

Telephone Interpersonal Counseling With Women With Breast Cancer: Symptom Management and Quality of Life

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Purpose/Objectives: To examine the effectiveness of a telephone interpersonal counseling (TIP-C) intervention compared to a usual care attentional control for symptom management (depression and fatigue) and quality of life (positive and negative affect, stress) for women with breast cancer.

Design: Experimental with repeated measures.

Setting: Academic cancer center and urban, private oncology offices.

Sample: 48 women with breast cancer who were in their mid-50s, married, and employed at the time of the study.

Methods: Women were assigned to either the six-week TIP-C or attentional usual care groups. Women were matched on stage and treatment. Data were collected at baseline, after the six interventions, and one month postintervention. Measures included the Center for Epidemiologic Studies–Depression Scale, Positive and Negative Affect Schedule, Multidimensional Fatigue Inventory, and Index of Clinical Stress.

Main Research Variables: Depression, positive and negative affect, fatigue, and stress.

Findings: Women in the intervention group experienced decreases in depression, fatigue, and stress over time and increases in positive affect.

Conclusions: The preliminary results partially supported the effectiveness of TIP-C for symptom management and quality of life. The authors hypothesized that decreased depression, reduced negative affect, decreased stress, decreased fatigue, and increased positive affect over time would be the resulting psychosocial effects, given the theoretical underpinnings of the intervention.

Implications for Nursing: Nurses need to assess the quantity and quality of the social support network early in treatment; women with less social support need to be referred to counseling and support services. Because these women have limited participation in face-to-face interventions, they should be encouraged to participate in telephone or online support programs or in other programs or organizations (e.g., churches, social clubs) that would provide support.

In 2005, more than 200,000 women will be diagnosed with breast cancer (American Cancer Society, 2005), and the majority will have treatment-related side effects associated with their cancer experience (Badger, Braden, & Mishel, 2001; Lewis, Zahlis, Shands, Sinsheimer, & Hammond, 1996; Winningham et al., 1994). Women with breast cancer suffer physically and psychologically in response to the diagnosis and treatment of their cancer (Badger et al., 2001; Sandgren & McCaul, 2003), and these responses will significantly influence cancer recovery, quality of life (QOL), and long-term survival (Badger, Braden, Longman, & Mishel, 1999; Giese-Davis & Spiegel, 2003; Paraska & Bender, 2003; Pasacreta, 1997).

Key Points . . .

- ▶ Women in the intervention group experienced decreases in depression, fatigue, and stress and an increase in positive affect.
- ▶ Preliminary findings are consistent with previous research that counseling interventions work to decrease negative outcomes in some women.
- ▶ The telephone may be an effective method to deliver psychosocial interventions to meet the needs of patients with cancer and their partners.
- ▶ Nurses need to assess the quantity and quality of social support early in treatment, recognizing that social support is vital during cancer recovery.

Of the side effects experienced, cancer treatment-related fatigue is the most common across cancer diagnoses, stages of disease, and treatment regimens, with estimates ranging from 40%–100% (Meek et al., 2000; Nail, 1996). The most common psychological response experienced by women with breast cancer is depression, with estimates ranging from 4.5%–50% (Newport & Nemeroff, 1998). Women have rated fatigue and depression among the top five most distressing side effects of the cancer experience (Badger et al., 2001; Nail).

Substantial evidence exists that distressing side effects decrease women's abilities to marshal critical psychological and social support when the need for it is greatest (Giese-Davis & Spiegel, 2003; Rehse & Pukrop, 2003). Women with breast cancer routinely describe the negative consequences the

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