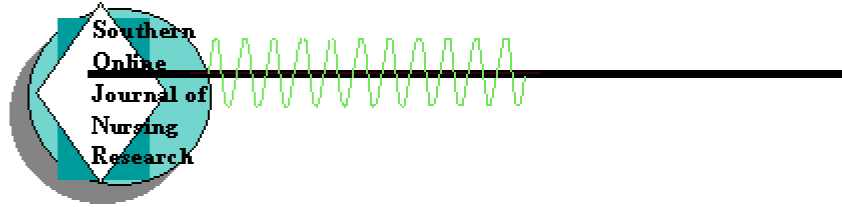

Southern Online Journal of Nursing Research

www.snrs.org

Issue 3, Vol. 4
May, 2003

Coping Strategies Among African American Women with Breast Cancer

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Interactive comments section

ABSTRACT

Although coping strategies have proven vital in assisting women to adapt to a diagnosis of breast cancer, few researchers have focused on coping strategies used by African American women with breast cancer. The objectives of this study were to determine the coping strategies used by African American women with breast cancer and to explore sociodemographic variables such as age, income, education, marital status, and length of time since diagnosis on coping strategies among African American women with breast cancer. A cross-sectional design was used to study relationships among these variables. The sample consisted of 86 African American women with a diagnosis of breast cancer living in the southeastern United States. Participants were

surveyed with a demographic data sheet and the Ways of Coping Questionnaire (WCQ). Data were analyzed with descriptive statistics and multiple linear regression analyses. Results indicated that positive reappraisal and seeking social support are the most commonly used coping strategies among African American women with breast cancer. No significant relationships were found among sociodemographic variables and coping strategies among African American women. Also, a comparison of our mean coping strategy scores among African American women with breast cancer are higher than the mean coping strategy scores from a previous study of mostly Caucasian women with breast cancer. Further research is needed to explore coping strategies of positive reappraisal and seeking social support as these may be important factors in how African American women survive breast cancer.

Key words: ***African American, women, breast cancer, coping, psychological***

Introduction

Breast cancer is the leading cause of cancer deaths among African American women.[1,2] In 2003, approximately 20,000 new cases of breast cancer will occur in African American women in the United States, and nearly 5,700 African American women will die from breast cancer.[1] In addition, African American women have a lower survival rate from breast cancer than Caucasian women.[1,3] The 5-year survival rate for breast cancer among African American women is 73% when compared to a survival rate of 88% among Caucasian women.[1] Lack of education, lower socioeconomic status, inadequate medical insurance, underutilization of mammography, higher stage at cancer diagnosis, and limited access to care are some reported reasons for the racial differences in breast cancer survival.[1,3] African American women and Caucasian women cope differently with breast cancer which may also help to explain their differences in breast cancer survival.[4]

Recently, researchers have determined that coping strategies used by women with breast cancer are a vital component for adjustment to their disease.[4-7] Although studied among Caucasian women, coping strategies for African American women have not been well defined in the majority of illnesses,

including breast cancer.[8-10] Exploration of coping strategies used by African American women, and the possibility of how certain sociodemographic variables might relate to coping strategies among African American women with breast cancer, is the focus of this study.

Literature Review

Theoretical Framework. This study is guided by the Roy Adaptation Model.[11] In this model, individuals are viewed as adaptive systems that are capable of responding to their changing environment. The environment is categorized into focal, contextual, and residual stimuli. The focal stimulus is what immediately confronts the individual, which in this study was the diagnosis of breast cancer. Contextual stimuli are factors that contribute to the focal stimulus. In this study, we conceptualized these factors to be intervening variables that included relevant demographic data of age, marital status, educational level, income, and length of time since diagnosis. These intervening variables are discussed in other studies of individuals with breast cancer.[12-15] Residual stimuli are unknown environmental factors that affect the individual's adaptive system. In this study, we allowed for the possibility of unknown residual stimuli, although we could not quantify or measure them.

