Coping Resources and Self-Rated Health Among Latina Breast Cancer Survivors

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Purpose/Objectives: To examine relationships between coping resources and self-rated health among Latina breast cancer survivors.

Design: Cross-sectional telephone survey.

Setting: Four northern California counties.

Sample: 330 Latina breast cancer survivors within one to five years of diagnosis.

Methods: Telephone survey conducted by bilingual and bicultural interviewers.

Main Research Variables: Predictors were sociodemographic and clinical factors, cancer self-efficacy, spirituality, and social support from family, friends, and oncologists. Outcomes were functional limitations and self-rated health.

Findings: Twenty-two percent of women reported functional limitations (n = 73) and 27% reported poor or fair self-rated health (n = 89). Unemployment (adjusted odds ratio [AOR] = 7.06; 95% confidence interval [CI] [2.04, 24.46]), mastectomy (AOR = 2.67; 95% CI [1.06, 6.77]), and comorbidity (AOR = 4.09; 95% CI [1.69, 9.89]) were associated with higher risk of functional limitations; cancer self-efficacy had a protective effect (AOR = 0.4, 95% CI [0.18, 0.9]). Comorbidity was associated with higher risk of poor or fair self-rated health (AOR = 4.95; 95% CI [2.13, 11.47]); cancer self-efficacy had a protective effect (AOR = 0.3; 95% CI [0.13, 0.66]).

Conclusions: Comorbidities place Latina breast cancer survivors at increased risk for poor health. Cancer self-efficacy deserves more attention as a potentially modifiable protective factor.

Implications for Nursing: Nurses need to assess the impact of comorbidity on functioning and can reinforce patients' sense of control over cancer and clinician support.

Breast cancer is the most frequently occurring cancer and the leading cause of cancer death among Latinas (Howlader et al., 2011). More than 2.6 million people were living with breast cancer in the United States in 2008 (Howlader et al., 2011). Complete prevalence estimates are not available for Latinas, but prevalence estimates for 1990–2008 indicate that more than 101,000 Latina breast cancer survivors lived in the United States in January 2008 (Howlader et al., 2011). Although cancer survivorship research among Latinas is sparse, evidence is emerging that Latinas may be at higher risk for psychosocial morbidity following breast cancer than Caucasian women, suffering disproportionately from issues related to distress, sexuality, pain symptoms, relationships with partners, employment, and financial hardships (Ashing-Giwa et al., 2004; Christie, Meyerowitz, & Maly, 2010; Eversley et al., 2005; Spencer et al., 1999). Little has been done to assess the relationship between coping resources and health status as Latinas transition from an acute cancer phase to survivorship (Aziz & Rowland, 2002).

Literature Review

Conceptual Framework

Social-Cognitive Transition Theory, which integrates stress and coping models (Lazarus & Folkman, 1984) with social-cognitive theory (Bandura, 1997), is a psychosocial model that views adaptation to cancer as "psychological processes that occur over time as the individual, and those in their social world, manage, learn from and adapt to the multitude of changes which have been precipitated by the illness and its treatment" (Brennan, 2001, p. 1). That model was employed for the current analysis because it emphasizes the social context of an individual's personal illness experience and postulates the importance of cognitive, spiritual, and social dimensions of adaptation to cancer. Consistent with the theory, multilevel personal and environmental factors can affect well-being among cancer survivors, including intrapersonal factors (e.g., active coping), interpersonal factors (e.g., social support), and socioeconomic factors (e.g., level of education) (Holland & Gooen-Piels, 2000). In the current study, the authors examined the associations of intrapersonal and interpersonal coping