Beliefs about Cancer, Recurrence Concerns, and Health Behavior Changes in Breast Cancer Survivors

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With the growing number of cancer survivors, ensuring the overall health of these individuals merits special attention; however, to date it has received limited empirical attention in Korea. The current study aimed to examine the prevalence of health behavior changes after cancer and its association with causal beliefs about cancer and recurrence concerns in 129 survivors of breast cancer in Korea. Participants were recruited from a breast cancer survivor's group in the Breast Cancer Clinic at one university hospital in Seoul, Korea. Participants completed questionnaires assessing health behaviors, concerns about recurrence, and causal beliefs regarding cancer. The behavior showing the greatest change was 'reflecting on life priorities' and 'spending quality time with family'. Stress was rated as the most important cancer cause. A few socio-demographic, clinical characteristics, and beliefs about the causes of cancer showed significant association with health behavior changes. Recurrence concerns were negatively related to increases in exercise. Current findings provide a preliminary understanding of the factors that prompt the initiation of healthy lifestyle changes among breast cancer survivors.

Keywords: Breast cancer, health behavior, stress, recurrence concern

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Cancer incidence and prevalence is constantly rising, and the growing rate of breast cancer incidence is a particular concern among Korean women. According to the Korea Central Cancer Registry data of 2010, one out of three men and three out of ten women in Korea has a cumulative risk of developing cancer during their life expectancy. Breast cancer is the second most prevalent cancer in Korean women after thyroid cancer, with 14.7% of cancer in Korean women being breast cancer. On the other hand, breast cancer has relatively high survival rates and five-year survival rates in breast cancer is 89.9% (National Cancer Center & Ministry of Health and Welfare, 2011). Given this, there is a need for particular attention and care for survivors of breast cancer. Recurrence and the occurrence of a second cancer are probable and efforts to diminish these risks are necessary. Moreover, Holland and Reznik (2005) suggested that careful attention should be given not only to the possibility of recurrence and the occurrence of a second cancer or long-term treatment sequelae, but also to the overall health status, including lifestyle issues.

Because cancer survivors overcame a life-threatening illness, one might expect that they would change their lifestyles engaging in more healthy behaviors such as healthy eating and exercising. However, previous research suggests that although many cancer survivors are engaged in healthy lifestyles after cancer, there are still many who do not change their habitual health behavior pattern (Denmark-Wahnfried, Peterson, McBride, Lipkus, & Clipp, 2008; Denmark-Wahnfried, Pinto, & Gritz, 2006; Harper et al., 2007).

Given these, it is necessary to explore factors associated with changes in the health behaviors of cancer survivors. One such factor related to the adoption of health behaviors after cancer experience can be beliefs about cancer causes. For instance, Burris and colleagues (2012) examined the relationship between recurrence reduction behavior, recurrence reduction beliefs and worry about recurrence in 200 breast cancer survivors. Their findings indicate that survivors' beliefs that their actions will reduce their recurrence risk were consistently associated with behavior while worry was largely unrelated to behavior. Also, in a study with 378 women breast cancer survivors, attributions of breast cancer cause were associated with specific health behaviors (Stewart, Duff, Wong, Melancoun, & Cheung, 2001). For instance, participants who believed cancer was caused by stress were more likely to use complementary therapies and anti-depressants, and less likely to smoke (Stewart et al., 2001).

Other factors that might affect health behavior changes can be recurrence concerns, which are quite common among cancer survivors (Stewart et al., 2001; Vickberg, 2001, 2003). Holland and Reznik (2005) indicated that