According to Fawcett,[16] the Roy Adaptation Model [11] is related to the theory of Lazarus, Averill, and Opton,[17] which describes coping mechanisms as innate or acquired methods that individuals use to respond to internal and/or external changes. Roy and Andrews [11] state that individuals respond to changes in environmental stimuli through regulator and cognator coping subsystems. The regulator subsystem is a coping process in which an individual automatically responds to environmental stimuli through neural, chemical, and endocrine systems. The cognator coping subsystem allows an individual to respond and adapt to the environmental stimuli through four cognitive-emotive channels: 1) perceptual and information processing, 2) learning, 3) judgment, and 4) emotion. Perceptual information processing involves activities of selective attention, coding, and memory. Learning involves imitation, reinforcement, and insight. Judgment involves decision-making and problem solving. Emotions refer to psychological defenses used to make affective appraisals and attachments. Also, the regulator and

cognator coping subsystems occur in four adaptive modes: 1) physiological, 2) self-concept, 3) role function, and 4) interdependence.[11]

Roy and Andrews[11] state that the goal of nursing care is to promote health among individuals by enhancing their coping mechanisms. As few researchers focus on coping strategies used by African American women, this study fills a gap in nursing knowledge by focusing on the cognator coping mechanisms of African American women with breast cancer. African American women as well as other racial groups may be viewed as adaptive systems that are capable of responding to their changing environmental stimuli through cognitive coping mechanisms that promote their adaptation to a diagnosis of breast cancer. In this study we focused on African American women.

Breast Cancer, Coping Strategies, and Adaptation. Due to the physical and psychological impact of breast cancer, coping strategies are essential for adaptation.[4-7] Various strategies exist to assist women in coping with breast cancer.[13,18] Little is known about the psychological continuum within which African American women live with an illness such as breast cancer, and what enhances possible long-term survival.[19,20] It is important to recognize that African American women filter information through a cultural context. These factors may influence their perception of breast cancer and possibly influence their survival rates.[19-22]

Prayer and spirituality are common coping approaches for African American women experiencing illness.[19-23] Studies show that both African American women and Caucasian women frequently use positive reappraisal, social support, and “planful problem solving” to cope with breast cancer.[8,10,24] Folkman and Lazarus [25] coined the term "planful problem solving" to mean that an individual utilizes an analytic approach to solve a problem or stressful situation. Northouse et al.[26] found that optimism was related to a high quality of life among African American women with breast cancer; however, no statistically significant relationships were found between demographic variables and quality of life among these women. A possible limitation of their study is that coping was not measured as a mediator between the antecedent demographic variables and the outcome variable, quality of life.

Support and information play significant roles in women's adjustment to breast cancer.[27-29] Studies of Caucasian women who do not receive adequate information or social support show that they tend to experience more difficulty adjusting to breast cancer.[28,29] African American women report receiving insufficient information from their health care providers regarding how to cope with their breast cancer.[9,30] Furthermore, African American women state that some breast cancer support groups lack cultural sensitivity and do not provide them with the information and emotional support they need to cope with breast cancer.[9,31] These experiences of African American women with traditional health care services may place them at risk for inadequate adjustment to their breast cancer.

Contextual variables and coping with breast cancer. A few studies examine the relationship of sociodemographic variables among women coping with breast cancer; however, most of these studies include only a small percentage of African American women.[7,14,32] Schnoll, Knowles, and Harlow[14] studied a sample of mixed gender Caucasian cancer survivors and found that demographic variables were associated with positive adaptation. Those who were married, had high income and education levels, and used lower levels of avoidant coping had better adjustment, while length of diagnosis was not related to adjustment. Most of the participants were breast cancer survivors (60%).

In another study of predominantly Caucasian breast cancer survivors (91.6%), those with lower education were more likely to use confrontive coping.[15] Age, education, uncertainty, stress appraisal, or hope did not explain a significant amount of variance in any of their coping strategies. The relative mean scores (RMS) on the Ways of Coping Questionnaire indicated that their most commonly used coping strategies were planful problem solving (RMS = 0.18) and positive reappraisal (RMS = 0.17). Women with a lower educational background were more likely to use the confrontive coping strategy.

