

IMPACT OF OPTIMISM ON PSYCHOLOGICAL DISTRESS IN WOMEN WITH BREAST CANCER: A PROSPECTIVE STUDY

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PURPOSE: Breast cancer is the most common type of cancer in women. In the United States, an estimated 215,990 new cases of invasive breast cancer will be diagnosed this year alone. Receiving a diagnosis of breast cancer is often an intensely stressful experience. Indeed, breast cancer diagnosis and subsequent treatment may produce psychological morbidity, marital and family distress, and altered social functioning. Optimism, on the other hand, has been associated with more active coping styles and may moderate these effects. Yet, little information is available regarding the beneficial effects of optimism on psychological distress in women diagnosed with breast cancer over the early course of their treatment. Thus, the purposes of this study were to examine the level of optimism of women with early stage breast cancer and its impact on psychological stress prior to (T1), during (T2), and after (T3) adjuvant therapy.

METHOD: A convenience sample of 57 women with newly diagnosed breast cancer completed two standardized questionnaires including: Profile of Mood States (POMS), which measured psychological distress; and the Life Orientation Test—Revised (LOT-R), which measured optimism. Demographic information (age) and medical information were also collected (type of surgery, stage of diagnosis, and type of adjuvant therapy). Questionnaires were collected: prior to adjuvant therapy (T1); 3 months later during adjuvant therapy (T2); and 6 months after baseline at the completion of adjuvant therapy (T3). Data were analyzed using descriptive statistics, repeated measures ANOVA, and multiple regression to determine the impact of optimism on psychological distress at T1, T2, and T3 controlling for age, stage of disease, type of treatment. Optimism at T1 was also entered as a predictor variable of psychological distress at T2 and T3.

FINDINGS: Optimism was highest prior to adjuvant therapy (T1) with an average of 16.6 ($SD = 3.7$); and an average of 12.1 ($SD = 2.7$) and 11.9 ($SD = 2.8$) during (T2) and after adjuvant therapy (T3) respectively. Optimism significantly decreased over the three time periods ($F(2,46) = 31.63$; $p < 0.0001$). In addition, women with lower levels of optimism prior to adjuvant therapy reported significantly higher levels of psychological distress at the completion of therapy.

DISCUSSION: Optimism, a personal resource, decreased significantly for women over the early course of breast cancer diagnosis and treatment. Two plausible explanations include: inflated levels of optimism were reported at T1, which returned to pre-diagnosis baseline at T2 & T3 or levels in fact decreased overtime. More importantly, however, optimism prior to adjuvant therapy was an important predictor of psychological distress at the completion of therapy. This finding supports previous research that optimism plays a crucial role in health outcomes. Nursing interventions must incorporate measures to assess and reassess levels of optimism to decrease psychological distress and improve health outcomes for women with breast cancer.