

Accept Me for Myself: African American Women's Issues After Breast Cancer

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Purpose/Objectives: To identify the personal issues and concerns of African American women who are breast cancer survivors.

Design: Exploratory.

Setting: Southeastern United States; urban community.

Sample: A total of 24 women were recruited from churches and the community; 16 women participated in focus groups.

Methods: Two focus group sessions were held in a community library. Audiotaped interviews were transcribed and analyzed for themes that described issues the women had to deal with after treatment for breast cancer.

Main Research Variable: Women's perceptions of the impact breast cancer had placed on their personal lives, including sexuality.

Findings: Five themes emerged—body appearance, social support, health activism, menopause, and learning to live with a chronic illness.

Conclusions: African American women have concerns that are similar to, but different from, those of Caucasian women. Further research is needed to identify culturally appropriate care.

Implications for Nursing Practice: Assess the effects of treatment on women's personal lives. Know where women can purchase prostheses that match their skin tones. Refer minority women to support groups specifically designed for them.

Quality of life and sexuality after diagnoses of breast cancer are assuming greater importance as more women are living long lives after treatment. Breast cancer treatment, especially chemotherapy, has a major impact on sexual physiologic functioning. Research on how women manage these alterations has been conducted with samples composed primarily of Caucasians (Kemeny, Wellisch, & Schain, 1988; Schain, d'Angelo, Dunn, Lichter, & Pierce, 1994; Wilmoth & Townsend, 1995; Young-McCaughan, 1996). Caucasian women generally are diagnosed with cancer in earlier stages than minority women (Dignam, 2000) and might be assumed to require less extensive treatment. Little is known about the personal lives of minority women and their intimate relationships after a breast cancer diagnosis. The purpose of this pilot study was to identify the issues confronting minority women in their personal lives after a diagnosis of breast cancer.

Background

Minority women remain underrepresented in breast cancer research and in studies that focus on the sexual effects of breast cancer treatment. The lack of study addressing sexuality in

Key Points . . .

- ▶ All women with breast cancer, regardless of ethnicity, have concerns regarding menopause, body image, and sexuality that nurses must address.
- ▶ Nurses should be able to direct African American women to businesses specializing in prostheses that match their skin tones and wigs that match their hair textures.
- ▶ Nurses should explore the need for support groups that are ethnically/culturally specific to the population they serve.
- ▶ Churches are important social organizations in the African American community. Nurses should consider conducting breast cancer screening and education in churches.

minority women has been noted as a deficit in the oncology literature (Schover, 1994). Review of the literature indicates that what has been learned about the effects of cancer treatment on sexuality has been gained from samples that consisted primarily (90% or more) of Caucasian women (Schover et al., 1995; Wilmoth & Ross, 1997; Wilmoth & Townsend, 1995). Definitive reasons for the absence of minorities from sexuality research have not been documented, but speculations exist as to why they are not adequately represented (Haynes & Smedley, 1999). They may hold more conservative beliefs about sexuality (Schover, 1994) or distrust healthcare professionals based on past experiences or fear of exploitation. Researchers may need to use specialized recruitment efforts to access minority groups. Focus groups have been successful in identifying methodologies that will increase the participation of minority women in screening efforts. One such methodology includes the personal influence of community leaders combined with interpersonal contacts that encourage preventive care (Williams, Abbott, & Taylor, 1997). Similar efforts may be required to increase participation in research on personal issues after breast cancer diagnosis.

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