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African American Women Coping With Breast Cancer: A Qualitative Analysis

Phyllis D. Henderson, PhD, APRN, BC, Shirley V. Gore, PhD, APRN, BC, Bertha Lane Davis, PhD, RN, FAAN, and Esther H. Condon, PhD, RN

Purpose/Objectives: To determine how African American women cope with breast cancer.

Design: Descriptive and exploratory study.

Sample/Setting: 66 African American women diagnosed with breast cancer were interviewed in the southeastern United States.

Methods: Data were collected through tape-recorded interviews using a semistructured interview guide. Data were analyzed by content analysis and frequency distributions.

Main Research Variables: Coping strategies used by women to adapt to a diagnosis of breast cancer.

Findings: Coping strategies described by African American women included relying on prayer, avoiding negative people, developing a positive attitude, having a will to live, and receiving support from family, friends, and support groups.

Conclusion: Spirituality played a major role in these African American women coping with breast cancer. Supportive networks also served as a vital asset throughout the breast cancer experience. Participants discussed the need for culturally sensitive breast cancer support groups.

Implications for Nursing: Nurses must recognize coping strategies that African American women with breast cancer use. Healthcare professionals need to develop culturally sensitive breast cancer support groups. Throughout the breast cancer experience, nurses must assess communication patterns among African American families. Nurses should serve as healthcare advocates for African American women with breast cancer.

Key Points . . .

- Coping strategies can play a vital role in how African American women adapt to their diagnosis of breast cancer.
- Nurses should seek to understand the significance of social support and spirituality on coping behaviors among African American women with breast cancer.
- Nurses must develop culturally sensitive interventions that will assist African American women and their family members in coping with breast cancer.
- Future research studies are needed to determine what are effective and ineffective coping strategies for African American women with breast cancer.

Breast cancer reportedly is the second leading cause of cancer deaths among women. African American women have a lower incidence of breast cancer; however, they have a higher mortality rate when compared to Caucasian women. Recent data have indicated that the five-year survival rate for breast cancer among African American women is 73% compared to 88% among Caucasian women (American Cancer Society, 2003).

Coping with breast cancer has been described as emotionally and physically challenging for women and their family members (Hilton, 1996; Hilton, Crawford, & Tarko, 2000; Morse & Fife, 1998; Radina & Armer, 2001; Yates, 1999). Coping strategies have been associated with adjustment to breast cancer (Brady & Helgeson, 1999; Osowiecki & Compas, 1999; Stanton et al., 2000). Reynolds et al. (2000) examined the relationship between coping strategies and survival in African American and Caucasian women with breast cancer. The researchers emphasized that the primary focus of the study was not to explain survival disparities between African American and Caucasian women with breast cancer but to evaluate styles of coping and breast cancer survival. Data indicated that African American women suppressed their emotions, used wishful thinking, and practiced positive reappraisal strategies to cope with breast cancer. Caucasian women were found to express their emotions, practice problem solving, and use escapism to cope with breast cancer. Findings demonstrated that women who did not express their emotions or receive emotional support were more likely to have poorer survival from breast cancer than women who expressed their emotions and received emotional support.

Literature Review

Definitions of Coping

The term "coping" has been interchanged with words such as adaptation, mastery, resiliency, management, and adjustment (Frydenberg & Lewis, 1991; Garland & Bush, 1982; Roy & Andrews, 1999). The concept of coping has been linked closely with stress, in that coping involves a process by which a person attempts to restore equilibrium in response to a stressful life event (Compas, Connor, Osowiecki, & Welch, 1997; Lazarus, 1993; Monat & Lazarus, 1991). *Mosby's*

Phyllis D. Henderson, PhD, APRN, BC, is a postdoctoral fellow in the School of Nursing at Johns Hopkins University in Baltimore, MD; the late Shirley V. Gore, PhD, APRN, BC, was a professor and chair of the Department of Graduate Nursing Education, Bertha Lane Davis, PhD, RN, FAAN, is a professor and assistant dean for research in the School of Nursing, and Esther H. Condon, PhD, RN, is an associate professor in the Department of Graduate Nursing Education, all at Hampton University in Virginia. *(Submitted September 2002. Accepted for publication January 25, 2003.) (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the* Oncology Nursing Forum *or the Oncology Nursing Society.)*

