

# Evaluating a Culturally Tailored Peer-Mentoring and Education Pilot Intervention Among Chinese Breast Cancer Survivors Using a Mixed-Methods Approach

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**B**reast cancer is the leading cancer among Asian American women, and the incidence of breast cancer among subgroups of Asian women is rising (Gomez et al., 2010). Despite the increasing size of the Asian American population (17.3 million) (U.S. Census Bureau, 2010) and the growing rate of breast cancer in that population, little attention has been focused on the informational and psychological needs of Asian American breast cancer survivors (Lee et al., 2013). Past research has shown that social support interventions effectively relieve psychological distress among non-Hispanic Caucasian cancer survivors (Stanton, 2006). However, no study has reported a social support intervention for Asian Americans. The current article aims to document and evaluate a peer-mentoring and education intervention culturally tailored for Chinese American breast cancer survivors.

## Cultural Barriers for Seeking Support

Asian American populations with cancer, many of whom are immigrants, have an increased need for psychosocial interventions because of existing cultural and linguistic barriers (Lu, Zheng, Young, Kagawa-Singer, & Loh, 2012). Compared to Caucasians, Asian Americans are less likely to explicitly seek out social support. They often perceive that sharing their own problems may burden others and disrupt the harmony of their relationships (Kim, Sherman, & Taylor, 2008). Shame and stigma associated with cancer also prevent Asian cancer survivors from seeking social support (Wong-Kim, Sun, Merighi, & Chow, 2005). Patient-doctor relationships tend to be hierarchical in Asian cultures, unlike the more egalitarian relationships seen in Western cultures (Nilchaikovit, 1991). Therefore, Chinese patients tend to treat doctors as authority figures and do not ask questions about treatment options (Fielding & Hung, 1996).

**Purpose/Objectives:** To evaluate a social support intervention that was culturally tailored for Chinese Americans who face many challenges because of cultural and linguistic barriers.

**Design:** Intervention with a one-group pre- or post-test design, mixed methods, and a community-based participatory research (CBPR) approach.

**Setting:** Southern California.

**Sample:** 14 Chinese American breast cancer survivors post-treatment and eight breast cancer peer mentors.

**Methods:** The intervention was a 10-week program to provide emotional and informational support through peer mentoring and education. Health outcomes were assessed before and after the intervention. Eight weekly process evaluations and two focus group interviews also were conducted.

**Main Research Variables:** Depressive and anxiety symptoms.

**Findings:** The program was associated with a decrease in depressive symptoms. Participants valued the program highly. Inductive analysis suggested possible mechanisms for effectiveness, such as reducing stigma, empowerment, and increased sense of belonging.

**Conclusions:** The peer-mentoring and education program has the potential to serve as a model intervention for ethnic minorities. Mixed methods and CBPR are valuable in evaluating pilot interventions with minorities. Focusing on relationships may be fruitful for designing novel interventions for cancer survivors from collectivistic cultures.

**Implications for Nursing:** Peer-mentoring and education programs can be integrated into communities and clinics to improve care for underserved minority cancer survivors and to reduce health disparities.

**Key Words:** psychosocial intervention; social support; peer mentorship; culturally tailored; Chinese American; breast cancer survivors

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Asian Americans are not comfortable asking questions about their illness, and many are not fluent in English (Ashing-Giwa, Padilla, Tejero, & Kagawa-Singer, 2003;