

# Older Breast Cancer Survivors' Symptom Beliefs

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Older women who have survived breast cancer commonly report multiple symptoms that may be caused by normal age-related physiologic changes, multiple comorbid health issues, or late effects of cancer and its treatment (Heidrich, Egan, Hengudomsub, & Randolph, 2006; Heidrich et al., 2009). However, the symptoms can interfere with daily functioning and reduce quality of life (Deimling, Bowman, Sterns, Wagner, & Kahana, 2006; Deimling, Sterns, Bowman, & Kahana, 2005; Keating, Norredam, Landrum, Huskamp, & Meara, 2005; Sherwood et al., 2005; Yancik et al., 2001). Older cancer survivors are faced with the tasks of interpreting the symptom's meaning (e.g., "Is this just aging, or could this be a cancer recurrence?"), deciding whether and when to seek medical care, and engaging in self-care practices. However, little is known about how women accomplish symptom management when faced with the dual issues of breast cancer survivorship and aging.

Many symptoms experienced by older adults, such as fatigue and sleep issues, are perceived as "normal aging." However, the perception is associated with a decreased likelihood of reporting the symptom, less active engagement in self-care of symptoms, and perceiving medical treatment as less beneficial (Dawson et al., 2005; Hofland, 1992; Maxwell, 2000; Miaskowski, 2000; Morgan, Pendleton, Clague, & Horan, 1997; Schroevers, Ranchor, & Sanderman, 2006). However, for cancer survivors, any symptom can lead to worry about whether to seek care because of ongoing concerns about cancer recurrence (Clayton, Mishel, & Belyea, 2006). Therefore, women's beliefs about their symptoms can affect their choice of coping strategies. Appropriate self-care and health care for symptoms is important for long-term health and well-being. As a result, healthcare providers should understand older women's beliefs about their symptoms and how those beliefs drive their symptom management behaviors. Such knowledge could lead to better assessment and symptom management interventions when caring for older cancer survivors.

Leventhal's Common Sense Model (CSM) (Leventhal & Diefenbach, 1991; Leventhal, Meyer, & Nerenz, 1980)

**Purpose/Objectives:** To use Leventhal's Common Sense Model (CSM) to describe older breast cancer survivors' symptom representations, symptom management strategies, and perceived barriers to symptom management.

**Design:** A secondary analysis was conducted using data from three pilot studies that tested a theory-based intervention to improve symptom management in older breast cancer survivors.

**Setting:** Advanced practice nurses conducted open-ended interviews with older breast cancer survivors either in their homes or via telephone.

**Sample:** Participants were recruited from the community, an oncology clinic, and a state tumor registry. The women (N = 61, X age = 69.5) were an average of 4.7 years after breast cancer diagnosis and reported an average of 17 symptoms.

**Methods:** Content analysis was conducted with field notes taken during baseline interviews.

**Main Research Variables:** Symptom representations, symptom management strategies, and perceived barriers to symptom management.

**Findings:** Women described their symptoms as chronic, incurable, and uncontrollable, with multiple causes (usually not aging) and numerous negative consequences. Women described an average of six symptom management strategies, most typically self-care. The most frequent barrier to symptom management was communicating with healthcare providers.

**Conclusions:** The CSM is a useful framework for understanding the symptom beliefs of older breast cancer survivors.

**Implications for Nursing:** Addressing women's beliefs and barriers may result in better communication with healthcare providers and more effective interventions for symptom management.

has been used extensively to understand "lay theories" of a variety of illnesses, including asthma (Halm, Mora, & Leventhal, 2006), myocardial infarction (Cooper, Lloyd, Weinman, & Jackson, 1999; Lau-Walker, 2004), and sexually transmitted infections (Royer, 2008). According to the CSM, people have common-sense beliefs or representations about their illness that guide coping behaviors. An illness representation is a set of beliefs (medically sound or not) that a person has about an illness, consisting of five dimensions: identity, cause,