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Medical, Nursing and Allied Health Dictionary (Anderson, Anderson, & Glanze, 1998) defined coping as a process by which individuals deal with stress, solve problems, and make decisions. Lazarus and Folkman (1984) defined coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing and that exceed the resources of the person" (p. 141). Roy and Andrews (1999) viewed coping as an innate or learned behavioral response to environmental changes.

Compas (1998) conceptualized coping as purposeful responses to internal and external environmental threats. McHaffie (1992) viewed coping as an ever-changing process that is not static but allows individuals to work through situations and events. Researchers have pointed out that coping for patients with cancer occurs through a process of using strategies for physical or emotional relief, serenity, and equilibrium (Astin et al., 1999; Weisman, 1979; Zabalegui, 1999). In the current study, coping was defined as the strategies that African American women reported using to manage the challenges of breast cancer.

Women Coping With Breast Cancer

Women have been found to use various strategies to cope with breast cancer, such as prayer (Bourjolly, 1998; Gall, 2000), social support (Lugton, 1997; Samarel et al., 1998; Stevens & Duttlinger, 1998; Sullivan, 1997), positive reappraisal (Gaston-Johansson et al., 2000; Wonghongkul, Moore, Musil, Schneider, & Deimling, 2000), and escape-avoidance (Reynolds et al., 2000; Wonghongkul et al.). Studies have indicated that differences and similarities exist between African American women and Caucasian women coping with breast cancer (Bourjolly & Hirschman, 2001; Culver, Arena, Antoni, & Carver, 2002; Reynolds et al.). For example, Bourjolly and Hirschman reported that seeking social support was the coping strategy used most commonly by African American and Caucasian women with breast cancer; however, sources of support differed between the two groups. African American women reported relying more on God for support through the breast cancer experience, whereas Caucasian women reported relying more on their husbands for support.

African American Women and the Breast Cancer Experience

Limited information has been generated on the breast cancer experience of African American women (Bourjolly, 1999; Farmer & Smith, 2002; Wilmoth & Sanders, 2001). Research findings indicated that prayer and family support play a vital role for African American women coping with breast cancer (Ashing-Giwa, 1999; Bourjolly, 1999; Gates, Lackey, & Brown, 2001; Lackey, Gates, & Brown, 2001). Wilmoth and Sanders examined personal issues and concerns of female African American breast cancer survivors. Data indicated that the women relied on family members and friends for support, but these people were not always supportive. Lackey et al. interviewed 13 African American women recently diagnosed with breast cancer. Findings indicated that the women described spirituality as a reliance on God throughout the breast cancer experience. The researchers suggested that healthcare professionals should serve as advocates for African American women diagnosed with breast cancer by assessing their feelings, emotions, and fears of bodily changes that occur during surgery and treatment.

Informal networks of family and friends and formal supportive networks such as support groups have been found to contribute positively to women coping with breast cancer (Samarel, Fawcett, & Tulman, 1997; Spiegel, Bloom, & Yalom, 1981; Stevens & Duttlinger, 1998; Sullivan, 1997). Fobair (1997) suggested that support groups may contribute to the healing process and survival of individuals with a chronic illness. Barg and Gullatte (2001) suggested that African American women with breast cancer tended not to use support groups because the support groups were not necessarily culturally sensitive. Ashing-Giwa and Ganz (1997) found that social support was important to the experience of African American women with breast cancer. Thus, healthcare providers must be able to assess issues and concerns that African American women may have with inadequate support systems.

Although research has indicated that coping strategies are associated with adaptation to breast cancer, little is known about how African American women cope with breast cancer when compared to Caucasian women (Bourjolly & Hirschman, 2001; Reynolds et al., 2000). Therefore, the purpose of the current study was to obtain a more in-depth understanding of the coping strategies used by African American women so that culturally sensitive health care and culturally relevant coping strategies could be promoted by healthcare providers.

