

A Family-Based Program of Care for Women With Recurrent Breast Cancer and Their Family Members

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Purpose/Objectives: To evaluate the FOCUS Program (family involvement, optimistic attitude, coping effectiveness, uncertainty reduction, and symptom management), a family-based program of care for women with recurrent breast cancer and their family caregivers.

Data Sources: Randomized clinical trial.

Setting: Midwest region of the United States.

Data Synthesis: The family-based program of care consisted of five components: family involvement, optimistic attitude, coping effectiveness, uncertainty reduction, and symptom management. The program was delivered in three home visits and two follow-up phone calls over a five-month period of time.

Conclusions: Patients with recurrent breast cancer and their family members reported high satisfaction with the FOCUS Program. Although the FOCUS Program had a number of strengths, limitations of the program also were identified that need to be addressed in future family-based interventions.

Implications for Nursing: A need exists for family-based programs of care that enable both patients and their family members to manage the multiple demands associated with recurrent breast cancer.

Key Points . . .

- Breast cancer recurrence can be stressful for patients and their family members.
- A brief, time-limited program of care, the FOCUS Program (family involvement, optimistic attitude, coping effectiveness, uncertainty reduction, and symptom management), was developed to assist women and their family members to manage the stressful effects of illness.
- Facilitating communication, encouraging optimism, teaching coping strategies, reducing uncertainty, and managing symptom distress are key interventions to assist women with recurrent cancer and their family caregivers.

family-based program of care for women with recurrent breast cancer and one of their family members, which was offered as part of a large, randomized clinical trial. The results of the clinical trial will be reported elsewhere. This article will describe the (a) theoretical and empirical underpinnings of the program, (b) program design and sample, (c) program delivery, (d) program components, (e) program evaluation, and (f) the strengths and limitations of the program.

Although early detection of breast cancer has improved treatment and survival outcomes, recurrence of the disease remains a major threat for many women and their families (Ferrell, Dow, Leigh, Ly, & Gulasekaram, 1995; Ganz et al., 1996; Spencer et al., 1999). Patients have reported being significantly more burdened by activity restrictions, symptom distress, and uncertainty about the future and less hopeful during the recurrent phase than during the initial phase of cancer (Cella, Mahon, & Donovan, 1990; Frost et al., 2000; Gotay, 1984; Weitzner, McMillan, & Jacobsen, 1999). Despite these difficulties, few programs of care are available for women and their family members during the recurrent phase of illness.

The purpose of this article is to describe the FOCUS Program (family involvement, optimistic attitude, coping effectiveness, uncertainty reduction, and symptom management), a

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