The Relationship of Fatigue and Meaning in Life in Breast Cancer Survivors

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Paige Thompson, RN, DNSc

Purpose/Objectives: To determine relationships among (a) cancer-related fatigue and meaning in life, (b) overall symptom distress and meaning in life, (c) fatigue and performance, and (d) overall symptom distress and performance in breast cancer survivors.

Design: Cross-sectional and correlational.

Setting: Community-based setting in eastern Pennsylvania.

Sample: 34 women who had completed their last treatment for breast cancer within the prior 16 months.

Methods: Data were collected using the Piper Fatigue Scale (PFS), Life Attitude Profile–Revised (LAP-R), Memorial Symptom Assessment Scale–Short Form (MSAS-SF), and Medical Outcomes Study–Short Form 36 (SF-36).

Main Research Variables: Fatigue and meaning in life.

Findings: One moderate negative correlation was found between the PFS sensory subscale and the choice or responsibleness dimension of the LAP-R. Significant moderate to strong negative correlations were found between the MSAS-SF total score and two subscale scores and the existential transcendence dimension of the LAP-R. Significant moderate to strong negative correlations were found between four subscales of the SF-36 representing performance and the MSAS-SF total score.

Conclusions: Meaning in life may influence fatigue and overall symptoms in breast cancer survivors.

Implications for Nursing: Assessment of meaning in life may be important in the management of fatigue and overall symptoms in women after treatment for breast cancer.

The most recent statistics published show that the five-year cancer survival rates for all races have increased from 50% in 1975–1977 to 66% in 1996–2002 (Jemal et al., 2007). Fatigue has been studied in cancer survivors up to six years following the last cancer treatment (Arndt, Merx, Stegmaier, Ziegler, & Brenner, 2004; Bower et al., 2000; Ferrell, Grant, Dean, Funk, & Ly, 1996; Gelinas & Fillion, 2004; Hwang, Chang, Rue, & Kasimis, 2003; Loge, Abrahamsen, Ekeberg, & Kaasa, 2000; Mast, 1998; Schwartz, 1998; Spelten et al., 2003; Woo, Dibble, Piper, Keating, & Weiss, 1998). Studies have shown fatigue to be a significant concern in cancer survivors, especially in the first two years following treatment. Fatigue in cancer survivors also affects performance of daily activities and ability to return to work (Smet et al., 1998; Spelten et al.). To provide an improved quality of life for the increasing numbers of cancer survivors, factors related to fatigue in survivors need to be identified further and effective treatments developed. Some evidence suggests that meaning in life contributes to a decrease in perceived levels of fatigue; therefore, it should be explored as a possible factor related to fatigue in cancer survivors (Bell, 1985; Frankl, 1984; Taylor, 1993).

Fatigue and other symptoms, including difficulty sleeping, worrying, pain, and feeling irritable and nervous, are present in breast cancer survivors as many as 16 months after treatment.

Fatigue and other symptoms in breast cancer survivors are related to physical and social functioning.

Assessment of meaning in life may be most important in late stages of cancer, in the first six months following cancer treatment, in patients taking antidepressants, and in survivors not eligible for hormonal therapy.

Literature Review

Fatigue

Factors with the potential to influence fatigue levels in cancer survivors have been identified. Cancer treatment is a physiologic factor that is related to fatigue levels in cancer survivors (Monga, Kerrigan, Thornby, & Monga, 1999; Schwartz, 1998). Cancer survivors who received a combination of surgery, radiation therapy, and chemotherapy had significantly greater fatigue than those whose treatment included only surgery or chemotherapy (Schwartz). In addition, Schwartz found that those who received chemotherapy experienced fatigue that was significantly more intense, incapacitating, distressing, or depressing than did subjects receiving only surgery or radiation therapy. Age also was related to fatigue in cancer survivors; however, the influence of age on fatigue varies. In their study, Woo et al. (1998) reported that younger breast cancer survivors experienced greater fatigue, but Loge et al. (2000) found the highest fatigue scores in the oldest survivors (i.e., 60–74 years) of Hodgkin disease.

Cancer survivors have been studied to determine the possible relationship between psychological factors and fatigue. Depression, anxiety, emotional distress, and other cancer stressors are related to fatigue levels in cancer survivors.

Paige Thompson, RN, DNSc, is an associate professor in St. Luke’s School of Nursing at Moravian College in Bethlehem, PA. Funding for this study was provided by Amgen Inc. (Submitted July 2006. Accepted for publication September 22, 2006.)

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