Psychosocial Experiences, Communication Behaviors and Treatment Decision-Making among Hispanic Women with Breast Cancer

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Background

- Racial/ethnic minority women in the U.S. face unique barriers to timely and informed breast cancer diagnosis and treatment
- Delays in initiation of breast cancer treatment after diagnosis have been documented among U.S. Hispanic women

Objectives

- Explore psychosocial experiences, communication behaviors and treatment decision-making processes of Hispanic women after breast cancer diagnosis
- Findings may direct patient navigator programs intended to facilitate informed and timely cancer treatment among Hispanic women

Research Methods

- Participants recruited from 2 local cancer survivor support groups in Yakima Valley, WA
- From January-June 2009, 13 in-person semi-structured qualitative interviews conducted by trained bilingual interviewers
- Audio-taped interviews transcribed and translated from Spanish to English
- 2 staff members independently identified and coded key words and common themes from transcripts
- Staff members met to discuss inconsistencies in coding until consensus reached





Results

Table 1. Demographic characteristics of breast cancer survivors at time of interview a
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	Total (n=13) n (%)
Age (in years) (mean (sd))	48.9 (8.5)
Country of birth	
U.S.	4 (30.8)
Mexico	9 (69.2)
Marital status	
Married/with a long-term partner	6 (46.2)
Never married/separated or divorced/widowed	7 (53.8)
Education	
4 th grade or less	2 (15.4)
5 th through 8 th grade	5 (38.4)
9 th grade through some college	6 (46.2)
Employment status	
Working part-time	2 (15.4)
Homemaker/unemployed	11 (84.6)
Health insurance status	
Basic Health Care Plan	5 (38.4)
Medicare/Medicaid/Coupons	6 (46.2)
No insurance	2 (15.4)

Theme 1: Psychosocial response to breast cancer diagnosis and treatment

Initial reaction

- Fear
- Sadness
- Disbelief

"....when they told me that I needed surgery and that they were going to remove my breast completely...it was terrible for me, when they told me 'you have cancer' I thought that I was dead..."

Challenges faced after diagnosis

- Treatment side effects
- Physical changes
- Job loss
- Anxiety

"...it's just really awful because you feel like throwing up and my bones, they still hurt right now... you feel tired and you are sick for days ...and I still had to go to work... I needed to work because I had medical insurance and I needed it to get me through that... *it's just very overwhelming"*

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Coping with breast cancer diagnosis and treatment

- Family
- Friends
- Support groups
- Religious faith

"We have always been very close, but now with my disease it has brought everyone even something that gave me a lot of strength to get through everything..."

Theme 2: Treatment decision-making

Treatment decision-making process

- Deferred to doctor
- Deferred to family and doctor
- Made decisions with assistance from doctor
- Made decisions with assistance from family and doctor

"My husband and I decided in that moment that we were going to let the doctor tell us what was better for me and we will go with her decision, to remove my whole breast or only the tumor, she knew more about that than us, because one doesn't know anything, so we asked her opinion ..."

"... the doctor explained to me what I needed to do, and he said it was my decision, then automatically I didn't even think about it and told him 'yes lets do it'... I accepted what he told me I needed to do; I didn't even think about it, I was going to do it because I was aware that he was the one that knew what he was doing"

Theme 3: Communication with doctor

Communication prior to breast cancer diagnosis

Concerns ignored by doctor

"I was struggling with my doctors, between six and eight months before being diagnosed with cancer. I was fighting to get a mammogram, I was also fighting to get an ultrasound, all they would tell me is that I didn't meet the requirements to get a mammogram, and they didn't want to perform an ultrasound on me ..."

Communication about breast cancer diagnosis

Doctor:

- was insensitive
- provided limited information about disease
- did not speak same language as patient

"I would have liked for them to explain to me what was cancer and why did I have it ... the answers ... [my] doctor gave me were that there wasn't really an explanation, and that the only thing they needed to do was to remove my breast and that's it"

Communication about breast cancer treatment

Doctor:

- was trustworthy
- was rushed for time
- provided limited information about treatment options
- provided limited information about treatment side effects
- ignored concerns leading up to treatment

"...they never told me that they were going to remove my breast, so to me it was a very shocking moment ... I was still seeing blurry from the effects of the anesthesia; that's when the nurse came up to me with a tray that had my breast, and she told me 'look lady, this is what we removed, this is what was making you sick'..."

Conclusions and Future Directions

- Among this group of Hispanic breast cancer survivors:
 - Women deferred to physicians for final treatment decisions, however;
 - Most believed they had received inadequate information about what to expect from treatment and potential side effects
- Findings provide useful information for physicians and patient navigators to facilitate informed and timely treatment:
 - Translators should be available to assist with physician-patient communication as language barriers may prohibit patients' understanding of cancer diagnosis and treatment options
 - Developing an understanding of cultural norms within the Hispanic community can facilitate more supportive and positive physician-patient interactions

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