Many research studies utilize qualitative methodologies to explore the breast cancer experience of African American women.[30,31,33] However, to our knowledge only a few published studies use quantitative methodology to explore relationships between demographic variables and coping strategies used by African American women; these studies

consist of combined samples of women from different ethnic/racial groups.[4,8,10,34] Additionally, there are inconsistencies in the literature regarding demographic variables that may predict coping strategies used by women with breast cancer.[8,14,34] Therefore, the aims of this study were to specifically focus on coping strategies used by African American women with breast cancer and to identify relationships among sociodemographic variables and coping strategies used by African American women with breast cancer. Based on our literature review, we hypothesized that the coping strategies of positive reappraisal, seeking social support, and planful problem solving would be related to sociodemographic variables.

Methods

Sample/Setting. A cross-sectional design and a convenience sampling technique were used to recruit participants for this study. Eligibility criteria were as follows: 1) African American women who self-reported a confirmed diagnosis of breast cancer, 2) no metastatic disease, 3) resident of the southeastern United States, and 4) able to provide verbal and written consent to participate in the study.

Procedures. Flyers were given to breast cancer support group facilitators, African American church leaders, and nurses and physicians at oncology clinics to distribute to potential participants. Breast cancer support group facilitators and ministers at churches allowed the first author to make verbal announcements about the study. African American women who were interested in participating in the study contacted the researcher via telephone. Written consent was obtained from each participant. Breast cancer support group facilitators allotted time for African American women to complete questionnaires if they wanted to participate in the study. Some women asked to have their surveys mailed and agreed to return them to the researcher (n = 20) while the others completed their surveys on site (n=66). Most participants (62%) were recruited from African American breast cancer support groups while the rest were not (38%). Approval to conduct this study was obtained from the Hampton University Institutional Review Board.

Instrumentation. Data were collected utilizing a background data sheet (BDS) and the Ways of Coping Questionnaire

(WCQ) developed by Folkman and Lazarus.[25] The BDS, developed by the lead author, was used to obtain demographic data that pertained to the contextual stimuli such as age, marital status, income, educational level, and length of time since diagnosis. The WCQ served as a measure for cognator coping mechanisms utilized by African American women who had been diagnosed with breast cancer. Based on a review of the Cumulative Index to Nursing and Allied Health Literature (CINAHL) from 1996 to 2002, [35] the WCQ has been widely used in nursing studies guided by the Roy Adaptation Model.[11]

The WCQ is a 66-item, 4-point Likert-type instrument that assesses cognitive and behavioral coping strategies with eight subscales.[25] Participants are asked to respond to each item by indicating the frequency with which each strategy was used with 0 indicating “not used,” 1 indicating “used somewhat,” 2 indicating “used quite a bit,” and 3 indicating “used a great deal.” Table 1 depicts the eight subscales and what they represent. According to Folkman and Lazarus,[25] Cronbach alpha scores in the original study ranged from .61 to .79; in this study they ranged from .51 to .70 (see Table 1).

Table 1. Description of Folkman and Lazarus [25] Ways of Coping Questionnaire Subscales and Cronbach α scores for the Original Sample and Current Sample

Coping Subscale	Description of Coping Subscale	Cronbach α Original Sample	Cronbach α Current Sample
Confrontive Coping	aggressive efforts used to alter a situation; describes the individual as using some degree of hostility and risk-taking behavior	.70	.52
Distancing	detachment or disengagement; a strategy to minimize the significance of the situation	.61	.51
Self-controlling	efforts that are used by individuals to regulate their feelings and actions	.70	.43
Seeking social support	efforts used to obtain informational, tangible, and/or emotional support	.76	.70
Accepting responsibility	recognizes one's role in solving a problem	.66	.66
Escape-avoidance	wishful thinking and behavioral efforts to avoid confronting a problem or stressful situation	.72	.59
Planful problem solving	problem-focused efforts to alter the situation, including an analytic approach to problem solving	.68	.63
Positive reappraisal	a religious dimension, includes giving positive meaning to a situation by focusing on one's personal growth	.79	.70

*Statistical Analysis***.** Continuous variables included age and length of time since diagnosis. Categorical variables included marital status, income status and education level. Raw scores and relative scores were calculated for the WCQ as described in the WCQ manual.[25] Raw scores represent the sum of the items divided by the number of items in that subscale. Relative scores represent each raw score divided by the total of all the raw scores for the eight subscales. Relative scores are expressed as a proportion for each type of coping subscale. High relative and raw scores indicate that a person frequently uses the behaviors described by that coping subscale.

