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Examining Emotional Outcomes Among a Multiethnic Cohort of Breast Cancer Survivors

Kimlin T. Ashing-Giwa, PhD, and Jung-Won Lim, PhD

The cancer experience is emotionally challenging (Koopman et al., 2001; Stanton et al., 2000). The resulting emotional sequelae of cancer and its treatments include fear, worry, hopelessness, and sadness, as well as measurable psychological distress with anxiety and depression (Lyons, Jacobson, Prescott, & Oswalt, 2002; Taylor, 2000). These emotional responses are temporary among most survivors, who experience emotional recovery within one to three years. But, for some survivors, these emotions can manifest into chronic and persistent psychological stressors (Basen-Engquist, Hughes, Perkins, Shinn, & Taylor, 2008; Stanton, 2006). In addition, ethnic minority survivors report greater need for information, emotional support, and navigational assistance in their cancer care (Fatone, Moadel, Foley, Fleming, & Jandorf, 2007; Moadel, Morgan, & Dutcher, 2007). Little is known about how specific emotional concerns of breast cancer survivors vary by ethnic group membership. Providing optimal care for ethnic minority breast cancer survivors requires an understanding of the psychological and emotional effects of the disease and treatment.

Background

Emotional Outcomes for Breast Cancer Survivors

Emotions are defined as the consequence that arises from a conscious mental reaction subjectively experienced as strong feelings usually directed toward a specific experience and typically accompanied by physiologic and behavior changes in the body (American Heritage Dictionary, 2009). Emotional outcomes are noted as an important domain of overall health-related quality of life (HRQOL) in cancer survivors (Dow, Ferrell, Haberman, & Eaton, 1999; Ferrell, Smith, Cullinane, & Melancon, 2003). Generally, emotional outcomes improve during the first two years after cancer treatment and stabilize thereafter (Burgess et al., 2005; Neyt & Albrecht, 2006). In addition, positive emotional outcomes among survivors, such as finding meaning and purpose in life, experiencing opti-

Purpose/Objectives: To describe emotional concerns among a multiethnic sample of breast cancer survivors from a clinically sensitive approach and to examine differences in emotional items according to demographic characteristics.

Design: Cross-sectional design.

Setting: California Cancer Surveillance Program, Los Angeles-area hospitals, and community agencies in southern California.

Sample: 703 multiethnic, population-based breast cancer survivors, including European, African, Latina, and Asian Americans.

Methods: Two emotional outcome subscales were assessed, one each from the Functional Assessment of Cancer Therapy-General (FACT-G) and the SF-36®.

Main Research Variables: Emotional outcomes and health-related quality of life (HRQOL), as measured by FACT-G, SF-36, and demographic characteristics.

Findings: Emotional item responses measured by the FACT-G and SF-36 varied by ethnicity, income, education, employment status, language, and age. Overall, worry about the cancer getting worse or recurrence (FACT-G), as well as negative feelings about sadness or uncertainty (SF-36), were reported as the most bothersome concerns across all breast cancer survivors regardless of ethnic group.

Conclusions: Findings reveal unique patterns relevant to emotional outcomes on overall HRQOL scores. Clinically, this study suggests the need for greater attention and appreciation of the influence of demographic contexts on emotional well-being.

Implications for Nursing: The findings provide a unique observation of the use of individual item response to inform and enhance the assessment of emotional outcomes for clinical and scientific purposes.

mistic changes in outlook, and greater appreciation of life, have been documented (Bower et al., 2005; Foley et al., 2006; Meyerowitz, Kurita, & D'Orazio, 2008). However, areas of continuing emotional disruption for breast cancer survivors exist. Some studies report uncertainty, somatic distress (lack of sleep and appetite changes), decreased self-esteem, fear of recurrence, anxiety, loss of self-confidence, and depression to be key concerns (Morgan et al.,