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## WORLD CONGRESS OF PSYCHO-ONCOLOGY

*From National to Global: Implementing the Standard of Psychosocial Care in Oncology*

28 July - 1 August 2015  Washington, DC USA

# PREDICTORS OF WELL-BEING IN CANCER SURVIVORS

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## **BACKGROUND/PURPOSE**

Nearly 65% of adults diagnosed with cancer will live, at least, five years after the diagnostic. If the treatment is lengthy and disruptive, the persons can experience difficulties in returning to normal daily life. Research shows that cancer survivors suffer from more psychological distress than those who have never experienced cancer (5.6% versus 3.0%) (Hoffman, McCarthy, Recklitis, & Ng, 2009), reason why psychoeducational programs are necessary to help people return to everyday life.

The objective of the present study is to identify psychosocial predictors of well being in people that survive cancer, are in stable condition, and a diagnosis of longer than three years.

# METHODS

## Participants

106 surviving cancer patients, with more than 18 years of age, a mean age of 48 years ( $SD=9.71$ ), 79.2% female, with a diagnosis between three and 41 years.

All returned to normal daily life after diagnosis and treatment.

**Research follows all the ethical procedures in the Helsinki Declaration, national laws, and hospital rules.**

# METHODS

## Material

Participants answered a questionnaire about:

### Demographic variables:

*Age, gender (dummy variable), school level (number of years).*

### Predictive psychosocial and disease variables

*Spirituality- five items distributed in two dimensions*

*Stigma perception- a five one-dimensional items*

*Health transition- one item from MOS SF-36*

*Perception of severity of disease- one item (generally, how do you classify your illness?" answer in a scale from 1-nothing serious to 11-very serious).*

*Number of years since the diagnosis*

## METHODS (cont.)

### Material (cont)

#### Outcome or criterion variable

*Well-being component* of the MOS 36-item short-form health survey was used (Ware, Snow, Kosinski, & Gandek, 1993); it is a 36-item questionnaire, divided into eight dimensions grouped in the components identified in the IQOLA project, in which a second-order factor was found, with three components of SF-36 (general well-being –GWB-, physical health, and mental health) (Keller et al., 1998).

The "*Well-being component*" of *MOS SF-36* – includes nine items from the 36, belonging to two of the eight dimensions (general health, and vitality).

Scores are calculated into 0 to 100 scale.

## RESULTS

Used Linear Regression analysis to estimate the coefficients of the linear equation involving different independent variables, that best predict the value of the dependent variable. Predictor variables are, demographic, psychosocial, and disease variables. The criterion or dependent variable is well being.

Results show that :

spirituality,  $t=4.22$ ,  $p<0.0001$

school level,  $t=2.90$ ,  $p<0.01$

stigma,  $t=2.53$ ,  $p<0.02$

health transition,  $t=-2.07$ ,  $p<0.05$

**Are statistically significant predictors of well being,**

## **CONCLUSIONS**

Results suggest that greatest well being in cancer survivors is explained by an important combination of demographic, psychosocial and disease variables.

The results suggests that the psychosocial components are important for well being: professionals may consider the variables we found as predictors of well being in programs to improve the health and well-being of cancer survivors.



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