

# Patients' Cultural Beliefs in Patient-Provider Communication With African American Women and Latinas Diagnosed With Breast Cancer

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African American women and Latinas often experience suboptimal breast cancer care. This article describes providers' self-rated skills in communication practices when working with African American women and Latinas diagnosed with breast cancer. Current literature reveals how providers are lacking in the ability to communicate with these patients and often fail to incorporate cultural beliefs into breast cancer care and treatment. This poor communication and failure to acknowledge cultural beliefs can be correlated with poor patient outcomes. In a study of providers' perceptions of how they address the cultural beliefs of African American women and Latinas diagnosed with breast cancer, interviews with physicians, inpatient nurses, cancer clinic nurses, mammography technicians, and ultrasound technicians showed that they used the same approach for all patients, regardless of race, ethnicity, or culture but felt they practiced culturally sensitive care. Increased and improved cultural competence education is recommended for providers at all levels as a first step toward increasing culturally competent communications.

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**B**reast cancer is the leading cause of cancer-related death among Latinas and African American women (American Cancer Society [ACS], 2012). In 2010, the U.S. population was comprised of 14.6% African American and 12.1% Hispanic/Latino people (U.S. Census Bureau, 2010). Although the age-adjusted incidence of breast cancer (per 100,000 U.S. women) was higher among Caucasian women aged 50 years and older (see Figure 1), late-stage diagnosis among African American women and Latinas was higher when compared with late-stage diagnosis in Caucasian women (ACS, 2012, 2013a) (see Figure 2). The ACS categorizes breast cancer survival by stage, showing that those diagnosed with localized disease have a 99% five-year survival rate, whereas those diagnosed with regional disease have only an 84% five-year survival rate (ACS, 2012, 2013a, 2014). Those women diagnosed with distant metastatic disease have only a 24% five-year survival rate. Therefore, African American women and Latinas are more likely to die from breast cancer than are Caucasian women (ACS, 2013b).

## Review of the Literature

Current literature suggests that culture may play a role in reduced rates of breast cancer screening and delayed treatment planning for African American and Latina women following abnormal diagnostic studies (Ashing-Giwa et al., 2004; Baldwin, 2003; Campesino et al., 2012; Dreher & MacNaughton, 2002; Engebretson, Mahoney, & Carlson, 2008; Fowler, 2006; Joseph, Burke, Tuason, Barker, & Pasick, 2009; Pesquera, Yoder, & Lynk, 2008; Richer & Ezer, 2000). Such delays can result in metastatic disease being present when diagnosis is made and treatment is initiated, which often leads to shorter survival times (Gorin, Heck, Cheng, & Smith, 2006). Cultural similarities exist between African Americans and Latinos (Richer & Ezer, 2000). Both groups tend to seek professional care only in crisis situations, and the use of formal medical care is reserved for true emergencies (Purnell, 2009). Latinas tend to be ambivalent regarding screenings and follow-up care, feeling that healing should come from God instead of medical technology