Next, multiple regression analyses were done with each coping subscale

being regressed onto the sociodemographic variables of age, length of time since diagnosis, marital status, income, and educational level. All categorical data were dummy coded. Relative scores were used to conduct multiple regression analyses where we separately regressed each coping subscale onto the sociodemographic variables. All of these data were analyzed utilizing the Statistical Package for the Social Sciences software program (SPSS, 2002) Version 11.0.[36] Finally, to aid in the interpretation of our data, we chose to compare our raw scores obtained from each coping subscale in this study to those from a previous study.[8] This study was the only one in the literature that provided mean and SD scores for the WCQ subscales; however, these data combined Caucasian women and African American women with breast cancer. The sample size, mean, and SD for that study and our study were used to perform t-tests for independent samples. STATA Statistical Software,[37] Version 7.0 was used for these analyses.

We approached the missing data using statistical procedure of mean imputation. No participant had a large number of items missing from the WCQ. For those who inadvertently omitted items from the WCQ, which did not include more than two responses per questionnaire, we imputed the mean scores for each item on the WCQ. For sociodemographic data missing on the BDS, we did not impute any values; these participants were not included in the regression analysis, as is the default in SPSS.

Power Analysis. Power analyses were conducted a-priori for sample size estimation. These analyses were conducted with G*POWER [38-39] with each subscale coping score as the outcome measure. The a-priori power analysis for the multiple linear regression with nine predictors (i.e., all the sociodemographic variables in their dummy coded form) showed that 54 participants (total *N*) were necessary to detect a large effect (f^2 = .35; Cohen [40]) with α = .05 and power = .80.

Results

Table 2 depicts the summary demographic characteristics of the participants in this study. Ages ranged from 35 to 76 years old. Participant's length of time since the diagnosis of breast cancer ranged from 2 months to 21 years. The majority of the participants were married (45.3%). Educational levels ranged from less than high school to

doctor of philosophy degree. The majority of participants had at least a high school degree. The majority of participants' annual incomes were in the category that ranged from $30,000 per year to $59,999 per year. Also, the most common type of surgery reported by participants included simple mastectomy (16.3%), radical mastectomy (32.6%), and lumpectomy (46.5%). Participants received various types of breast cancer treatment such as radiation, chemotherapy, and surgery.

Table 2. Demographic Characteristics of African American Women with Breast Cancer (N = 86)

Variable	Mean[a] or Frequencies[b]	SD[a] or Percentages[b]
Age (years)[a]	52.29	9.42
Length of time since diagnosis (months)[a]	51.92	56.61
Marital Status[b]		
Single	16	18.60
Married	39	45.34
Previously Married	31	36.04
Educational Status[b]		
High School or Less	30	34.88
Associates Degree	9	10.46
Bachelor's Degree	21	24.41
Master's Degree or higher	22	25.58
Missing	4	4.65
Annual Income[b]		
<$30,000	18	20.93
$30,000 - $59,999	42	48.83
$60,000 or greater	21	24.41
Missing	5	5.81

Note: [a]Means and SD are for continuous variables (age and length of time since diagnosis)
[b]Frequencies and percentages are for categorical variables (marital status, educational status, annual income)

Based on relative scores of the WCQ, the most frequently used coping strategies were positive reappraisal and social support, followed by planful problem solving. As shown in Table 3, the other coping strategies were not as common. Accepting responsibility was the least frequently used coping strategy among participants.

