

Senior Peer Counseling by Telephone for Psychosocial Support After Breast Cancer Surgery: Effects at Six Months

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Despite an almost 7% decrease in rates of breast cancer from 2002 to 2003 (American Cancer Society [ACS], 2011), breast cancer remains a major public health issue in the United States and internationally. Older age is a risk factor for cancer: More than 50% of the almost 288,000 new cases of invasive and noninvasive breast cancer were projected to be diagnosed in women aged 50 years and older in 2011 (ACS, 2011). By 2040, an estimated one in five Americans will be aged 65 or older (U.S. Administration on Aging, 2011).

A lack of tangible and emotional support resources is problematic for any patient with breast cancer, particularly older adults. Limitations in functional or daily living activities increase significantly in cancer survivors aged 65 and older, with transportation, memory, and mobility becoming more common limitations (Institute of Medicine, 2008). Those factors and other social limitations may be preexisting or arise with cancer treatment. In addition, older adults are at greater risk of social isolation, a factor known to be associated with poorer outcomes in cancer (Kroenke, Kubzansky, Schernhammer, Holmes, & Kawachi, 2006).

Many patients say that when the flurry surrounding the diagnosis is over, family and friends go back to their routines and patients often are left alone to process the next steps. Several days may pass between a surgical appointment and the next oncology consultation. Advanced practice and staff nurses in ambulatory care cancer settings usually are not able to maintain continued proactive contact during that time. Patient navigators may help provide continuity of support during the time period, and breast cancer peer support programs, such as the American Cancer Society's Reach to Recovery program, can provide critical support (Macvean, White, & Sanson-Fisher, 2008). Established breast cancer peer support programs focus more on information sharing about the diagnosis or treatment and resource connections (e.g., support groups, tangible resources such as bras and prosthesis). The purpose of the current study

Purpose/Objectives: To evaluate the efficacy of senior peer counseling by telephone for supplemental psychosocial support of older women after breast cancer surgery.

Design: Experimental, randomized block, longitudinal.

Setting: A community-based senior service agency and a community hospital-based breast surgical oncology practice in an urban area of California.

Sample: 142 women newly diagnosed and scheduled for surgery for stage 0–III breast cancer (\bar{X} age = 61.8, range = 50–94).

Methods: Participants were stratified by age and randomized to receive telephone calls from a peer counselor (a) once per week for five weeks beginning within 72 hours postsurgery, (b) once weekly for five weeks beginning six weeks postsurgery, and (c) by request. Assessments were conducted before surgery, postintervention, and six months after surgery. Questionnaires included the Hospital Anxiety and Depression Scale, the Interpersonal Relationship Inventory, and the Brief COPE.

Main Research Variables: Anxious mood, social support, and coping by seeking instrumental support.

Findings: At six months, significant main effects of age were noted for social support, fear of recurrence, and resource use. Significant independent effects of age and intervention were noted for coping by seeking instrumental support. After controlling for age, a significant interaction effect of intervention and time was observed for coping by seeking instrumental support.

Conclusions: Peer counseling may affect instrumental support seeking and appears to be differentially received by age group. Additional study is needed to better understand who benefits most and how from peer counseling.

Implications for Nursing: Trained senior peer counselor volunteers, supervised by a skilled clinical team, may be a useful adjunct in addressing psychosocial needs of women after breast cancer surgery.

was to evaluate the efficacy of senior peer counseling by telephone for ongoing, though short-term, supplemental psychosocial support of older women after breast cancer surgery.