Methods

Design

Researchers used focus group methodology to conduct this qualitative study. Focus group interviews have been used in the areas of applied social research and marketing since the 1950s (Morgan, 1997). Navon (1999) suggested that quantitative studies limited explanations of human behavior but qualitative research provided a more complex understanding of human behavior by not identifying individuals as problematic. In the current study, focus groups were defined as semi-structured groups moderated by group leaders in informal settings, with the purpose of collecting information from individuals who shared a common experience (Morgan; Morgan & Krueger, 1998). Focus group methodology was selected because African American women reported that this approach provided them with a sense of comfort, an ability to relate to others with common experiences, and an opportunity to share and compare experiences with others, establish relationships, and develop a sense of normalcy in their lives (Ashing-Giwa & Ganz, 1997; Gore, 1999; Wilmoth & Sanders, 2001). In addition, researchers have suggested that qualitative data adds richness to the studies conducted on African American women with breast cancer (Ashing-Giwa & Ganz; Lackey et al., 2001; Wilmoth & Sanders).

Sample and Setting

Researchers used a purposive sampling technique to recruit participants to provide a rich or dense description of the culture or phenomenon of interest (Streubert & Carpenter, 1999). To be included in the study, participants had to be (a) African American women who reported a confirmed diagnosis of breast cancer, (b) living in the southeastern United States, (c) aged 30 or older, and (d) able to read and speak English. The number of focus groups was based on data saturation that was achieved through repetition and confirmation of information

obtained by participants (Streubert & Carpenter). Focus groups were held at churches, breast cancer support group sites, and community centers.

Instruments

Instruments used in this study included a demographic data sheet and a semistructured interview guide. The demographic data sheet was devised to obtain information such as age, marital status, educational level, income, length of time since diagnosis, and types of breast cancer treatment. The semistructured interview guide was designed to elicit the participants' descriptions of how they coped with breast cancer. The guide was developed from a literature review based on experience of African American women coping with breast cancer. Interviewers asked women to respond to statements such as, "Please tell me how you cope/coped with breast cancer," "Please tell me about what has assisted you the most in managing your breast cancer," "Please tell me what has assisted you the least in managing your breast cancer," and "Please tell me about your support since you have been diagnosed with breast cancer."

Procedures

Approval to conduct this study was obtained from the university's institutional review board, and the study sample was obtained through doctors' offices, breast cancer support groups, and African American sororities and organizations. Flyers were posted and given to patients by doctors and nurse managers. Women who were interested in participating in the study contacted the researchers by telephone. All focus groups were scheduled for a date, time, and location convenient for the participants.

Prior to conducting the focus groups, the researchers wrote down their biases and assumptions so that data were collected and analyzed objectively (Streubert & Carpenter, 1999). Before each focus group interview, participants signed an informed consent form and completed a demographic data sheet. All focus group data were tape-recorded and transcribed verbatim. Participants were allowed to discontinue the study or not answer a particular question at any time. The demographic data sheet took approximately 5–10 minutes to complete, and each group was interviewed for approximately 1.5–2 hours. Refreshments were provided after each focus group session.

Data Analysis

The researchers used an objective and systematic approach for content analysis of the transcripts (Burns & Grove, 2001; Morgan, 1997). The purpose of content analysis was to examine the frequency, order, or intensity of the occurrence of words, phrases, or sentences for themes that represented the participants (Burns & Grove; Morgan). Rules were established for identifying and recording content categories and recurring themes. Interrater reliability of content categories and recurring themes was established at 96% agreement by the researcher and two coders. If disagreements occurred between the researcher and coders, the differences were discussed and a mutual consensus was obtained (Burns & Grove). Themes were categorized based on coping strategies described by the participants. Demographic data were analyzed by descriptive statistics (frequencies, means, percentages, and standard deviations) computed using SPSS® version 10.1 (SPSS, Inc., Chicago, IL).