Table 3. Relative Score Coping Strategy Subscales Among African American Women with Breast Cancer (N = 86)

Coping Strategy	Mean	SD
Positive Reappraisal	0.24	0.06
Seeking Social Support	0.20	0.06
Planful Problem Solving	0.15	0.05
Self-Controlling	0.12	0.04
Distancing	0.10	0.05
Escape-avoidance	0.07	0.04
Confrontive Coping	0.07	0.04
Accepting Responsibility	0.03	0.04

Note: Mean and SD relative scores from the Ways of Coping Questionnaire [25]

As shown in Table 4, multiple regression analyses indicated that none of the variables of age, marital status, education, income, or length of time since diagnosis predicted any of the eight types of coping strategies (our hypotheses and also exploratory analyses for the others) among African American women who had been diagnosed with breast cancer. Also, comparison of our summary scores to those in the literature from a mostly Caucasian sample of women with breast cancer with t-tests showed that there were significant differences between African American and Caucasian women where African American women used more positive reappraisal, seeking social support, planful problem solving, escape-avoidance, and confrontive coping strategies (see Table 5).

Table 4. Multiple Linear Regression Models for Coping Strategy Subscales Regressed on Sociodemographic Factors among African American Women with Breast Cancer

Coping Strategy	Model F Statistic	Model p-value
Positive Reappraisal	0.88	.54
Seeking Social Support	0.65	.75
Planful Problem Solving	0.81	.61
Self-Controlling	0.88	.55
Distancing	1.34	.23
Escape-avoidance	0.47	.89
Confrontive Coping	0.43	.91
Accepting Responsibility	1.14	.35

Note: Coping strategies are those obtained from the WCQ [25] using the relative scoring method
N = 79 due to missing sociodemographic data.

Table 5. Ways of Coping Questionnaire Comparisons Between African American Women and a Mixed Racial Sample of Mostly Caucasian Women with Breast Cancer

Coping Strategy	Mean (SD)[a]	Mean (SD)[b]	t statistic	p-value	95% CI[c]
Positive Reappraisal	1.45 (.74)	2.41 (.52)	-10.11	<.001	-1.15, -0.77
Seeking Social Support	1.70 (.75)	2.07 (.68)	-3.51	< .001	-0.58, -0.16
Planful Problem Solving	1.31 (.63)	1.57 (.61)	-2.86	< .01	-0.44, -0.08
Self-Controlling	1.14 (.61)	1.29 (.51)	-1.81	> .05	-0.31, 0.01
Distancing	1.05 (.68)	1.06 (.51)	-0.11	> .05	-0.19, 0.17
Escape-avoidance	0.63 (.54)	0.78 (.48)	-1.995	< .05	-.0.30, -0.00
Confrontive Coping	0.53 (.42)	0.78 (.46)	-3.89	< .001	-0.38, -0.12
Accepting Responsibility	0.33 (.46)	0.39 (.55)	-0.815	> .05	-0.21, 0.09

Note: WCQ [25] raw scores.
[a]Bourjolly and Hirschman [8] study of 102 African American and Caucasian women
[b]Current study of 86 African American women
[c]95% confidence interval for mean differences as a measure of effect size. Significance is indicated if the interval does not include the value of zero.

Discussion

Our study analyzed the coping strategies used by African American women with breast cancer. Many of our participants were married, well-educated, and had relatively high personal incomes. Thus more insight is provided regarding the coping strategies used among African American women with breast cancer from this type of socioeconomic background. Coping strategies used among African American women in this study are similar to coping strategies reported by African American women with breast cancer who had lower incomes and were less

educated.[8,15] This suggests that socioeconomic status may not play a significant role in coping strategies in this population.

Although research studies show that coping strategies are related to how women adapt to breast cancer, it remains unclear how demographic variables may predict coping strategies used among women with breast cancer.[7] Schnoll, Knowles, and Harlow [14] studied a sample of mixed gender Caucasian cancer survivors and found that demographic variables were associated with positive adaptation. Those who were married, had high income and education levels, and used lower levels of avoidant coping had better adjustment, while length of diagnosis was not related to adjustment. However, Wonghongkul et al.[15] found that demographic variables (age and education) and psychological variables (stress appraisal and hope) did not explain a significant amount of variance on any of the coping strategies used by women with breast cancer. Also, Bourjolly and Hirschman [8] found no statistically significant correlations with any sociodemographic variables and coping strategies used among a sample of African American and Caucasian women with breast cancer. Our study shows that there were no significant relationships between sociodemographic variables and coping strategies.

