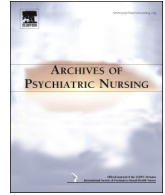




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Depression and Health-related Quality of Life and Their Association With Resourcefulness in Survivors of Prostate Cancer

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ABSTRACT

Objective: This study aimed to identify the determinants of depressive symptoms (DSs) and health-related quality of life (HRQOL) in survivors of prostate cancer (PC).

Methods: This study used a descriptive, correlational design to assess a sample of 133 individuals with PC. The participants were face-to-face interviewed to collect demographic data and disease characteristics, assess self-control schedule, and survey health status. Correlation analysis, Student's *t*-test, ANOVA, and regression analysis were applied.

Results: Over half the patients had depressive symptoms, and 96.1% had erectile dysfunction. Lack of resourcefulness was found to decrease PC-specific quality of life (PCQOL) and physical quality of life (PQOL). The participants who were more resourceful showed a better mental quality of life (MQOL) and PQOL ($r = 0.53^{**}$; $r = 0.41^{**}$) and fewer DSs ($r = -0.52^{**}$). Most participants were stage II and IV, and there were significantly different effects on PQOL and MQOL related to cancer stage. Regarding the different outcomes of various therapies, the findings suggested that survivors of PC who underwent radical prostatectomy were more likely to have a better MQOL than those who underwent other treatments. In addition, resourcefulness had mediating effects on pain, PQOL/MQOL, and DSs in the patients with PC.

Conclusions: Good mental health and resourcefulness can help patients with PC reduce pain and enhance positive thinking and may augment PQOL and MQOL.

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BACKGROUND

Prostate cancer (PC) is considered a stressful life experience and can result in major challenges to a male's basic values by threatening his identity and impairing his psychological functioning. PC is also the most common form of cancer in males and remains a life-threatening illness (Weber, Roberts, Mills, Chumbler, & Algood, 2008; Chambers et al., 2016). An increasing number of individuals are being diagnosed with cancer every year, and PC is the most frequent malignancy and the second most common cause of cancer-related death in Australian and American males (American Cancer Society, 2016; Australian Institute of Health and Welfare, 2014). It is also the seventh leading cause of cancer-related death among men in Taiwan (Ministry of

Health and Welfare, 2016). Although Asian males have a lower prevalence of PC than males from the West, the prevalence of PC has recently increased in Taiwan (Ministry of Health and Welfare, 2016), and the cancer may not be protected against by cultural factors (Sim & Cheng, 2005). Various specific treatments for PC have been proven effective and can increase life expectancy. Such treatments include surgery, brachytherapy, thulium laser treatment, and high-intensity focused ultrasound (HIFU). These treatments can impact a patient's health-related quality of life (HRQOL). Generally, HRQOL is expression for physical quality of life (PQOL) and mental quality of life (MQOL).

Recently, the incidence and prevalence of PC in males have been increasing worldwide (Schroder, 2010). Progressive treatments and diagnostic aids improve longevity and enhance quality of life for survivors of PC. However, this life-threatening disease can also be associated with physical and psychological health problems (Reeve et al., 2009; Sim & Cheng, 2005). In addition to the increasing number of PC patients, the adverse health problems, including depression, anxiety, pain, sexual problems and difficulty urinating, that occur during the progression of

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the disease should be assessed and treated by applying psychosocial or alternative therapies to survivors of PC (Steginga, Turner, & Donovan, 2008). However, this aspect of the management of PC has often been neglected.

Although currently available interventions do have beneficial effects, over 30% of individuals with PC suffer from cancer progression or the effects of various invasive treatments (Hsiao, Loesch, & Moore, 2007). Survivors of PC may have anxiety related to the disease and its treatment. They may experience depressive symptoms (DSs), shock after diagnosis, and fear during prostate-specific antigen (PSA) assessment. Additionally, cancer recurrence after treatment and the presence of fatigue and pain may be aggravated by social and psychological factors and impotence during and after treatment. Healthcare professionals should recognize these problems and enhance their patients' coping skills during their adjustment to new situations to improve their HRQOL.

Studies of the clinical significance of depression in males with PC are currently insufficient. Patients with PC may have negative thoughts, especially when they experience unresolved pain, sexual problems, and incontinence. This situation may result in depression. Roth et al. (1998) reported that 15.2% of PC patients exhibit depression (Bennett & Badger, 2005). Moreover, when males with PC have other symptoms, such as prominent pain, side effects caused by treatments, or a previous history of depression (Cliff & MacDonagh, 2000), the incidence of depression may increase. For example, Heim and Oei (1993) reported that depression is strongly correlated with pain in patients with PC. Additionally, Gerbershagen et al. (2008) found that patients with localized PC without pain had better HRQOL and lower anxiety and depression. Additionally, Chen, Chang, and Yeh (2000) reported that patients with pain had more depressive symptoms than patients without pain after assessing a sample of Taiwanese oncology patients.

