

Psychosocial Predictors of Depression Among Older African American Patients With Cancer

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Depression is a significant health concern, affecting an estimated 15%–25% of all patients with cancer (Chen, Chen, & Yu, 2011; Reyes-Gibby, Anderson, Morrow, Shete, & Hassan, 2012). Depression particularly is a concern among older patients and survivors (Nelson et al., 2009; Perkins et al., 2007), those with a low socioeconomic status (Lo et al., 2010), and those with severe cancer treatment-related symptoms (Boyd et al., 2012). Generally, patients with cancer in depressed moods are less likely to participate in treatment decisions (Block, 2010) or seek out social support (Kleiboer et al., 2011) and more likely to have declines in physical functioning during treatment, drop out of treatment (Wells, Palinkas, Qiu, & Ell, 2011), and have shorter survival times (Chen et al., 2011) than those patients who are not depressed.

Compared to Caucasians, older African American patients with cancer are more likely to have advanced-stage cancers, more comorbidities, and functional limitations, placing them at higher risk for depressive moods (Zhang, Gary, & Zhu, 2012). Social factors also may increase the risk of depression among older African American patients with cancer, as they are more likely than their Caucasian counterparts to live below the poverty level, lack private health insurance, and have less than a high school education (U.S. Census Bureau, 2010). Older African Americans are more likely to be employed in the service sector (U.S. Census Bureau, 2010); therefore, they are more vulnerable to job losses and extended layoffs. Depression among older African American patients with cancer also may be influenced by a reluctance to express emotional distress to family members, engage in support groups with other cancer survivors (Gullatte, Phillips, & Gibson, 2006), and seek mental health care (Poussaint & Alexander, 2000). Regardless of ethnicity, undetected and untreated clinical depression has been linked to poor treatment adherence (Adler & Page, 2008; Fann, Fan, & Unützer, 2009) and a poor quality of life (Kroenke et al., 2010) in patients with cancer. Evidence to date suggests that, among patients with cancer, older African Americans

Purpose/Objectives: To determine whether psychosocial factors predict depression among older African American patients with cancer.

Design: A descriptive correlational study.

Setting: Outpatient oncology clinic of a National Cancer Institute–designated cancer center in the southeastern United States.

Sample: African American patients with cancer aged 50–88 years.

Methods: Fisher's exact and Wilcoxon rank-sum tests were used to evaluate differences between patients who were possibly depressed (Geriatric Depression Scale) or not. Multivariate linear regression statistics were used to identify the psychosocial factors that predicted higher depression scores. Education and gender were included as covariates.

Main Research Variables: Religiosity, emotional support, collectivism, perceived stigma, and depression.

Findings: Participants (N = 77) had a mean age of 61 years (SD = 8.4), and a majority were well-educated, insured, religiously affiliated, and currently in treatment. Participants who were in the lowest income category, not married, or male had higher depression scores. The multivariable model consisting of organized religion, emotional support, collectivism, education, and gender explained 52% (adjusted R²) of the variation in depression scores. Stigma became insignificant in the multivariable model.

Conclusions: Psychosocial factors are important predictors of depression. Emotional support and organized religious activities may represent protective factors against depression, whereas collectivism may increase their risk.

Implications for Nursing: Nurses need to be particularly aware of the potential psychological strain for patients with collectivist values, experienced stigma, disruptions in church attendance, and lack of emotional support. In addition, the treatment plans for these patients should ensure that family members are knowledgeable about cancer, its treatment, and side effects so they are empowered to meet support needs.

Knowledge Translation: Among older African American patients with cancer, emotional support and reassurance from family and friends that they will not abandon them decreases the likelihood of depressive symptoms and minimizes the impact of stigmatizing responses, but the perception that the illness is placing a strain on the family increases the likelihood of such symptoms. Emotional support likely is a stronger predictor of depressive symptoms than religious service attendance.