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Learned Resourcefulness, Quality of Life, and Depressive Symptoms for Patients With Breast Cancer

Chiung-Yu Huang, PhD, RN, Su-Er Guo, RN, PhD, Chao-Ming Hung, MD, Shen-Liang Shih, MD, Li-Chun Lee, MSN, RN, Guo-Chen Hung, MD, and Shih-Ming Huang, MD

Breast cancer comprises 23% of all cancers affecting women worldwide (Centers for Disease Control and Prevention, 2010) and is one of the leading causes of death for women, particularly in developed countries. In Taiwan, breast cancer is the second-leading cause of cancer-related death among Taiwanese women. The mortality rate is almost 8% and continues to increase (Department of Health of the Executive Yuan, 2001). Women with breast cancer usually report feelings of uncertainty and hopelessness and worse physical symptoms (Northouse et al., 2002) than their healthy counterparts. Aggressive treatments for breast cancer (e.g., surgery, chemotherapy, radiation) usually increase life expectancy but also have an impact on patients' quality of life during survivorship (Northouse et al., 2002). Therefore, the impact of breast cancer may result in different degrees of physical, mental, or social health issues for women with breast cancer (Chen & Ma, 2004).

Literature Review

Women with breast cancer usually experience multiple progressive physical symptoms and changes in body image, often resulting in psychological distress or depressive symptoms (Northouse et al., 2002). Depression is a comorbidity of breast cancer and its related treatments. Fulton (1998) reported that 16%–25% of women experienced an affective disorder within the first year following mastectomy. Kissane (2004) indicated that 37% of women with early-stage breast cancer had mood disorders, 10% with major depression and 27% with minor depression. Thirty-two percent of patients with breast cancer in the metastasis stage had mood disorders, 7% with major depression and 25% with minor depression (Kissane, 2004). Gaston-

Purpose/Objectives: To investigate the relationships among learned resourcefulness, quality of life, and depressive symptoms of women with breast cancer. In addition, the direct and indirect effects of learned resourcefulness among disease characteristics and quality of life and depressive symptoms were examined.

Design: Descriptive, correlational, and predictive.

Setting: Two teaching hospitals in southern Taiwan.

Sample: 150 women with breast cancer.

Methods: Participants completed demographic information concerning disease characteristics and learned resourcefulness via the Center for Epidemiological Studies–Depression questionnaire and the SF-36® health survey during visits to the outpatient oncology department.

Main Research Variables: Learned resourcefulness, depressive symptoms, and quality of life.

Findings: About 35% of the participants had depressive symptoms. Participants with lower income and those undergoing adjuvant therapy displayed more depressive symptoms. Learned resourcefulness was a strong predictor of depressive symptoms and quality of life, but no mediating effects of resourcefulness on depressive symptoms existed. In addition, when participants had better income and were at a lower stage, a better quality of life was evident.

Conclusions: A high amount of patients with breast cancer experience depressive symptoms. Learned resourcefulness can be a method of helping patients to improve their self-control behaviors and change their negative thoughts.

Implications for Nursing: Nurses and healthcare professionals can apply resourcefulness strategies to promote quality of life and to prevent depressive symptoms in women with breast cancer.

Johansson, Fall-Dickson, Bakos, and Kennedy (1999) indicated that 50% of women with breast cancer experienced depression; Montazeri et al. (2000) reported that 48% have severe symptoms of anxiety before and after diagnosis.