In a qualitative study of African American women coping with breast cancer, having a positive attitude and receiving social support from family members and friends helped them cope with the challenges of their breast cancer.[9] Using the same sample but now using quantitative methods, we find similar results in that positive reappraisal and seeking social support are the most frequently used coping strategies among African American women. These qualitative and quantitative findings demonstrate the utility of triangulation methods to obtain the most accurate and comprehensive picture of a phenomenon.[41]

Bourjolly and Hirschman[8] report similarities between African American women and Caucasian women coping with breast cancer. Fogel et al.[42] found no differences in coping strategies among African American, Hispanic and Caucasian women with breast cancer who utilized the Internet for breast health information. Reynolds et al.[4] found differences in coping strategies

between African American women and Caucasian women and suggest that these differences should be explored because it may help explain the differences in survival between African American women and Caucasian women.

Our study suggests that differences may exist between African American women and Caucasian women coping with breast cancer. All of our mean subscale scores for the WCQ were higher in this sample of African American women with breast cancer compared to a previous study of a mixed racial sample of mostly Caucasian women with breast cancer. We found significant differences in the use of 5 out of 8 coping strategies between these groups. Positive reappraisal, social support, planful problem solving, distancing, and escape-avoidance were used more among this sample of African American women than with the mixed racial sample of mostly Caucasian women.[8] One of the reasons why positive reappraisal may be used more among African American women is because this coping strategy has a religious dimension, and research indicates that African American women utilize more religious coping than Caucasian women with breast cancer.[10,43]

Social support is important to both African American women and Caucasian women coping with breast cancer.[8,42] In this study, African American women used positive reappraisal as a coping strategy more frequently than seeking social support. In the previous study of African American women and Caucasian women, seeking social support was used more frequently than positive reappraisal.[8] Bourjolly and Hirschman [8] found differences in the type of social support used between African American women and Caucasian women with breast cancer whereas African American women relied more on God for support and Caucasian women relied more on their spouses. Thus the differences found in the use of seeking social support between our sample and the previous study may be related to the type of social support used between African American women and Caucasian women to cope with breast cancer.

Cancer patients who utilize coping strategies such as distancing and escape-avoidance have more psychological distress related to breast cancer.[44] Since only a few African American women in this study used distancing and escape-avoidance as coping strategies, this suggests that African American women

with breast cancer are not susceptible to this negative coping approach. There were no differences found in the use of self-controlling as a coping strategy in this sample or in the mixed racial sample of mostly Caucasian women with breast cancer.[8] This finding may suggest that both African American women and Caucasian women with breast cancer experience equivalent levels of self-controlling coping styles.

Quite often women with breast cancer are overwhelmed with their diagnosis and are unable to effectively problem solve and make appropriate decisions regarding receiving treatment and seeking support.[45] According to Lazarus and Folkman,[46] decision-making can be obscured during illness and can lead to maladaptive coping behaviors. Individuals who utilize planful problem solving as a coping strategy focus their efforts on planning and taking direct action to solve a problem which is related to better adjustment to cancer.[47] Participants in this study frequently used planful problem solving to cope with breast cancer. This finding suggests that African American women take direct action to solve their problems with breast cancer. Our findings also support a qualitative study conducted by Lackey et al.[33] in which African American women with breast cancer were able to move through the illness trajectory by thinking through the process.

Accepting responsibility was the least frequently used coping strategy among African American women in this study which was similar to studies of Caucasian women with breast cancer.[8,14] Also, no differences were found between participants in this study and a mixed sample of mostly Caucasian women with regard to their use of distancing and accepting responsibility as strategies to cope with breast cancer. This suggests that both Caucasian and African American women with breast cancer tend not to blame themselves for the disease nor think that it is their sole responsibility to address the problem.

