# **Contextual Factors, Cognitive Appraisal**, and Quality of Life during Cancer Treatment

Theresa A. Kessler, PhD, RN, ACNS-BC, CNE College of Nursing & Health Professions Valparaiso, IN USA

# Background

Cancer is a worldwide public health problem.

- Incidence rates are stable in women and declined by 3.1% in men/year. (Siegel et al., 2016)
- Comprehensive outcome measurements evaluating recovery and day-to-day survival as perceived by the individual are necessary.



# **The Cancer Diagnosis**

- Different Meanings
- Responses
  - Emotional
  - Behavioral

### Time of Making Decisions

- Treatment
- Day-to-day functioning
- Survival



# Purpose

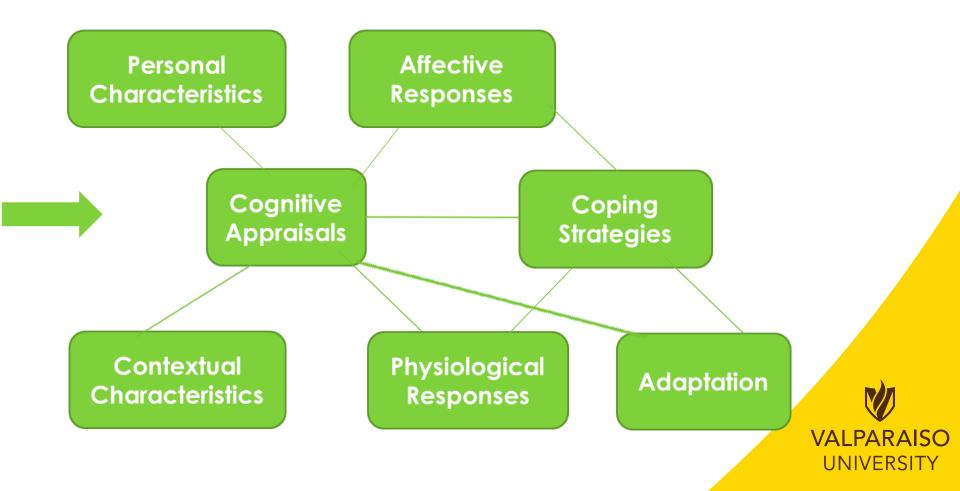
#### Three aims:

- Repeat a previous research design
- Assess factors associated with treatment and cognitive appraisals
- Assess the impact of these variables on quality of life outcomes for individuals during cancer treatment



## Transactional Model of Stress and Coping

(Lazarus & Folkman, 1984)



# Method

### Repeated Measures Design

- Collection of data at 3 times
- Initial diagnosis, 4 months & one year

### Non-probability Sample (N = 164)

- Initial 81 subjects with various cancer diagnoses; 49% response rate
- 4 Months 65 subjects (80%)
- 1 Year 48 subjects (49%)

### Instruments

 Measures of: personal and contextual characteristics, cognitive appraisal, & quality of life



## Instruments

#### Personal & Contextual Characteristics

 Researcher developed instrument to measure personal characteristics and treatment outcomes related to cancer (Kessler, 2013)

### Cognitive Appraisal of Health Scale (CAHS)

 Measures primary (threat, challenge, harm/loss, benign/irrelevant) & secondary appraisals on a 5-point Likert scale (Kessler, 1998)

### Quality of Life Index (QLI)

 Measures satisfaction & importance of factors contributing to overall quality of life on a 6-point Likert scale
 (Ferrans & Powers, 1998)



## Personal Characteristics & Treatment Outcomes

- <u>Age</u>:
  *M* = 62.04 (*SD* = 13.15)
- <u>Education</u>:
  *M* = 13.5 years (*SD* = 2.9)
- <u>Gender</u>:

Females 71.4%

• <u>Marital Status</u>: Married 78.6% • Employment:

43% retired

- 25% full time
- 14% part-time
- 11% disabled

7% unemployed

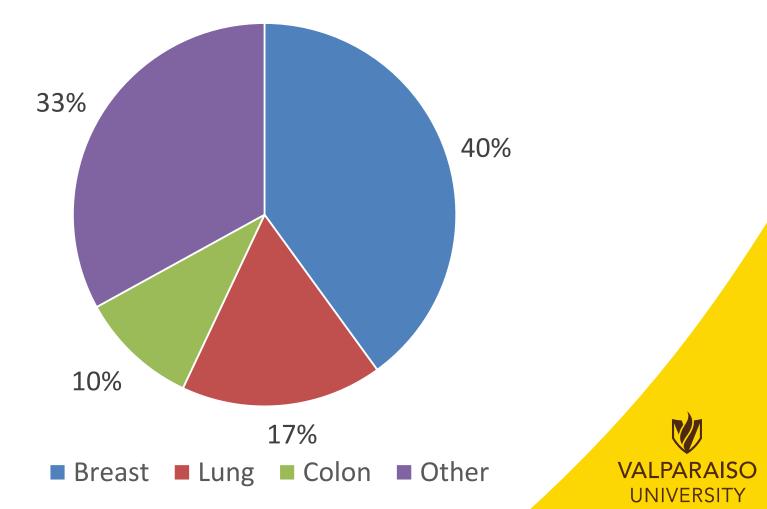
#### • <u>Self-Treatment</u>: (*n* = 42)

