A GLOBAL PERSPECTIVE: MEANING, COPING, AND HEALTH OF YOUNGER AND OLDER WOMEN WITH BREAST CANCER

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Problem:
Breast cancer is a major global public health issue. It is the most common disease in women worldwide and the leading cause of death in females including women in Argentina, Uruguay, and Brazil (Brunello et al., 2008; Kalogerakos et al., 2014). Breast cancer is the most common cancer in women under 50 years old (Howard-Anderson et al., 2012; Trachtenberg, 2012). Mortality rates are higher for African American women at all ages (Philips and Cohen, 2011). Cancer risk is rising because of increasing lifespan. More younger women are being diagnosed with breast cancer which is likely due to multiple factors including nutritional deficiencies, exposure to environmental toxicity, smoking, elevated estrogen. Breast cancer screenings are detecting more breast cancer (CDC, 2011; Kalogerakos et al., 2014).
Purpose:

The purpose of this presentation is to discuss: global research findings on meaning, coping and health of younger and older women with breast cancer; and implications of global research findings on meaning, coping, and health for nursing practice, education, advocacy and policy for women with breast cancer.
Background:

Breast cancer effects women’s quality of life (Devi & Hegney, 2011). In younger women, breast cancer may require different interventions than for older women because cancers are more advanced, aggressive and often involve a genetic origin (CDC, 2011).

Younger women often have different issues than older women including body image, relationships and family life issues, career and financial concerns (Helms et al., 2008).
Literature Review

- Howard-Anderson et al. (2012) found younger women experienced psychosocial and menopause concerns, weight gain, physical inactivity.

- Younger breast cancer survivors have issues older survivors do not face: early possible menopause; pregnancy after diagnosis; more advanced cancer; higher mortality rates contributing to more depression (Trachtenberg, 2012).

- Younger and older women have some similar post-treatment needs: increased emotional support from family and friends; learning new coping strategies to manage daily stress and recurrence fears.

- Snobohm & Heiwe (2013) found younger persons with cancer experienced stressors similar to older persons (feeling physically ill from cancer treatment and psychological distress), but also have different stressors related to their youth.
Philips and Cohen (2011) studied the meaning of breast cancer risk for African American women. Themes identified were: life changing experience; fears, support and concern for relationships; the health care experience; raising awareness; strong faith. Coping strategies included: physical exercise; seeking professional help; trying to regain control; using new ways of thinking and acting; seeking help from family and friends.

Problem focused, emotion focused, meaning based, social coping and defense mechanisms were used.
- Manuel et al. (2007) studied coping with breast cancer in women 50 years or younger. Coping strategies included: positive cognitive restructuring; physical activity; medications; resting; wishful thinking; making changes; social support for anger and depression.

- Support groups for young women with early stage breast cancer in Australia helped women cope and significantly decreased their psychological distress (Gunn et al., 2015).

- Devi and Hegney (2011) found that women use religion and spirituality to cope with breast cancer and improve quality of life.
Women experience physical and psychological distress following a diagnosis of breast cancer (Helms et al., 2008; Howard-Anderson, et al., 2012). Avis et al. (2005) studied 202 women with stage I to III breast cancer, 50 years old or younger after breast cancer and found over 70% of the women reported aches, pains, unhappiness with appearance, hot flashes, painful intercourse, and bladder control problems. Younger women had a lower Global QOL than a non-patient sample of younger women. Younger women with impaired QOL may need interventions related to menopausal, sexual, relationship and body image problems and fertility options and genetic counseling.
Wong-Kim et al. (2005) studied quality of life (QOL) beliefs among US born and foreign born Chinese women with breast cancer. Both groups reported a stigma of breast cancer which is viewed as contagious. Foreign-born women reported more stigma than US born women. Having cancer was a reminder to take better care of themselves.

Hassan, et al. (2015) found anxiety and depression among Malaysian breast cancer patients. Younger women were at higher risk for anxiety and depression. Less financial support and being single were associated with depression. In contrast, Ng et al. (2015) found Malaysian breast cancer patients had low levels of depression and anxiety and better quality of life following breast cancer diagnosis. Higher quality of life was related to high levels of social support and spiritual coping. Devi and Hegney (2011) found that women use religion and spirituality to cope with breast cancer and improve quality of life.
Study Purpose:

Breast cancer is perceived as a stressful experience for women. Factors which can impact the health and quality of life of women include meaning attached to having breast cancer and coping. The purpose of this study was to investigate meaning (appraisal) of having breast cancer, ways women cope with breast cancer, and their health.
Theoretical Framework:

Lazarus and Folkman’s stress-appraisal-coping theoretical framework guided the study.
Methods:
Sample included younger (age 29 to 58 years, n=32) and older (age 60 to 80 years, n=15) women with a first time diagnosis of breast cancer who were having a mastectomy (n=33) or lumpectomy (n=14) surgery. Women were of African-American (n=15), Caucasian (n=30) or Hispanic (n=2) ethnicity.
Procedure:

A letter of explanation about the study was shared with potential subjects who were referred by their surgeons. Telephone follow-up by a nurse was used to ascertain interest in participating. An interview with a nurse was scheduled before breast surgery if inclusion criteria were met.
Instruments

Appraisal of Breast Cancer Scale, Ways of Coping Revised, Profile of Mood States, and Assessment of Resources which included questions on nutrition, exercise, breast care, finances.
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

Older women had more positive meanings 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.

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

Concerns included: loss of independence; changes in finances; changes in social life; grieving and sleeping problems; and husbands’ needs for education and support.

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

Women receiving chemotherapy had more negative meanings of having breast cancer than women receiving no additional treatments or receiving hormonal or radiation therapy.
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.
Helpful ways of coping included: positive reappraisal; planful problem-solving; prayer; keeping busy/turned to work or activity to take my mind off things; taking one day at a time; concentrating on what I had to do next; accepting sympathy and understanding from someone; talking to someone; trying to see things from others' point of view; letting out feelings; analyzing the problem; looking on the bright side of things; getting professional help; changing or growing in a good way; making a plan and following it;rediscovering what is important in life; asking for advice; doubling efforts to make things work; accepting it; reminding 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, distancing, self-controlling, 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.
Results

Resources

Helpful resources for both younger and older women were: social supports, American Cancer Society; New Life; religion/church; cultural practices; grieving; good finances; good relationships; belief in control over the future.
Results

Health

- Younger women had poorer health outcomes than older women with breast cancer.

- 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.

- Breast cancer resulted in both younger and older women taking more control over their health and life, and making positive lifestyle changes including: implementing good nutritional habits; reducing caffeine/alcohol intake; quitting smoking; exercising more; following breast care practices (regular BSE, mammography); regular physician visits; becoming closer to family/friends, and developing a stronger faith.
Conclusions

Women have positive and negative meanings of having breast cancer, and use a variety of coping strategies/resources after breast cancer diagnosis.

Younger women had poorer health outcomes than older women after breast cancer.

African-American women have more beneficial-positive meanings about having breast cancer and use more distancing coping than Caucasian women. African-American women had better emotional health than Caucasian women.
Implications

Implications focus on educating women about helpful appraisals, coping strategies, resources/lifestyle behaviors, since these factors can affect health. Women need education on factors which can improve their health.

It is also important to identify women with negative meanings (appraisals) of having breast cancer since they have poorer outcomes.

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

Global research findings have implications for advancing practice, research, education, advocacy and policy to meet the needs of younger and older women with breast cancer.
Thank You