

Quality of Life, Social Support, and Uncertainty Among Latina and Caucasian Breast Cancer Survivors: A Comparative Study

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The quality of life (QOL) of breast cancer survivors from diverse ethnic, cultural, and socioeconomic backgrounds is an emerging research priority (Ashing-Giwa et al., 2004); however, ethnic influence on the QOL of breast cancer survivors is a focus of research that has remained largely unexplored (Knobf, 2007). The existing knowledge base of the QOL of breast cancer survivors has been formulated from studies that mostly investigated middle- to upper-class Caucasian American women. QOL investigation of breast cancer survivors from ethnic minorities is sparse, as are comparative studies between Caucasian breast cancer survivors and those of ethnic minorities (Culver, Arena, Antoni, & Carver, 2002; Knobf; Leedham & Ganz, 1999).

Breast cancer is the most commonly occurring cancer within the Latina population (American Cancer Society [ACS], 2009), is diagnosed at a more advanced stage, and is the leading cause of cancer death (ACS; Hunter, 2000). Research studies that address how Latinas manage their breast cancer or its effect on QOL are particularly scarce (Knobf, 2007).

Social support and uncertainty have been identified as variables that influence the QOL of breast cancer survivors (Sammarco, 2001, 2003). Numerous studies have described the effect of social support and uncertainty on the QOL of predominantly Caucasian breast cancer survivors (Budin, 1998; Ferrans, 1994; Gil et al., 2004; Hoskins et al., 1996; Mast, 1998; Sammarco, 2001, 2003). As a result, the existing body of knowledge is limited in providing evidence that supports culturally competent healthcare delivery to Latina breast cancer survivors (Naranjo & Dirksen, 1998).

To address the paucity of QOL research that has been conducted among Latina breast cancer survivors, Sammarco and Konecny (2008) investigated the relationship among perceived social support, uncertainty, and QOL in this population. This article extends that inquiry. Latina and Caucasian cultural dynamics, sociodemographic differences, and behavioral characteristics create unique influences on breast cancer inci-

Purpose/Objectives: To examine the differences between Latina and Caucasian breast cancer survivors in perceived social support, uncertainty, and quality of life (QOL), and the differences between the cohorts in selected demographic variables.

Design: Descriptive, comparative study.

Setting: Selected private hospitals and American Cancer Society units in a metropolitan area of the northeastern United States.

Sample: 182 Caucasian and 98 Latina breast cancer survivors.

Methods: Participants completed a personal data sheet, the Social Support Questionnaire, the Mishel Uncertainty in Illness Scale–Community Form, and the Ferrans and Powers QOL Index–Cancer Version III at home and returned the questionnaires to the investigators via postage-paid envelope.

Main Research Variables: Perceived social support, uncertainty, and QOL.

Findings: Caucasians reported significantly higher levels of total perceived social support and QOL than Latinas.

Conclusions: Psychiatric illness comorbidity and lower level of education in Latinas were factors in the disparity of QOL.

Implications for Nursing: Nurses should be mindful of the essential association of perceived social support, uncertainty, and QOL in Latina breast cancer survivors and how Latinas differ from Caucasian breast cancer survivors. Factors such as cultural values, comorbidities, and education level likely influence perceived social support, uncertainty, and QOL.

dence, mortality, and survival (Sammarco & Konecny). Bringing the differences to light is important when formulating a culturally specific knowledge base to better meet the care requirements of Latina breast cancer survivors. Therefore, the purpose of this study was twofold: to examine the differences between Latina and Caucasian breast cancer survivors in perceived social support, uncertainty, and QOL; and to examine the differences between the cohorts in selected demographic variables.