

# Psychological Distress, Social Withdrawal, and Coping Following Receipt of an Abnormal Mammogram Among Different Ethnicities: A Mediation Model

Yamile Molina, PhD, Shirley A.A. Beresford, PhD, Noah Espinoza, MPH, and Beti Thompson, PhD

**B**reast cancer continues to be a leading cause of death for non-Latina Caucasian (NLC) and Latina women in the United States (American Cancer Society, 2012, 2014a). Although the incidence of breast cancer among Latinas is lower relative to NLC women, Latinas are more likely to be diagnosed at later stages (Lantz et al., 2006; Siegel, Naishadham, & Jemal, 2012) and die of diagnosed breast cancer (Jemal et al., 2004; Ooi, Martinez, & Li, 2011). Latina patients with breast cancer and survivors appear to have lower quality of life, including poorer emotional and social functioning, compared to NLC counterparts (Bickell et al., 2006; Fedewa, Ward, Stewart, & Edge, 2010). A large body of literature exists that has characterized and addressed modifiable factors associated with early detection of breast cancer, including promotion of mammography screening among Latinas (Guerra, Krumholz, & Shea, 2005; Molina, Thompson, Espinoza, & Ceballos, 2013; Purc-Stephenson & Gorey, 2008; Santiago-Rivera, Arrendondo, & Gallardo-Cooper, 2002). However, little research exists to date of quantified ethnic differences in mental health comorbidities after abnormal screening results. Psychological distress is particularly important among women who receive an abnormal mammogram result, given short- and long-term consequences related to early detection and the persistence of elevated distress as long as six months following receipt of results (Bond et al., 2013; Brewer, Salz, & Lillie, 2007; Hafslund, Espehaug, & Nortvedt, 2012; Keyzer-Dekker et al., 2012; Salz, Richman, & Brewer, 2010).

A large body of research has characterized elevated psychological distress and anxiety among women who receive an abnormal screening result, which requires further evaluation. Most research has focused on predominantly NLC women or has not addressed racial or ethnic differences (Andrés-Hyman, Ortiz, Añez, Paris, & Davidson, 2006; Molina et al., 2013). Although the authors of the current article found no study that compared distress among Latinas and NLC women, one qualitative study with a largely Latina sample noted that psycho-

**Purpose/Objectives:** To explore ethnic differences in psychological distress and social withdrawal after receiving an abnormal mammogram result and to assess if coping strategies mediate ethnic differences.

**Design:** Descriptive correlational.

**Setting:** Two urban mobile mammography units and a rural community hospital in the state of Washington.

**Sample:** 41 Latina and 41 non-Latina Caucasian (NLC) women who had received an abnormal mammogram result.

**Methods:** Women completed standard sociodemographic questions, Impact of Event Scale–Revised, the social dimension of the Psychological Consequences Questionnaire, and the Brief COPE.

**Main Research Variables:** Ethnicity, psychological distress, social withdrawal, and coping.

**Findings:** Latinas experienced greater psychological distress and social withdrawal compared to NLC counterparts. Denial as a coping strategy mediated ethnic differences in psychological distress. Religious coping mediated ethnic differences in social withdrawal.

**Conclusions:** Larger population-based studies are necessary to understand how ethnic differences in coping strategies can influence psychological outcomes. This is an important finding that warrants additional study among women who are and are not diagnosed with breast cancer following an abnormal mammogram.

**Implications for Nursing:** Nurses may be able to work with Latina patients to diminish denial coping and consequent distress. Nurses may be particularly effective, given cultural values concerning strong interpersonal relationships and respect for authority figures.

**Key Words:** breast cancer; coping; cultural competence; Hispanic; prevention; detection; quality of life

*ONF*, 41(5), 523–532. doi: 10.1188/14.ONF.523-532

logical distress interfered with motivation to schedule a follow-up appointment (Allen, Shelton, Harden, & Goldman, 2008). A quantitative study found that fear of a cancer diagnosis was more strongly associated with delays in follow-up care adherence among Latina