Findings

Sample

Sixty-six African American women participated in the focus group interviews. A total of six focus groups were conducted with an average of 10–12 participants in each group. Participants' ages ranged from 35–76 years, with a mean age of 52.36 years (SD = 8.97). Household income ranged from less than $10,000 to more than $60,000. Educational levels ranged from less than high school to postgraduate education (see Table 1). The average length of time since diagnosis was 4.39 years (SD = 5.23). Participants reported receiving at least one type of breast cancer treatment such as radiation, chemotherapy, or surgery. More than half of the participants (n = 43) were recruited through support groups for African American women.

The major findings in this study were presented to reflect the most commonly used coping strategies expressed by participants. Content analysis revealed that these participants commonly relied on prayer and supportive networks such as family, friends, and support groups; developed a positive attitude and had a will to live; and avoided negative people in coping with breast cancer (see Figure 1). These methods of coping were expressed throughout all focus group interviews.

Prayer

The participants reported that prayer, combined with their spiritual beliefs, played a major role in assisting them to cope with every phase of breast cancer: discovery of the breast lump, diagnosis of breast cancer, treatment, and recovery.

Table 1. Sample Demographics

Variable	n	%
Marital status		
Single	13	20
Married	32	49
Separated	6	9
Divorced	12	18
Widowed	3	5
Educational status		
Less than high school	1	2
High school diploma	22	33
Associate's degree	8	12
Bachelor's degree	15	23
Master's degree	15	23
Doctoral degree	2	3
No response	3	5
Annual income		
≤ $9,999	3	5
$10,000–$19,999	4	6
$20,000–$29,999	8	12
$30,000–$39,999	11	17
$40,000–$49,999	12	18
$50,000–$59,999	9	14
≥ $60,000	17	26
No response	2	3
Employed		
Yes	51	77
No	14	21
No response	1	2

N = 66

Note. Because of rounding, percentages may not total 100.

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Helped the Most	Helped the Least
Prayer and spirituality	Negative people
Positive attitude	Negative attitude
Family support	Overbearing family members
Information from healthcare providers	Unsupportive healthcare providers
African American support groups	Traditional support groups
Staying active	Inactivity
Will to live	Focusing on the disease

Figure 1. Coping Strategies Identified as Most and Least Helpful

Some women reported that their relationships with God grew stronger because of having breast cancer: "My relationship has gotten stronger with God because of this experience. . . . I had to pray and keep the faith. . . . If not, I would have lost my mind." "I could not have made it if it had not been for God. He really kept me when no one else was around." Some participants reported that breast cancer was a test of their faith and relationships with God: "Sometimes, God causes certain things to happen in your life to bring you closer to him, and this was one of those times. . . . Having this has caused me to trust in God more. . . . My faith is stronger because of having breast cancer." In addition, several participants voiced that they preferred to entrust their care to healthcare providers who expressed a belief in God: "I said, 'Do you know what you're doing?' A picture was in the surgeon's office that said, "I turn my illness to you and God,' and he said, 'I believe in God, too.' I said, 'Thank you, Jesus. I prayed for this surgeon.'"

Avoiding Negative People

Several women reported that avoiding negative people was a way of coping with breast cancer. Participants felt strongly that negative people did not make them feel positive about their situation and tended only to bring down their spirits. Participants described negative people as individuals who made inappropriate or negative comments regarding their condition. Various women admitted to distancing themselves from family members and friends because they wanted to talk only about the negative consequences of breast cancer. Frequently, the women said that coworkers had negative and unsupportive attitudes. One participant stated,

> The number one thing that people did at work that bothered me was ask a lot of detailed questions about my condition and treatment and did it very publicly, like in staff meetings when everybody was around the table. I readily admit I did not handle it well because I just answered them but resented it. If I had to do it all over again, I would have dealt with it differently.

Another participant stated,

> One of my coworkers said that she knew of someone who was cured of breast cancer, but then she died of brain cancer. . . . I went into a state of panic and developed a headache immediately and questioned if I had a brain tumor. . . . Needless to say, after that I avoided talking to that person as much as possible.

