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# Health-Promotion Behaviors and Psychological Distress in Cancer Survivors

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**T**he United States has more than 11 million cancer survivors, representing 4% of the population. That number has grown every year since the early 1980s; to date, about 68% of patients with cancer are expected to live at least five years after diagnosis (American Cancer Society, 2012). The increase in number of survivors is probably caused by multiple factors, including improved early detection and treatment of certain cancers. That figure should grow dramatically with the aging of the U.S. population.

With the increase in the number of survivors, interest is growing in the long-term physical and psychological effects of cancer treatment on cancer survivors and their families. Compared to the general population, cancer survivors are more likely to report lower general health, accelerated functional declines, and increased psychological distress (Demark-Wahnefried, Morey, Sloane, Snyder, & Cohen, 2009; Fairley, Hawk, & Pierre, 2010; Foster, Wright, Hill, Hopkinson, & Roffe, 2009; Helgeson, Lissner, Mansson, & Bengtsson, 2007; Hewitt, Greenfield, & Stovall, 2005; Richardson, Wingo, Zack, Zahran, & King, 2007). Changing behavior during survivorship can be important in achieving the highest possible level of health and can play a critical role in one's adaptation after cancer (Kohno et al., 2010). As a result, the current study was undertaken to explore the relationship between engaging in health-promotion behaviors believed to affect the achievement of optimal health and the experience of psychosocial distress in cancer survivors.

## Literature Review

Although achieving survivorship is considered a victory over cancer, the effect of cancer and its treatment is significant and associated with several long-term health

**Purpose/Objectives:** To determine whether cancer survivors engage in health-promotion behaviors, to evaluate the extent of their experience of psychological distress, and to investigate the relationship between the practice of health-promotion behaviors and psychological distress.

**Design:** Cross-sectional secondary data analysis.

**Setting:** A national, face-to-face interview conducted by personnel of the U.S. Census Bureau using a random sampling of American adults.

**Sample:** 1,784 survey respondents who reported a previous cancer diagnosis.

**Methods:** Data from the 2009 National Health Interview Survey were used to examine the prevalence of smoking, physical inactivity, alcohol use, and reports of psychosocial distress. Interviews pertained to the amount and distribution of illness, its effects in terms of disability and chronic impairments, and the kinds of health services people receive.

**Main Research Variables:** Age, current smoking prevalence, alcohol consumption, physical activity, and the experience of feeling hopelessness, sadness, and anxiety.

**Findings:** Cancer survivors continue to smoke at a rate similar to the national average. Overall, most respondents reported no symptoms of psychological distress. However, age appears to play a major role, showing significant differences in the prevalence of current smoking, participation in physical activity, alcohol use, and reported level of distress.

**Conclusions:** This study provides estimates of the prevalence of health-promotion behaviors and experience of psychological distress among American cancer survivors. The results reveal opportunities for interventions among cancer survivors.

**Implications for Nursing:** Nurses should be proactive in providing guidance to survivors regarding the adoption of healthy lifestyle behaviors. Those who encounter younger cancer survivors need to be alert to the higher potential for distress in that population, perform appropriate screenings, and be prepared to offer guidance, supportive care, and referrals for psychological care if needed.