The symptoms of PC itself and the side effects of the associated treatments can cause distress in patients with PC (Sharifi, Gulley, & Dahut, 2005). The side effects of hormonal therapies can be particularly distressing for asymptomatic patients, as they can result in osteoporosis, anaemia, fatigue, erectile dysfunction, risk of diabetes (Higano, 2003), and changes in cognitive functioning (Wittmann et al., 2009). These effects have been associated with HRQOL and MQOL (Nam et al., 2014; Stanford et al., 2000).

HRQOL is a multidimensional construct with both physical and emotional components. HRQOL is associated with coping not only with disease-specific physical complications but also with the impact of treatments as well as the decision-making related to therapy that occurs in a patient's everyday life (Namiki, Ishidoya, Tochigi, Ito, & Arai, 2009; Nelson, Balk, & Roth, 2010). Both PC and its treatment can affect disease-specific and general aspects of a patient's life; however, such effects may differ based on PC stage and the treatments used. HRQOL in men with more advanced-stage disease is inconsistent. Moreover, longitudinal studies have indicated that urinary problems, bowel problems, and sexual dysfunction may occur in men with PC either before or after treatment (Litwin, McGuigan, Shpall, & Dhanani, 1999). Some evidence suggests that advanced disease alone may have a substantial impact on sexual function. While patients with advanced PC may consider sexual function less of a priority than patients who are at an earlier stage (Clark, Rieker, Propert, & Talcott, 1999), it has been reported that aging and the use of combinations of treatments are factors that may exacerbate erectile dysfunction and/or other issues related to HRQOL (Namiki, Ishidoya, Kawamura, Tochigi, & Arai, 2010). Therefore, additional studies of HRQOL in patients with PC are needed.

Resourcefulness, a measure of an individual's coping capacity, may be required for individuals with PC. Resourcefulness has been studied in the context of several areas of medicine. Recently, researchers have reported that nurses with greater resourcefulness show fewer depressive symptoms (Wang et al., 2015) and that females with breast cancer who have greater resourcefulness also exhibit more help-seeking behaviour and have a better HRQOL (Huang et al., 2010).

The current study aimed to understand the associations that exist among factors related to disease and different treatment strategies and their impact on health outcomes. Additionally, we examined whether resourcefulness plays a mediation role with regard to DSs (PQOL/MQOL) in adults with PC.

CONCEPTUAL MODEL

Resourcefulness has been conceptualized as a cognitive skill that results in behavioural changes that help individuals use internal processes, such as cognition and emotions, to perform daily activities (i.e., it is considered a self-care skill) (Rosenbaum, 1990). Additionally, resourcefulness is a self-regulated ability that may be applied to cope with psycho-physiological stress responses and to manage negative thoughts or behaviours through positive thinking. Zauszniewski, Eggenschwiler, Preehawong, Roberts, and Morris (2006) adapted Rosenbaum's concept and defined the following two forms of resourcefulness: personal (self-help) and social (help-seeking) resourcefulness.

Because self-control behaviours may ameliorate health and decrease DSs among individuals with PC, resourcefulness is also the central concept in the current study's model. The current study was derived from a resourcefulness model that posits that individuals with higher resourcefulness can minimize the effects of different stressors (e.g., duration of disease, severity of cancer, erectile function, and PSA) on health status. DSs were investigated after controlling for selected demographic variables. Therefore, this study examined the relationships that exist among selected demographic variables, disease characteristics, and health. Previous studies of resourcefulness have been conducted to understand its effects on varied phenomena. In a study of a geriatric population, the presence of DSs was negatively correlated with resourcefulness and personal care (Zauszniewski et al., 2006). Huang et al. (2010) suggested that more resourceful survivors of breast cancer exhibit fewer depressive symptoms. In addition, certain mediators of resourcefulness were identified by Huang et al. (2007) and Zauszniewski and Chung (2001). However, there is insufficient knowledge regarding the relationship that exists between resourcefulness and HRQOL in patients with PC. To that end, the following three research questions were posed:

1. What is the prevalence of DSs and its relationship to HRQOL in patients with PC?
2. Does resourcefulness mediate the relationship between disease characteristics and DSs (PQOL/MQOL) in individuals with PC?
3. What are the differences caused by treatment effects on health outcomes in patients with PC?

METHODS

STUDY DESIGN AND POPULATION

A cross-sectional, descriptive correlational design was employed to examine relationships among demographics, PC disease characteristics (stage, therapy, pain, erectile function, and PSA), resourcefulness, and health outcomes in patients with PC. The sample size included 133 participants with PC aged over 20 years old. This sample size was calculated according to Cohen (1988) to achieve a power of 0.80 with a medium effect size of 0.15 and an alpha value of 0.05 for correlational statistics. To be eligible for the study, the enrolled patients with PC were also required to be free of other comorbid physical or psychological conditions. After Institutional Review Board (IRB) approval was obtained, the potential participants who met the inclusion criteria were provided complete information about the study and were free to participate or drop out at any time. After receiving written informed consent from the participants, an investigator conducted individual face-to-face, structured interviews to collect data.

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