92.9% vitamins 7.1% herbs

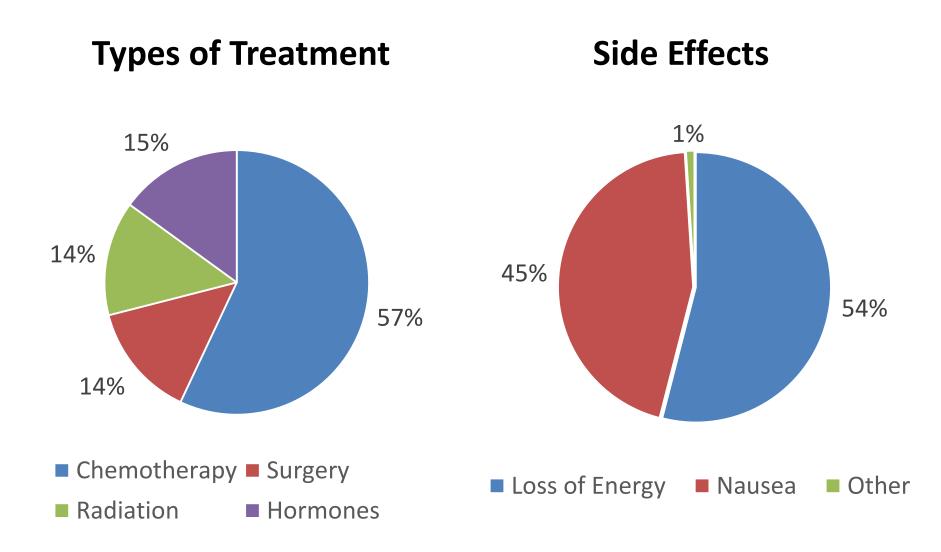


## **Treatment Outcomes**

#### Cancer Diagnoses



### **Treatment Outcomes**



## Findings: Main Constructs

	Threat (5-25)	Harm/ Loss (8-40)	Challenge (6-30)	Benign/ Irrelevant (4-20)	Quality of Life Index (0-30)
Time 1 Initial Diagnosis	14.67	21.07	22.77	9.91	22.44
Time 2 4 months	13.34	22.54	18.00	14.06	25.04
Time 3 1 Year	13.09	18.75	23.91	10.25	24.46

## Findings: Multiple Regression

### Regression Model at Initial Diagnosis

- Variables entered:
  - age, time since diagnosis, cognitive appraisals – threat, challenge, harm/loss, & benign/irrelevant on QOL
- 6 Variables explained 85% of variance in QOL F = (6, 73) = 65.78, p < .001

(Number of symptoms entered previously)



## Findings: Multiple Regression

### Regression Model at 4 months – Time 2

Variables entered:

 age, time since diagnosis, cognitive appraisals – threat, challenge, harm/loss, & benign/irrelevant on QOL

• 6 Variables explained 74% of variance in QOL F = (6, 58) = 18.09, p < .001



## Findings: Multiple Regression

### Regression Model at 1 Year – Time 3

Variables entered:

 age, time since diagnosis, cognitive appraisals – threat, challenge, harm/loss, & benign/irrelevant on QOL

• 6 Variables explained 87% of variance in QOL F = (6, 40) = 36.80, p < .001



# Conclusions

- Theoretical support for Transactional Model
- Cancer diagnosis viewed as stressful:
  - Diagnosis was not benign/irrelevant
  - Harm/loss appraisals, strongest at Time 2
  - Challenge appraisals, weakest at Time 2
  - Threat appraisals (past harm/loss) tended to decrease over time
- Quality of life improved over time but was highest at Time 2



# Conclusions

- Person factors (age) and Contextual factors (time since diagnosis) impacted adaptation to the cancer diagnosis measured as quality of life
- Cognitive appraisals (threat, harm/loss, challenge, & benign/irrelevant) also impacted adaptation as measured by quality of life



## Recommendations

- Continue to validate use of the CAHS in other populations
- Assess perceptions of those with cancer stressful appraisals
- Repeat study with other health conditions, such as those living with heart failure

