

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
1. Discuss global research findings on younger and older women on meaning of breast cancer, coping, and health.	<p>Breast cancer is a major global public health issue. It is the most common disease in women worldwide and the leading cause of death in females including women in Argentina, Uruguay and Brazil (Brunello et al , 2008; Kalogerakos et al., 2014). Breast cancer is the most common cancer in women under 50 years old (Howard-Anderson et al., 2012; Trachtenberg, 2012). Mortality rates are higher for African American women at all ages (Phillips &amp; Cohen, 2011). Cancer risk is rising because of increasing lifespan. More younger women are being diagnosed with breast cancer which is likely due to multiple factors including nutritional deficiencies, exposure to environmental toxicity, smoking, elevated estrogen. Breast cancer screenings are detecting more breast cancer (Centers for Disease Control and Prevention, 2011; Kalogerakos et al., 2014).</p>
2. Enhance nursing knowledge through sharing research findings on meaning, coping and health of younger and older women with breast cancer.	<p>Breast cancer effects women's quality of life (Devi and Hegney, 2011). In younger women, breast cancer may require different interventions than for older women because cancers are more advanced, aggressive.and often involve a genetic origin (Centers for Disease Control and Prevention, 2011). Younger women often have different issues than older women including body image, relationships and family life issues, career and financial concerns (Helms et al., 2008). Howard-Anderson, et.al (2012) found younger women experienced psychosocial , menopause concerns, weight gain, and physical inactivity. Trachtenberg (2012) found younger breast cancer survivors have issues older survivors do not face: early possible menopause, pregnancy after diagnosis, more advance cancer, higher mortality rates contributing to more depression. Younger and older women have some similar post-treatment needs: emotional support from family and friends; learning new coping strategies to manage daily stress and recurrence fears. Snobohm and Heiwe (2013) found young persons with cancer experienced stressors similar to older persons (feeling physically ill from cancer treatment and psychological distress) but also have different stressors related to their youth.</p>
	<p>Phillips and Cohen (2011) explored the meaning of breast cancer risk for African American women. Themes identified: life changing experience; fears, support and concern for relationships; the health care experience; raising awareness; strong faith. Coping strategies included: physical exercise;</p>

	<p>seeking professional help; trying to regain control; using new ways of thinking and acting; seeking help from family/friends. Problem focused, emotion focused, meaning based, social coping and defense mechanisms were used. Manuel, et al. (2007) studied coping with breast cancer in women 50 years or younger. Coping strategies included: positive cognitive restructuring, physical activity, medications, resting, wishful thinking, making changes, social support for anger and depression. Support groups for young women with early breast cancer in Australia helped women cope and significantly decreased their psychological distress (Gunn et al., 2015). Devi and Hegney (2011) found that women use religion and spirituality to cope with breast cancer and improve quality of life. Women experience physical and psychological distress following a diagnosis of breast cancer (Helms, et al., 2008; Howard-Anderson, et al., 2012). Avis et al. (2005) studied 202 women with stage I to III breast cancer, 50 or younger after breast cancer and found over 70% of the women reported aches, pains, unhappiness with appearance, hot flashes, painful intercourse and bladder control problems. Younger women has a lower Global QOL than a non-patient sample of younger women. Younger women with impaired QOL may need interventions related to menopausal, sexual, relationship and body image problems and fertility options and genetic counseling. Wong-Kim et al. studied quality of life (QOL) beliefs among US born and foreign born Chinese women with breast cancer. Both groups reported a stigma of breast cancer which is viewed as contagious. Foreign-born women reported more stigma than US born women. Having cancer was a reminder to take better care of themselves. Hassan, et al. (2015) found anxiety and depression among Malaysian breast cancer patients. The young were at higher risk for anxiety and depression. Less financial support and being single were associated with depression. In contrast, Ng et al. (2015) found Malaysian breast cancer patients had low levels of depression and anxiety and better quality of life following breast cancer diagnosis. Higher quality of life was related to high levels of social support and spiritual coping. Devi and Hegney (2011) found that women use religion and spirituality to cope with breast cancer and improve quality of life.</p>
	<p>Study Purpose: Breast cancer is perceived as a stressful experience for women. Factors which can impact on quality of life of women include meaning attached to having breast cancer, coping, and health. The purpose of this study was to</p>

investigate meaning (appraisal) of having breast cancer, the ways women cope with breast cancer, and their health. Methods: This study focused on comparing meaning, coping and health of younger (age 29 to 58 years, n= 32) and older (age 60 to 80 years, n = 15) women following first time diagnosis of breast cancer who were scheduled for breast surgery. Lazarus and Folkman's stress-appraisal-coping theoretical framework guided the study. A letter of explanation about the study was shared with potential subjects who were referred by their surgeons. Telephone follow-up was used to ascertain interest in participating. An interview with a nurse was scheduled if inclusion criteria were met. Instruments included the Appraisal of Breast Cancer Scale, Ways of Coping Revised, Profile of Mood States, Resources Assessment which included questions on nutrition, exercise, breast care. Results: Perceived causes of breast cancer included poor eating habits, eating too much meat, taking estrogen, and injury to the breast. Older women had more positive meanings of having breast cancer than younger women. Women appraised breast cancer as a challenging experience with harmful losses. Women were challenged to maintain their self-esteem, feel good emotionally, and stay socially active. Concerns included: loss of independence; changes in finances; changes in social life; grieving and sleeping problems; and husbands' needs for education and support. Women receiving chemotherapy had more negative meanings of breast cancer than women receiving no additional treatments or hormonal or radiation therapy. Helpful ways of coping included: positive reappraisal, planful problem-solving, prayer, keeping busy, and taking one day at a time. Lumpectomy patients used more escape-avoidance coping than mastectomy patients ( $t = -2.07$ ,  $p = .044$ ). Women having a mastectomy versus a lumpectomy did not differ in their use of confrontive, distancing, self-controlling, seeks social support, accepts responsibility, planful problem solving and positive reappraisal coping. Younger women had poorer health outcomes than older women with breast cancer. African-American women had less tension-anxiety ( $t = -2.56$ ,  $p = .014$ ), less confusion ( $t = -2.27$ ,  $p = .028$ ), more vigor ( $t = 4.47$ ,  $p < .001$ ), less mood disturbance ( $t = -3.22$ ,  $p = .002$ ) than Caucasians. Breast cancer resulted in both younger and older women taking more control over their health and life, and making positive lifestyle changes including implementing good nutritional habits, reducing caffeine and alcohol intake; quitting smoking, exercising more,

	<p>regular breast care practices, i.e., BSE, regular physician visits, becoming closer to family and friends, and a stronger faith. Implications include the need to identify women with negative meanings (appraisals) of having breast cancer since they have poorer outcomes, and to educate women about helpful coping strategies and lifestyle behaviors which can improve their health. Global research findings have implications for advancing practice, research, education and policy to meet the needs of younger and older women with breast cancer.</p>
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