

The Delay and Worry Experience of African American Women With Breast Cancer

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Purpose/Objectives: To examine the delay in seeking treatment and worry experiences of African American women with breast cancer.

Design: Descriptive, correlational.

Setting: Urban northeastern United States.

Sample: 60 African American women diagnosed with breast cancer.

Methods: Consenting participants completed the worry subscale of the Ware Health Perception questionnaire and a Demographic and Illness-Related Information Sheet during a one-hour personal interview. Data analysis consisted of descriptive statistics and Pearson correlations.

Main Research Variables: Delay in seeking treatment, worry about breast cancer and symptoms, and sociodemographic characteristics.

Findings: Contrary to the literature, participants reported short patient and provider delay. As a result of little variability in delay, predicting those for whom worry was a deterrent or a motivator to seek prompt treatment was not possible.

Conclusions: Although delay does exist, African American women with sociodemographic characteristics similar to white women who do not delay are likely to have similarly short symptom durations. Further study to determine who is helped and who is hurt by worry and other possible intervening factors would be useful. Including biologic characteristics such as tumor staging and hormone receptor information in future studies would allow for a closer examination of stage at diagnosis and biologic influence.

Implications for Nursing: Interventions with African American women cannot assume that delay exists. Strategies that consider both individual and cultural group differences are essential to the early seeking of a diagnosis and treatment for breast cancer symptoms among African American women.

African American women with breast cancer continue to die more often than other groups of women despite efforts to improve survival through the development of effective detection techniques and increased numbers of viable treatment options (American Cancer Society [ACS], 2005; Joslyn & West, 2000). The most prevalent finding concerning decreased survival for African American women has been their presentation for diagnosis and treatment at a more advanced stage of the disease, as evidenced by increased tumor size and an increased frequency and number of positive axillary lymph nodes (Caplan, Helzlsouer, Shapiro, Wesley, & Edwards, 1996; Coates et al., 1992; Li, Malone, & Daling, 2003; Moormeier, 1996; Trock, 1996). African American women's advanced stage of disease at diagnosis has been attributed largely to a delay in seeking treatment (Hunter et al., 1993; Lannin et al., 1998).

Key Points . . .

- ▶ African American women's advanced stage of disease at diagnosis has been attributed largely to a delay in seeking treatment.
- ▶ Nurses must consider multiple system-, patient-, and biologic-related factors that might influence delay and advanced-stage disease.
- ▶ Future studies are needed to better understand the relationship between worry and delay in seeking treatment.

The study reported in this article was part of a larger project examining the relationship of causal attributions to psychosocial adjustment in African American women with breast cancer in which attribution theory was used as a guide in examining the delay and worry responses of African American women to breast cancer symptoms (Bradley, 1999). What is being described is the existence of delay in seeking treatment and worry for breast cancer symptoms among African American women. Additionally, the association of delay with worry about breast cancer and selected sociodemographic and illness-related variables was examined.

Literature Review

For more than 40 years, various disciplines have investigated the association of demographic and psychosocial factors with delay in seeking treatment, particularly for cancer symptoms, from a variety of perspectives in retrospective studies (see Long [1993] and Facione [1993] for comprehensive reviews). Delay has been attributed primarily to patient characteristics such as fatalistic attitudes and distrust of the healthcare system (Conrad, Brown, & Conrad, 1996; Powe & Finnie, 2003).

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