Limitations. There are a number of limitations to this study. First, the majority of participants were recruited from African American breast cancer support groups which limit generalizability of findings. Second, no direct cultural comparisons were made with women from other ethnic or racial backgrounds but rather through summary data from the literature. Third, we acknowledge that our

comparison of summary data from our study to a mixed racial sample of mostly Caucasian women with breast cancer may have different sociodemographic data and may not be truly eligible for these direct comparisons. Fourth, stage of cancer diagnosis may have influenced coping strategies used by participants and we did not have access to that data. Fifth, some of the Cronbach alpha reliabilities for the subscales were low in this study; therefore, those constructs may be unreliable.

Implications for Nursing Practice. This study utilized a nursing model, the Roy Adaptation Model [11] to guide the investigation of the cognitive coping mechanisms used by African American women for adaptation to breast cancer. No demographic variables (age, income, education, marital status, and length of time since diagnosis) were related to coping strategies used by African American women in this study; therefore, further research is needed to explore contextual variables that may predict how African American women cope with breast cancer. It is vital for nurses to recognize the role that coping strategies may contribute in the adaptation to breast cancer among African American women and develop culturally sensitive interventions that may contribute to their survival of the disease.

Northouse et al.[26] found that, overall, African American women with breast cancer were optimistic about the disease and report a fairly high quality of life. Positive reappraisal and seeking social support are common coping strategies used by African American women with breast cancer in this study and previous studies; therefore, nurses should consider utilizing these coping strategies to help African American women with breast cancer. Also, research is needed to explore how having a positive attitude and seeking social support can affect survival of breast cancer among African American women.

Since coping strategies such as distancing, escape-avoidance, and accepting responsibility are reported to increase psychological distress for cancer patients,[44,47] it is essential for nurses to teach African women who utilize these strategies more adaptive ways of coping with breast cancer so they can have better health outcomes from the disease. It is also important for nurses to recognize cultural differences in coping with breast cancer between African American women and Caucasian

women. Thus more research is needed to explore the differences in coping with breast cancer between African American women and Caucasian women, and whether these differences predict survival of the disease.

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Acknowledgements:
Zora Brown and Carolyn Brown-Davis, directors of "Rise Sister Rise" Breast Cancer Support Group are recognized for their efforts in recruiting participants for this study. A sincere appreciation goes to Victoria Mock, DNSc, AOCN, FAAN for her comments and suggestions in helping to prepare this manuscript.

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Reader Questions

"I am a Ph.D student in nursing. I read your article about coping in breast cancer patients. For my dissertation, I would like to do the same work in women with breast cancer in Iran . I want to know what questions should be included in interview."

--F. Taleghani

The Authors Respond:

"Your interview guide will be based on your topic of interest as well as the type of qualitative study you are conducting. A qualitative research course will provide you with more insight on how to conduct various types of qualitative studies. For my dissertation, I utilized both quantitative and qualitative methods. I used focus group methodology for the qualitative phase of the study. I purchased Morgan and Krueger's series of books on conducting focus groups. As a rule of conducting qualitative research, you want to start out with general open ended questions and then make them more specific. For example, in my study, I asked questions such as the following:

1. *Please tell me how your breast cancer was discovered, and how that made you feel.*
2. *Please tell me about your feelings, behavior, and emotions at diagnosis.*
3. *Who did you turn to for support?*
4. *Please tell me were there things that bothered you during your breast cancer experience, and how did you handle them.*
5. *Please tell me if you used your religious beliefs to help you cope with breast cancer.*
6. *Please tell me what type of strategies you used to cope with breast cancer?*

These are just an example of a few questions. Most people limit there questions to about 10, but again, it depends on what type of qualitative study you are conducting."

Breast Cancer Screening for Women at Higher Risk. Accessing Sources of Support. Family Health History Tool.Â American Indian/Alaska Native women tend to have lower rates of breast cancer and breast cancer mortality than white/non-Hispanic white or black/non-Hispanic black women [62,106,126]. However, these rates vary according to where women live. American Indian and Alaska Native who live in Alaska have the highest rates of breast cancer (similar to non-Hispanic white women) and those who live in the Southwest have the lowest rates [128]. Asian-American, Native Hawaiian and Pacific Islander women. Asian women in the U.S. have somewhat lower rates of breast cancer screening than other women [99].