Women’s Perceptions of the Effectiveness of Telephone Support and Education on Their Adjustment to Breast Cancer

Margaret Chamberlain Wilmoth, PhD, MSS, RN, Lorraine Tulman, DNSc, RN, FAAN, Elizabeth Ann Coleman, PhD, RNP, AOCN®, Carol Beth Stewart, BS, and Nelda Samarel, EdD, RN

Purpose/Objectives: Social support is believed to be important in helping women adjust to breast cancer. Reports have suggested limited positive effects of social support on well-being, mood disturbances, and relationships with significant others for women who receive telephone support. Women’s perceptions of the role of social support in recovery, however, has had limited study. The purpose of this study was to describe women’s perceptions of their emotional and interpersonal adaptations to breast cancer after their involvement in a randomized clinical trial in which one group received educational materials and telephone support from oncology nurses and another group received educational materials only.

Research Approach: Content analysis was used to discover women’s perceptions of their emotional and interpersonal adaptation to breast cancer following their participation in a study in which one group received educational materials and telephone support from oncology nurses and another group received educational materials only.

Setting: All participants were interviewed by telephone in their homes.

Participants: 77 of 106 women with breast cancer from a randomized clinical trial were interviewed about their expectations of their adaptations and the effectiveness of the experimental and social support intervention delivered by telephone.

Methodologic Approach: Telephone interviews were recorded on audiotape and transcribed for analysis. Structured interviews were completed by a non-nurse interviewer. Frequency counts were obtained from the responses to items and comments were clustered for themes.

Main Research Variables: Emotional and interpersonal adaptations to breast cancer, educational materials, and telephone support from oncology nurses.

Findings: Fifty-four percent of the women who received the telephone support interventions reported improvement in attitude, whereas 43% of the interviewed women in the control group reported improvement. Only three participants, all in the control group, reported worsened emotional status. The percentage of those reporting improved or unchanged physical status was about equal in each group. The majority of participants in both groups indicated that their levels of involvement in activities remained the same or increased. Forty-six percent of participants in the intervention group reported improved relationships with their spouses compared to 38% in the control group. Women from both groups indicated that the diagnosis of cancer had caused them to review their lives and make changes in their relationships and activities.

Conclusions: Participants who received telephone support for one year, in addition to educational materials, reported improvement in their attitudes toward their breast cancer and better relationships with their significant others.

Interpretation: The women’s perceptions are consistent with quantitative results from the clinical trial. This article reports additional evidence that telephone support is an effective alternative to support groups and may be appropriate for those with limited access to such groups because of geography, work demands, or family situations.

Key Points . . .

➤ Telephone support to assist patients in adapting to living with cancer is a viable option for those unable to attend traditional support groups.
➤ Support via telephone resulted in the perception of improved relationships with significant others.
➤ Social support provided by nurses by telephone remains an area for further investigation.

Social support is important in helping women adjust to living with breast cancer. However, no definitive evidence exists to guide healthcare providers about the most appropriate and effective ways to provide such support. Women’s perceptions of the role that social support has in their recovery may be an important factor that has had limited study and may offer some insight into effective techniques for providing support. This article supplies an analysis of women’s perceptions of their emotional and interpersonal adaptations to breast cancer following their involvement in a randomized clinical trial in which one group received educational materials and telephone support from oncology nurses and another group received educational materials only.

Literature Review

Suffering causes intense emotions and the desire to talk with others and may affect the need for and perception of

Margaret Chamberlain Wilmoth, PhD, MSS, RN, is a professor in the Department of Adult Health Nursing in the School of Nursing in the College of Health and Human Services at the University of North Carolina in Charlotte; Lorraine Tulman, DNSc, RN, FAAN, is an associate professor of nursing in the School of Nursing at the University of Pennsylvania in Philadelphia; Elizabeth Ann Coleman, PhD, RNP, AOCN®, is a professor in the College of Nursing and the College of Medicine and the Cooper Chair in Oncology Nursing at the University of Arkansas for Medical Sciences (UAMS) in Little Rock; Carol Beth Stewart, BS, is a project program specialist in the College of Nursing at UAMS; and Nelda Samarel, EdD, RN, is a retired professor from the School of Nursing at William Paterson University in Wayne, NJ. (Submitted September 2004. Accepted for publication March 8, 2005.)