

Using Narrative Research to Understand the Quality of Life of Older Women With Breast Cancer

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Purpose/Objectives: To elucidate some of the issues that affect the quality of life of older women (70 years of age and older) diagnosed with breast cancer.

Design: Descriptive design

Setting: A National Cancer Institute-designated site in the southeastern United States.

Sample: 12 women who were at least 70 years of age undergoing treatment (radiation, hormonal, or chemotherapy) for breast cancer.

Methods: Two to three interview encounters per participant, each lasting approximately one hour.

Findings: Eight major themes emerged: Importance of God, Positive Attitude, No Alteration in Lifestyle, Physician Trust, Caregiver to Others, Importance of Health, Importance of Family, and Alteration in Lifestyle.

Conclusions: The eight major themes are similar in terminology but varied in individual meanings.

Implications for Nursing: Nurses must determine whether older women with a diagnosis of breast cancer are also primary caregivers to other individuals. As the story-gatherers for the healthcare team, nurses can use the data derived from interviews to document patients' health histories and provide a therapeutic process of coping with illness.

Key Points . . .

- ▶ Many older women with breast cancer are active and independent despite the disease and its treatment.
- ▶ Nurses should assess caregiver responsibilities because of the possibility that the patient is a primary caregiver while undergoing cancer treatment.
- ▶ Nurses should conduct a complete health history and accurately assess support elements (e.g., family, role) that are vital in the treatment of cancer.

exists concerning breast cancer and premenopausal women, research specific to treatment and QOL issues of older women with breast cancer is not nearly as prevalent. Additionally, narrative methodology is not abundant with respect to older people and cancer. This review will consider current literature with respect to QOL of older women with breast cancer as well as issues concerning the lack of research in this cohort.

Ferrell, Grant, Funk, Otis-Green, and Garcia (1997, 1998) performed a narrative study of the QOL of patients with breast cancer that included women up to age 79. The mean age of the study participants, however, was only 50 years. The research was published as a two-part study on the multi-dimensional aspect of QOL based on a conceptual model of physical, psychological, social, and spiritual well-being. The first part of the study looked at the constructs of physical and social well-being. QOL issues, such as lack of adequate pain assessment and poor control of pain, as well as fears that pain may indicate recurrent disease, which often contributed to an ambivalence communicating pain to the healthcare team, were reflected in the data. The study concluded that breast cancer had a lasting effect on the women's lives with respect to coping and continued residual symptom management. The second part of study dealt exclusively with psychological and spiritual well-being using the same sample population (Ferrell et al., 1998). Issues of survivorship, fear of recurrence, death, hope, and reality were identified. This study expanded the aspect of a spiritual domain as an element of QOL.

Not all older women perceive cancer in a similar manner. One study focused on the perceptions of the breast cancer experience of African American women aged 39–83 in North

Cancer is predominately a disease of the aged (National Center for Health Statistics, 2003). The National Cancer Institute's Surveillance, Epidemiology and End Results data suggest that 50% of all cancers are diagnosed in patients 65 years and older and that 60% of all deaths occur in this population (Havlik, Yancik, Long, Ries, & Edwards, 1994; National Comprehensive Cancer Network, 2004; Yancik & Ries, 1991). Breast cancer is the most common malignancy-related death in older women (Balducci, Silliman, & Baeky, 1998), and researchers have called for an increase in studies related to breast cancer specifically in older women (Balducci, 1994; Balducci et al.; Trimble et al., 1994). Understanding some of the issues that affect older women who are undergoing cancer treatment may help direct care to reduce some treatment-associated difficulties that may arise. The purpose of this narrative research was to identify themes in the interview data that are reflective of the quality of life (QOL) of older women with breast cancer. The study findings may contribute to nurses' awareness of the possible perceptions and elements of QOL that many older women may possess and the importance of sensitivity toward these potential concerns. This study was intended to contribute to the growing body of knowledge concerning the needs of older patients with cancer.

Literature Review

Although cancer is a disease largely of the aged, minimal research exists specifically in women with breast cancer who are older than age 70. Although a reasonable amount of literature

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