

Relations of Mindfulness and Illness Acceptance With Psychosocial Functioning in Patients With Metastatic Breast Cancer and Caregivers

Kelly Chinh, MS, Ekin Secinti, MS, Shelley A. Johns, PsyD, HSPP, ABPP, Adam T. Hirsh, PhD, Kathy D. Miller, MD, Bryan Schneider, MD, Anna Maria Storniolo, MD, Lida Mina, MD, Erin V. Newton, MD, Victoria L. Champion, PhD, RN, FAAN, and Catherine E. Mosher, PhD

OBJECTIVES: To examine relationships in mindfulness and illness acceptance and psychosocial functioning in patients with metastatic breast cancer and their family caregivers.

SAMPLE & SETTING: 33 dyads from an academic cancer center in the United States.

METHODS & VARIABLES: Participants completed questionnaires on mindfulness, illness acceptance, relationship quality, anxiety, and depressive symptoms. Dyadic, cross-sectional data were analyzed using actor-partner interdependence models.

RESULTS: Greater nonjudging, acting with awareness, and illness acceptance among caregivers were associated with patients' and caregivers' perceptions of better relationship quality. Higher levels of these processes were associated with reduced anxiety and depressive symptoms in patients and caregivers.

IMPLICATIONS FOR NURSING: Aspects of mindfulness and illness acceptance in dyads confer benefits that are primarily intrapersonal in nature. Nurses may consider introducing mindfulness and acceptance-based interventions to patients and caregivers with adjustment difficulties.

KEYWORDS acceptance processes; family caregivers; mindfulness; psychosocial functioning

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Breast cancer is the most common cancer diagnosis in women in the United States (Siegel et al., 2019), with more than 154,000 women estimated to be living with metastatic breast cancer (Mariotto et al., 2017). Although advances in medical therapies have improved the prognosis of metastatic breast cancer, the disease is typically incurable and is associated with high symptom burden (Kokkonen et al., 2017). Common symptoms in metastatic breast cancer include fatigue, sleep issues, pain, depression, and anxiety—all of which can interfere with activities of daily living and reduce quality of life (Dodd et al., 2010; Kokkonen et al., 2017).

Family caregivers play a critical role in patients' adjustment to metastatic breast cancer and symptom management by providing considerable practical and emotional support (Badr et al., 2010; Grunfeld et al., 2004). It is estimated that cancer caregivers provide an average of 33 hours per week of care (National Alliance for Caregiving, 2016), and their extensive involvement in patient care may affect their own physical, social, and psychological well-being (Kim et al., 2015; Skalla et al., 2013). Cancer caregivers tend to experience more strain when patients have greater physical and psychological symptoms (Huang & McMillan, 2019; Johansen et al., 2018). Meta-analyses have found that rates of distress in cancer caregivers are higher than the general U.S. population (Shaffer et al., 2017) and are similar to those of patients with cancer, with as many as 40% of caregivers showing clinically elevated anxiety or depressive symptoms (Mitchell et al., 2013). Among spousal caregivers of women with advanced breast cancer, distress is, on average, clinically significant, with more