Relationships Between Three Beliefs as Barriers to Symptom Management and Quality of Life in Older Breast Cancer Survivors

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Purpose/Objectives: To describe relationships among perceived barriers to symptom management and quality of life and to test the mediating role of perceived communication difficulties on the relationships between other perceived barriers to symptom management and quality of life in older adult breast cancer survivors.

Design: Cross-sectional descriptive-correlational design using baseline data from a randomized, controlled trial that tested the efficacy and durability of the individualized representational intervention in reducing symptom distress and improving quality of life in older adult breast cancer survivors.

Setting: The community, an oncology clinic, and a state tumor registry.

Sample: 190 older adult breast cancer survivors ($\bar{X}$ age = 70.4 years) who were an average of 3.3 years after breast cancer diagnosis.

Methods: Path analysis using Mplus, version 5.1.

Main Research Variables: Negative beliefs about symptom management (Symptom Management Beliefs Questionnaire [SMBQ]), perceived negative attitudes from healthcare providers (Communication Attitudes [CommA]), perceived communication difficulties (CommD), and quality of life.

Findings: Significant direct effects of SMBQ and CommA on CommD were found after controlling for age, number of health problems, and number of symptoms. CommD was a significant mediator of the effects of CommA on quality of life after controlling for the covariates. SMBQ had significant total effects on quality of life after adjusting for the covariates but was not mediated by CommD.

Conclusions: Patient-provider communication is an important factor in the quality of life of older adult breast cancer survivors.

Implications for Nursing: Developing and testing nursing interventions focusing on enhancing both positive beliefs about symptom management and effective communication in old age is suggested.

Knowledge Translation: Older adults and healthcare providers must overcome stereotyped beliefs about aging that may affect self-care and health outcomes for this population. Older adults must be allowed to express their views and emotions about aging.

Older adult breast cancer survivors are a rapidly growing segment of the cancer survivor population. Women older than age 75 years have the highest incidence rates for breast cancer, with an overall survival rate of 85% (National Cancer Institute, 2009). Therefore, given the aging population, breast cancer will become one of the most prevalent chronic illnesses in older adult women (Ceber, Soyer, Ciceklioglu, & Cimat, 2006).

Effective management of symptoms is a critical component of the quality of life of older adult cancer survivors (Deimling, Bowman, & Wagner, 2007; Heidrich, Egan, Hengudomsub, & Randolph, 2006; Heidrich et al., 2009). Experiencing and managing symptoms in older adult cancer survivors is challenging because symptoms can be caused by late effects of cancer and cancer treatment (Deimling et al., 2007) as well as the physiologic declines associated with normal aging and age-related health problems (Heidrich et al., 2009). However, little attention has been paid to identifying or explaining the specific symptom management issues faced by older adult breast cancer survivors.

Beliefs about health problems, such as symptoms, play a role as "a filter and interpretive schema" that drives behaviors in response to the problems (Hagger & Orbell, 2003, p. 145). Beliefs are affected by sociocultural context (Leventhal, Brissette, & Leventhal, 2003) and, therefore, beliefs about aging, particularly age-related stereotypes, also may serve as an interpretive schema through which symptom management of older adults is filtered. Ageist stereotypes are defined as negative beliefs, discriminatory attitudes, and norms about older individuals or groups because of their age (Nelson, 2002). Empirical evidence indicates that older adults also share ageist stereotypes (Morgan, Pendleton, Clague, & Horan, 1997; Nussbaum, Baringer, & Kundrat, 2003). For example, older adult