

A Double Whammy: Health Promotion Among Cancer Survivors With Preexisting Functional Limitations

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More than 47 million Americans have one or more disabilities, a number projected to increase in the next 20 years (Brault, 2008). The incidence of cancer in the United States also will continue to rise, resulting in an 81% increase in the number of cancer survivors by 2020 (Levit, Smith, Benz, & Ferrell, 2010). The intersection of multiple comorbidities in that aging population will require a healthcare workforce well versed in managing complex-care needs and health-promotion strategies that maximize quality of life.

As an underserved population, people with disabilities experience health disparities. They are more likely than nondisabled people to experience delays in obtaining health care, receive fewer cancer screening examinations and tests, use tobacco, be overweight, and experience psychological distress (U.S. Department of Health and Human Services, 2011). In addition, that group may be less likely to receive standard cancer care, such as breast-conserving surgery or radiation for breast cancer, and, therefore, experience higher cancer-related rates of mortality (Chirikos, Roetzheim, McCarthy, & Iezzoni, 2008; Iezzoni et al., 2008a, 2008b; McCarthy et al., 2007). Reasons for those disparate outcomes are complex and may include problems with physical access to care, poor quality of cancer screening services, delays in treatment, and other medical considerations that impact treatment choices (Drainoni et al., 2006; Iezzoni et al., 2008a; Liu & Clark, 2008).

Cancer survivorship studies reveal challenges faced by short- and long-term survivors. Although many long-term survivors indicate that they are in good health, others live with numerous sequelae of the disease and treatment: pain, fatigue, peripheral neuropathies, lymphedema, gastrointestinal problems, sleep disturbances, bladder dysfunction, and menopause (Brearley et al., 2011; Harrison et al., 2011). At one year postdiagnosis, patients with one or more comorbid conditions have a higher symptom burden than those with

Purpose/Objectives: To explore the experience of living with a preexisting functional disability and a cancer diagnosis and to identify strategies that promote health in the growing population of cancer survivors.

Research Approach: Qualitative, descriptive.

Setting: Four sites in the United States.

Participants: 19 female cancer survivors with preexisting disabling conditions.

Methodologic Approach: Four focus groups were conducted. The group discussions were audio recorded and transcribed and analyzed using content analysis techniques.

Findings: Analytic categories included living with a cancer diagnosis, health-promotion strategies, and wellness program development for survivors with preexisting functional limitations. Participants described many challenges associated with managing a cancer diagnosis on top of living with a chronic disabling functional limitation. They identified strategies to maintain health and topics in health-promotion programs tailored for this unique group of cancer survivors.

Conclusions: The “double whammy” of a cancer diagnosis for people with preexisting functional limitations requires modification of health-promotion strategies and programs to promote wellness in this group of cancer survivors.

Interpretation: Nurses and other healthcare providers must attend to patients’ preexisting conditions as well as the challenges of the physical, emotional, social, and economic sequelae of a cancer diagnosis.

Knowledge Translation: Cancer survivors with preexisting functional disabilities had difficulties finding cancer care providers who could manage their unique needs. That may be because some cancer-care providers are inadequately prepared to care for patients with cancer who have complex preexisting conditions. Cancer survivors with preexisting conditions may benefit from health-promotion programs that emphasize self-advocacy strategies, management of the economic impact of multiple diagnoses, and wellness activities adapted to their unique functional limitations.

none (Shi et al., 2011). Some survivors experience psychosocial concerns: fear of recurrence, sexual problems, depression, problems with social relationships, and loneliness (Foster, Wright, Hill, Hopkinson, & Roffe,