

The Role of Cognitive Appraisal in Quality of Life Over Time in Patients With Cancer

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OBJECTIVES: To better understand how personal factors, contextual factors, and cognitive appraisals predict quality of life.

SAMPLE & SETTING: 81 patients with a new diagnosis of cancer were recruited from two oncologists' offices in the midwestern United States.

METHODS & VARIABLES: A longitudinal design was used to collect data at three time points: within 1 month of diagnosis, at 6 months after diagnosis, and at 18 months after diagnosis. Data were collected using the Cognitive Appraisal of Health Scale and the Quality of Life Index–Cancer Version III.

RESULTS: Individuals identified a variety of primary appraisals at the same time and more consistently identified their cancer as a challenge rather than a harm/loss or a threat. The greatest variation in appraisals and quality of life occurred about six months after diagnosis. Hierarchical regression analyses demonstrated that age and primary and secondary appraisals explained a significant amount of variance in quality of life at all three time points.

IMPLICATIONS FOR NURSING: Interventions to improve quality of life for individuals newly diagnosed with cancer are needed and may be more helpful if they target cognitive appraisals. Nurses should assess what matters to the individual; it is important to evaluate how each person appraises a cancer diagnosis so providers can support coping and adjustment from diagnosis through individual treatment trajectories.

KEYWORDS cognitive appraisals; quality of life; longitudinal; survivorship; cancer diagnosis

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Cancer continues to be a major public health problem worldwide, and it is the second leading cause of death in the United States (American Cancer Society [ACS], 2020). In this decade, new cancer incidence rates are expected to rise because of an aging White population and a growing Black population (Centers for Disease Control and Prevention, 2018). A total of 1,806,590 new cases of cancer are projected for 2020 (ACS, 2020). Consequently, it is important to understand how individuals with a new diagnosis of cancer appraise their experience and manage the daily impact of the disease on quality of life (QOL) over time.

Living with cancer may be equated with having a chronic disease (Bryant et al., 2015; Naus et al., 2009) and is commonly associated with psychological distress (Hart & Charles, 2013). Cancer is not a singular negative event and is not considered to be solely a stressful event (Kessler, 1998). Survivors have positive and negative emotions (Hart & Charles, 2013) and adaptations to the diagnosis that are mediated by personal characteristics of survivorship (Bryant et al., 2015) and contextual characteristics of the disease (Kessler, 1998). Those who survive cancer in the longer term have a reasonable QOL (Jarrett et al., 2013) and may experience personal growth (Smith et al., 2010). Knowing that a diagnosis of cancer can be appraised based on personal and contextual factors, it is important to understand the day-to-day demands of a new chronic illness and how that illness affects QOL. It has been proposed that, over time, survivors of cancer who successfully cope with the demands of the chronic illness and its treatment may eventually appraise day-to-day stressors as less severe and both-ersome for QOL (Costanzo et al., 2012).

Stress appraisals for health-related events, such as cancer, have been measured using a variety of constructs. Although some models assess singular attributions, other models focus on stress and adaptation as a process (Folkman & Greer, 2000; Lazarus