

Factors Affecting Quality of Life in Breast Cancer Survivors

Maggie A. Ward

Faculty: Elaine E. Steinke

School of Nursing, College of Health Professions

Abstract. Many factors affect the quality of life in breast cancer survivors. The author performed an integrative review of the literature pertaining to quality of life among breast cancer survivors. The 14 research articles that met the inclusion criteria were comprised primarily of observational studies with questionnaires as measurements, interventions with healthcare professional support, targeted women with a diagnosis of breast cancer. Key factors identified in affecting quality of life are: optimism, cancer-related confidence, perceived level of side effects, depression symptoms, social support, social disruption, spirituality, and self-rated quality of life. Current evidence shows that regardless of which factors present, stage at diagnosis, number of co-morbidities, and length since diagnosis did not affect overall quality of life; however, age has a significant influence. These studies are significant, illustrating the individual's overall well-being, instead of solely physical well-being. Many times, patients will make treatment decisions based on what quality of life, not quantity, one may experience.

1. Introduction

There are currently more than 2.3 million breast cancer survivors in the United States [1], all of which encountered some sort of therapy, whether it be surgery, hormonal therapy, radiation therapy, chemotherapy, or any combination of the four. Although every person has a different experience with a cancer diagnosis, it is important for patients, caregivers and healthcare providers, alike, to recognize that many similarities can be identified and acknowledged in the course of treatment and the years to follow. Some of these similarities fall within the realm of how a diagnosis, treatment of and the follow-up years of cancer affect an individual's quality of life. Therefore, this paper focuses on the psychosocial and quality of life aspect of breast cancer survivors.

2. Experiment, Results, Discussion, and Significance

Although various tools were used in each of the studies, there were many similar, as well as contradictory results. Significant differences in time since diagnosis, disease staging or number of co-morbidities were not found [2, 3, 4, 5]. Schmidt and Andrykowski found that more time since diagnosis resulted in less distress, but no differences in demographic and clinical variables were identified [6].

In contrast, Owen et al. found that greater intervals between diagnosis and entry into the study significantly portrayed higher mood disturbance, but no differences in stage of disease [7], while Loerzel et al. discovered that physical and psychological well-being declined over time [1]. Studies analyzed by Montazeri revealed that baseline quality of life in advanced breast cancer patients can predict survival, but not in early-stages [8].

Levels of fatigue and physical functioning were significantly correlated with life satisfaction, depression and general health perceptions [4]. Gil et al. found women with breast cancer reported approximately 1.4 symptoms per month with no relation to time since diagnosis and 83% of these women reported fatigue at least once [2]. The way a woman viewed her symptoms, whether with optimism or pessimism, appeared to affect overall distress levels; level of pessimism and not the level of optimism impacted a subject's overall QOL [9].

Spiritual well-being is a factor consistently impacting psychosocial well-being [10,11, 12]. Fehring, Miller, and Shaw noted that spiritual well-being is positively correlated with hope and inversely related with depression [11]. Church and socialization involvement allowed for a greater ability to express emotion and deal with depression and anxiety [12].

The ability to express emotion and the availability of emotional support significantly affected a subject's psychosocial well-being [2, 6, 7]. Stanton et al. state that "emotional expression and adjustment to cancer suggests that coping through actively processing and expressing emotion leads to better long-term psychological adjustment" [6]. Psychosocial resources can significantly impact the coping abilities of a breast cancer survivor [4].

One important factor that is not always acknowledged is the availability of support systems. It is important for one to have social support easily accessible, so that emotion can be expressed with comfort, support or feedback. Just as the cancer patient is dealing with emotion, so are family members and friends. Therefore, it is also important to recognize and assess QOL of these support systems, including families' levels of distress [13]. Working through the diagnosis together, allowed the family to perceive

increased closeness, allowing for a stronger support system.

As in post-traumatic stress disorder, certain events, such as new onset pain, annual mammogram and check-ups, or hearing about someone's recent diagnosis, can trigger distress and anxiety about the past and future [2]. These triggers could also occur with phone interviews conducted by the researchers in an attempt to collect data; therefore, creating undue stress that was not present before and in turn, may be a misrepresentation of reality.

Utilizing the Breast Cancer Education Intervention (BCEI) provided various results in patient responses. The BCEI is an intervention used for breast cancer survivors that utilizes psychoeducational support within the first year after treatment [1, 14] It incorporates three education and support sessions followed by five support sessions, either conducted in person or via telephone [1] One study learned the experimental to have improved QOL at 3-months, which maintained through the 6-month time point, while the control group reported a significant decline in QOL at 3-months and improvement at 6-months [14]. In contrast, Loerzel et al. found that the experimental group had a steady decline in overall quality of life from baseline, as did the control group [1].

Although many differences are identified in QOL in cancer patients, some solidarity stands true. Greater spiritual well-being leads to less depression and distress and a higher sense of hope. Pessimism, not necessarily optimism, has a greater impact on outlook of side effects and the overall cancer experience. The presence of support systems and being able to express emotions leads to better coping mechanisms and increases overall QOL. Type of treatment and stage of diagnosis do not automatically affect a person's QOL.

The most important thing to recognize in evaluating QOL in a cancer patient is that no individual is the same. Each measurement component of QOL, whether evaluated in the same fashion or not, will dictate variance in individual subjects. QOL is a broad spectrum that is imperative to cancer treatment and survival. Many patients will make decisions based on quality and not quantity of life, thus patients and families alike must be closely monitored.

3. Conclusions

Healthcare professionals are able to combat poor physical quality of life with symptom management; however, a strong psychosocial intervention that works for the majority is yet to be found. Although BCEI is showing some promise, there is contradicting data, showing that it may not be beneficial to the population at all. This does not mean that it should be forgotten, it just needs to be improved. Further studies need to

focus on this type of intervention, concentrating on the strengths and weaknesses, as well as the various populations. In doing this, it may be possible to identify which groups the BCEI is appropriate for and which it may not be as adequate. The door is wide open for future research; it just has to be taken on with a vengeance.

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