Quality of Life and Resilience
Exploring a fly fishing intervention for breast cancer survivors

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BACKGROUND: The Casting for Recovery® therapeutic intervention provides a positive, non-traditional weekend experience for breast cancer survivors. Participants receive fly fishing instruction and participate in structured and unstructured therapeutic activities.

OBJECTIVES: The aim of this study was to evaluate whether breast cancer survivors had improved resilience and quality-of-life scores after program participation.

METHODS: Participants completed the Quality of Life Breast Cancer questionnaire and Connor-Davidson Resilience Scale two weeks before and three and six months after the retreats.

FINDINGS: No statistically significant differences between pre- and postintervention quality-of-life or resilience scores were noted. However, qualitative data reflected a high degree of participant satisfaction, healing, and learning. Participants added that peer and volunteer connections, group camaraderie, good nutrition, being in nature, and learning a new skill were all positive aspects of the program.

QUALITY OF LIFE (QOL) DURING POST-TREATMENT BREAST CANCER SURVIVORSHIP is an important research topic. Many studies have explored the effects of traditional interventions on physical, psychological, social, and spiritual QOL in breast cancer survivors (Meneses et al., 2007). Other studies have explored the effects of exercise, yoga, and additional complementary therapies on the QOL of breast cancer survivors (BCSs) (Kendall, Mahue-Giancreco, Carpenter, Ganz, & Bernstein, 2005; Lengacher, Bennett, Kip, Berarducci, & Cox, 2003; Northouse, Kershaw, Mood, & Schafenecker, 2005), and one study explored the psychological benefit of a therapeutic fly fishing retreat with veterans (Veila, Milligan, & Bennett, 2013). The current article will report on the first study to explore the effects of a therapeutic fly fishing program on BCS QOL and resilience and provide oncology nurses with knowledge about this nontraditional intervention.

Literature Review
BCSs are living longer, even those with metastatic disease and disease recurrence (Azuero, Su, McNees, & Meneses, 2013; Gao & Dizon, 2013). More than 2.8 million breast cancer survivors were living in the United States (American Cancer Society, 2016a). A cancer diagnosis can lead to significant psychosocial distress in as many as 75% of cancer survivors (Galway et al., 2012).

The risk of psychosocial distress in patients with cancer is nearly twice that of the general population (Hinz et al., 2009). Women demonstrate considerable psychological distress the first year after breast cancer diagnosis, including shock, emotional numbness, depression, and anxiety (Avis, Crawford, & Manuel, 2005; Baucom, Porter, Kirby, Gremore, & Keefe, 2006; Bloom, Stewart, Chang, & Banks, 2004). Many studies report on traditional interventions, such as individual and group psychotherapy sessions or support groups (Arving et al., 2007; Badger et al., 2013; Cerezo, Ortiz-Tallo, Cardenal, & Torre-Luque, 2014; Sood, Loprinzi, Sharma, & Prasad, 2012). These interventions may occur in hospitals or outpatient centers, sessions may last 90 minutes or longer, and programs may last from eight weeks to one year.

In 2005, the National Cancer Institute and the American Cancer Society chose resilience as a theme for survivorship research (Rowland & Baker, 2005). Many cancer survivors show remarkable resilience in the face of severe illness;