Social Support

Some participants expressed that African American and Caucasian women dealt with breast cancer differently. Social support tended to consist of family members, friends, and support groups. Although the participants expressed a need for supportive networks, some participants complained that family members, friends, and support groups were not always supportive. A few of the participants spoke of how their husbands' support provided a feeling of comfort, especially during times of treatment. God was recognized as a source of support: "When I was diagnosed, the only person I knew right then that would take me through was God." Some family members and friends avoided talking about their breast cancer, and some participants indicated that some family members were too overbearing with their support: "They were all rallying around me. I felt like, gee, I don't need all this. I'm handling it. . . . They didn't want me to do anything, and I'm like, I can lift a glass, I can fix my own plate, I can still do these things."

Participants expressed that African American women and Caucasian women coped with breast cancer differently. Many of the participants sought support groups that were designed for African American women with breast cancer because they believed that they wanted to be around women who were like them and traditional support groups sometimes were not sensitive to their needs and concerns. Comments were made regarding the advantages of attending a support group that was geared toward African American women with breast cancer.

> I needed to be anywhere sitting around the circle with these women who understood what I was going through because I think someone else mentioned the fact that other support groups, they wallow in the pity. It wasn't empowering; it was one of those situations where everybody got together and it was kind of a depressing kind of thing.

> ACS [American Cancer Society] referred me to a support group, and it was a waste of my time. I felt as though I could not relate to the women. I was the only woman of color, and I knew that I did not belong to that group when one woman said, "You know, my swing is off with my tennis since I had surgery." I felt as though my issues were different from the women in the room. My issues were about what I needed to do for myself and my family to survive this illness. So I found a support group that was geared towards African American women and I have been pleased with the group. I feel as though I'm able to relate to the women and become a better person."

Positive Attitude

Several of the participants reported that having a positive attitude assisted in coping with breast cancer: "You have to think that you are going to make it through this and you will. . . . You can't just roll over like a dog and think the worst. . . . I surrounded myself with positive people because I wanted to have a positive attitude." "A positive attitude can take you a long way with anything, some people do not think that it makes a difference, but it does. . . . If you think positive thoughts, then positive things will happen. I tried to think about what a much more wonderful life I would have after this was over."

Will to Live

Having a will to live for self and others served as a driving force for several of the participants. Women who had families, especially young children, reported that they needed to live for

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their children and family members. Older women tended to express the need to survive the disease because they wanted to watch their grandchildren and great-grandchildren grow up. The women made the following comments: "Live for my grandchildren whenever they come." "Live for me, my daughter, got to be here for my little girl."

Discussion

Farmer and Smith (2002) suggested that nurses and other healthcare professionals must understand the meaning of the breast cancer experience for African American women so they can provide culturally sensitive care. In addition, culturally sensitive care should be provided in the context of African American women's cultural values and beliefs. This study sought to obtain a deeper understanding of the breast cancer experience for African American women by focusing on how they coped with the disease.

The African American women in this study were eager to discuss how they coped with breast cancer, with the expectation of helping other African American women who may be challenged with a diagnosis of breast cancer. The participants clearly described strategies that they used to cope with breast cancer, including praying, avoiding negative people, developing a positive attitude, having a will to live, and using supportive networks. The women also discussed situations and events that did not help them cope with breast cancer, such as when family members and friends were unsupportive.

Prayer was the most frequently used coping strategy described by the participants. Similar findings from studies have indicated that prayer and spirituality play a significant role in how African American women cope with breast cancer (Ashing-Giwa, 1999; Ashing-Giwa & Ganz, 1997; Lackey et al., 2001; Wilmoth & Sanders, 2001). Healthcare professionals should recognize prayer and spirituality as important coping strategies in African American culture. Faith-based cancer support groups can be a culturally appropriate way to address the psychosocial and educational needs and concerns of African Americans with cancer (Barg & Gullatte, 2001). Participants in this study described African American breast cancer support groups as being culturally sensitive because prayer and spirituality were recognized as important ways of coping with illnesses such as breast cancer. In addition, many of the African American women reported a sense of comfort with being able to express their faith without being concerned about offending other members in the group.

