caucasian women \((t = 2.80, p = .008)\).

There were no statistically significant differences in threat, harm-loss, challenge and benign appraisal types for African-American and Caucasian women.
Results

Lifestyle Patterns

Lifestyle patterns before the breast cancer diagnosis included: skipping meals, eating poorly (greasy foods, high fat diet, few vegetables, did not eat a balanced diet), high intakes of caffeine and alcohol, little exercise and poor breast care practices. Many women did not practice good breast care on a regular basis (i.e., breast self-examinations, mammograms).
Lifestyle Patterns

Many women initiated positive changes in lifestyle patterns after being diagnosed with breast cancer.

• Implemented good nutritional habits
• Reduced caffeine and alcohol intake
• Quit smoking
• Lost weight
• Exercised more
• Reduced stress
• Increased breast cancer practices (Breast Self Examination)
• Became closer to family and friends
• Developed a stronger faith
Results
Coping

Ways of coping used quite a bit or a great deal were: concentrated on what I had to do next; prayed; accepted sympathy and understanding from someone; talked to someone; let out feelings; analyzed the problem; turned to work or activity to take my mind off things; tried to look on the bright side of things; got professional help; changed or grew in a good way; made a plan and followed it; came out of the experience better than when I went in; rediscovered what is important in life; asked for advice; doubled efforts to make things work; accepted it; wished I could change what had happened; tried to see things from others point of view; reminded myself how much worse things could be.
Results

Coping

Lumpectomy patients used more escape-avoidance coping than mastectomy patients ($t=-2.07$, $p<.05$).

Women having a lumpectomy versus a mastectomy did not differ in their use of confrontive, self-controlling, distancing, seeks social support, accepts responsibility, planful problem solving and positive reappraisal coping.
Results

Coping

African-American women used more distancing coping than Caucasian women (t =2.27, p =.029).

Women of Caucasian and African-American ethnicity did not differ in their use of confrontive, self-controlling, escape-avoidance, seeks social support, accepts responsibility, planful problem solving and positive reappraisal coping.

Hispanic women reported waiting, sleeping more than usual, and drinking alcohol to cope.
Helpful resources were: social supports, American Cancer Society; New Life; religion/church; cultural practices; grieving; good finances; good relationships; belief in control over the future.
All types of social support were used. Informational and emotional support were used more often than tangible support.

Most women were satisfied with the amount of emotional support provided. More information support on cancer treatments was needed. Younger women wanted more information on breast cancer and treatment than older women. Tangible support was seldom needed. Women continued to provide support to others. Women reached out to support family and friends (integration support).

Most husbands/significant others were supportive. Women reported men need education on how to help women through the breast cancer experience. Men also needed support.
Social Support

Lumpectomy and mastectomy patients used the same types of social support to cope, namely, informational, emotional, tangible, and integration support.

Women needing chemotherapy required more emotional support than women needing hormonal or radiation therapy.
Results

Health

African-American women had less tension-anxiety ($t = -2.56, p = .014$), less confusion-bewilderment ($t = -2.27, p = .028$), more vigor ($t = 4.47, p < .001$), and less total mood disturbance ($t = -3.22, p = .002$) than Caucasian women.

There was a trend for African-American women to have less depression-dejection and less anger hostility. Hispanic women reported uncertainty and fatigue.
Conclusions

Women use a variety coping strategies, resources, and support to reduce stress.

African-American women have more beneficial-positive meanings about having breast cancer and use more distancing coping than Caucasian women. African-American and Caucasian women are more similar than different in use of other ways of coping with breast cancer. African-American women had better emotional health than Caucasian women.
Implications

Implications focus on educating women about helpful coping strategies/resources, and types of helpful support since these factors can affect health. Women need education on healthy lifestyle patterns which can improve their health.

It is also important to counsel family and friends about supportive strategies, since support can impact on quality of life and health. Men need support and guidance on how to help women through their breast cancer diagnosis and treatment.

Replication of this study with a larger sample of women is recommended.

Global research findings have implications for advancing practice, advocacy and policy for prevention and treatment of breast cancer in women.
References


