Using Narrative Research to Understand the Quality of Life of Older Women With Breast Cancer

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Cancer is predominately a disease of the aged (National Center for Health Statistics, 2003). The National Cancer Institute’s Surveillance, Epidemiology and End Results data suggest that 50% of all cancers are diagnosed in patients 65 years and older and that 60% of all deaths occur in this population (Havlik, Yancik, Long, Ries, & Edwards, 1994; National Comprehensive Cancer Network, 2004; Yancik & Ries, 1991). Breast cancer is the most common malignancy-related death in older women (Balducci, Silliman, & Baekey, 1998), and researchers have called for an increase in studies related to breast cancer specifically in older women (Balducci, 1994; Balducci et al.; Trimble et al., 1994). Understanding some of the issues that affect older women with breast cancer may help direct care to reduce some treatment-associated difficulties that may arise. The purpose of this narrative research was to identify themes in the interview data that are reflective of the quality of life (QOL) of older women with breast cancer. The study findings may contribute to nurses’ awareness of the possible perceptions and elements of QOL that many older women may possess and the importance of sensitivity toward these potential concerns. This study was intended to contribute to the growing body of knowledge concerning the needs of older patients with cancer.

Literature Review

Although cancer is a disease largely of the aged, minimal research exists specifically in women with breast cancer who are older than age 70. Although a reasonable amount of literature exists concerning breast cancer and premenopausal women, research specific to treatment and QOL issues of older women with breast cancer is not nearly as prevalent. Additionally, narrative methodology is not abundant with respect to older people and cancer. This review will consider current literature with respect to QOL of older women with breast cancer as well as issues concerning the lack of research in this cohort.

Key Points...

- Many older women with breast cancer are active and independent despite the disease and its treatment.
- Nurses should assess caregiver responsibilities because of the possibility that the patient is a primary caregiver while undergoing cancer treatment.
- Nurses should conduct a complete health history and accurately assess support elements (e.g., family, role) that are vital in the treatment of cancer.

Purpose/Objectives: To elucidate some of the issues that affect the quality of life of older women (70 years of age and older) diagnosed with breast cancer.

Design: Descriptive design

Setting: A National Cancer Institute-designated site in the southeastern United States.

Sample: 12 women who were at least 70 years of age undergoing treatment (radiation, hormonal, or chemotherapy) for breast cancer.

Methods: Two to three interview encounters per participant, each lasting approximately one hour.

Findings: Eight major themes emerged: Importance of God, Positive Attitude, No Alteration in Lifestyle, Physician Trust, Caregiver to Others, Importance of Health, Importance of Family, and Alteration in Lifestyle.

Conclusions: The eight major themes are similar in terminology but varied in individual meanings.

Implications for Nursing: Nurses must determine whether older women with a diagnosis of breast cancer are also primary caregivers to other individuals. As the story-gatherers for the healthcare team, nurses can use the data derived from interviews to document patients’ health histories and provide a therapeutic process of coping with illness.

ONCOLOGY NURSING FORUM – VOL 31, NO 6, 2004

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