Researchers have indicated that African American women tend to feel more comfortable talking about their breast cancer with other women of color with the disease because they can relate better (Moore, 2001; Williams-Brown, Baldwin, & Bakos, 2002; Wilmoth & Sanders, 2001). Several of the participants in this study attended support groups that were geared toward African American women with breast cancer. Participants discussed how these support groups allowed them the opportunity to openly discuss their experiences with breast cancer in a nurturing and supportive environment, as well as share information and resources with each other, such as locating wigs and prostheses appropriate to their ethnic background.

Prior to conducting the study, the researchers did not assume that such a large number of African American women would be recruited from breast cancer support groups because many African Americans tend not to participate in support groups (Barg & Gullatte, 2001). Perhaps African American women participated in these support groups because they were culturally sensitive and spiritually based (Barg & Gullatte). The current study revealed that African American women wanted to participate in breast cancer support groups. Some African American women attended traditional support groups and found them to me insensitive to their needs and concerns, which made continued participation difficult.

The African American women in this study considered establishing support networks to be very important. Participants tended to rely on family members, friends, ministers, church members, and support groups to assist them in coping with breast cancer. Participants reported that friends and family members could become overbearing and unsupportive. A study by Wilmoth and Sanders (2001) reported similar findings, in which African American women expressed changes in family communication patterns because of their diagnosis of breast cancer.

Gates et al. (2001) found that African American women were able to move forward with the treatment of breast cancer because of receiving care from others and the need to continue giving care to others, especially family members. Having a determination to live for self as well as for family members was described as a way of coping with breast cancer for these African American women. Many of the women reported that their family members were dependent on them, so they were motivated to survive the disease. Single parents also participated in the study, and they discussed their concerns of what would happen to their children if they were not around to raise them.

A limitation of this study is the potential bias in selecting a sample from breast cancer support groups because researchers might expect these participants to list support groups as a strategy for coping with breast cancer. African American women selected from breast cancer support groups may have differed in characteristics, such as attitude toward breast cancer, from African American women who did not attend a support group. Thus, the findings may not be applicable to African American women who do not participate in a breast cancer support group. A second limitation of this study is that only African American women were interviewed; therefore, comparisons could not be made with other racial or ethnic groups. A third limitation is that women were interviewed only once. Additional focus groups and individual interviews may have revealed further insights about the participants.

Implications for Nursing Practice and Research

Because coping strategies have been linked to adaptation to breast cancer, nurses must be able to assess coping strategies used by African American women with breast cancer. Nurses must educate other healthcare professionals regarding what the breast cancer experience means to African American women and encourage an interdisciplinary approach to addressing the psychosocial and educational needs of African American women throughout the breast cancer experience.

The women in this study desired to participate in breast cancer support groups that were culturally sensitive. Nurses should strive to create culturally sensitive support groups that will address the needs and concerns of women from diverse ethnic and racial backgrounds. African American women expressed

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concerns regarding changes in communication patterns with family members after being diagnosed with breast cancer. Research is needed to explore the impact of the breast cancer experience for African American women and their family members so that nurses can design culturally sensitive interventions to address these issues and assist African American families through the experience.

Although several of the participants expressed some differences between how African American women and Caucasian women coped with breast cancer, further research is needed to explore these similarities and differences because they may contribute to the reason that African American women have a higher breast cancer mortality rate when compared to Caucasian women. Therefore, further research is needed to identify effective and ineffective coping strategies used by African American women with breast cancer.

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Author Contact: Phyllis D. Henderson, PhD, APRN, BC, can be reached at phender8@son.jhmi.edu, with copy to editor at rose_mary@earthlink.net.

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- ➤ Patient-Centered Guides Breast Cancer Center
  www.patientcenters.com/breastcancer
- ➤ Susan G. Komen Breast Cancer Foundation
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