

# Symptom Alleviation and Self-Care Among Breast Cancer Survivors After Treatment Completion

Sylvia B. Heinze, PhD, and Phoebe D. Williams, PhD, RN, FAAN



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**Background:** This article elucidates the symptom experiences of breast cancer survivors after completion of their treatment. It also provides self-reports of the types, frequency of use, and effectiveness of self-care measures to treat the symptoms they are experiencing.

**Objectives:** The purpose of this article is to describe the self-care strategies used to alleviate symptoms reported by breast cancer survivors recruited from a secure state coalition database.

**Methods:** The Therapy-Related Symptom Checklist (TRSC) was used to identify the occurrence and severity of ongoing symptoms in breast cancer survivors who were six months or more post-treatment. Two groups were identified for further exploration of self-care: those with low scores on the TRSC ( $n = 26$ ) and those with high scores on the TRSC ( $n = 25$ ). The participants also completed the Symptom Alleviation: Self-Care Methods tool.

**Findings:** The self-care method category most commonly reported was diet/nutrition/lifestyle and the least common category was herbs/vitamins/complementary therapy. With few exceptions, the reported methods were perceived as effective.

Sylvia B. Heinze, PhD, is an assistant professor in the School of Nursing, Division of Graduate Studies in Nursing, at Indiana Wesleyan University in Marion; and Phoebe D. Williams, PhD, RN, FAAN, is a professor in the School of Nursing at the University of Kansas Medical Center in Kansas City. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Heinze can be reached at [sylrn1@gmail.com](mailto:sylrn1@gmail.com), with copy to editor at [CJONeditor@ons.org](mailto:CJONeditor@ons.org). (Submitted June 2014. Revision submitted August 2014. Accepted for publication August 21, 2014.)

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**B**reast cancer is the second leading cause of cancer death in women in the United States (American Cancer Society, 2015). One of eight women will be diagnosed with breast cancer during her lifetime; therefore, millions of women are living with this disease and the sequelae of treatment. This has led to a new focus on the longer-term survivorship phase among breast cancer survivors (Crane-Okada et al., 2012).

A pilot study by Williams, Williams, LaFaver-Rolling, Johnson, and Williams (2011) yielded preliminary evidence in support of an educational intervention in use of self-care. Findings from a study of 113 patients showed that (compared to usual care) the use of the Therapy-Related Symptom Checklist (TRSC) resulted in significantly higher patient-reported quality of life and functional status. The enhanced patient-nurse communication resulted in significantly more symptoms being documented and managed (Williams, Graham, Storlie, Pedace, Haeflinger, et al., 2011).

Oncology nurses play a key role in developing a model of survivorship care planning for patients with breast cancer. Although increasing numbers of women are being successfully

treated for cancer, an estimated 231,840 women in the United States will be diagnosed with invasive breast cancer in 2015, and 60,290 women will be diagnosed with in situ breast cancer. The five-year survival rate for all stages combined for breast cancer is 89%, the 10-year rate is 83%, and the 15-year rate is 78% (American Cancer Society, 2015).

About 5% of women have metastatic cancer when they are first diagnosed with breast cancer. Even if the cancer is found at a more advanced stage, new treatments help many people with breast cancer maintain a good quality of life, at least for some period of time. Since 1989, the number of women who have died of breast cancer has steadily decreased (American Cancer Society, 2015). This highlights the timeliness, importance, and need for survivors to explore self-care. Nurses can reassure survivors that credible and current resources will be available during their time of need.

The Oncology Nursing Society (ONS) statement on the scope and standard of oncology nursing practice refers to the process of care as being based on a "continuous healing relationship" (Boyle, Bruce, Iwamoto, & Summers, 2004, p. 3). Evidence-based symptom management and skilled assessments are