

Exploring Perceptions of Cancer Care Delivery Among Older Mexican American Adults

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Significant disparities exist among racial and ethnic minority groups with regard to cancer screening rates, primary therapy, conservative surgical treatment, adjuvant therapies, and treatment follow-up (Shavers & Brown, 2002). The differences exist independent of stage of cancer, patient treatment preference, and other clinical factors. System-level healthcare discrimination and healthcare provider bias have received increased focus as possible contributory factors to health disparities. Exploration of effects of perceived discrimination in cancer care among Latinos is an important area of study because, as the largest ethnic group in the United States, they experience disproportionate cancer morbidity and mortality rates. Although Latinos have lower overall incidence rates of cancer, compared to other groups such as African Americans, they present at more advanced stages of disease and have poorer survival rates for certain types of cancer, such as prostate and cervical cancer (National Cancer Institute, 2008).

Patients with language barriers are particularly vulnerable to health disparities (Robert Wood Johnson Foundation, 2005) and are more likely to perceive unsatisfactory healthcare delivery (Morales, Cunningham, Brown, Liu, & Hays, 1999). A national study of Anglo Americans, African Americans, Asians, and Latinos found that minorities were significantly more likely than Anglos to perceive disrespect and unfair medical treatment and were less likely to engage in health screening and follow recommended treatment because of those perceptions (Blanchard & Lurie, 2004). Other studies have found that Spanish-speaking Latinos are less likely to rate their providers as respectful and concerned than Anglos or their English-speaking Latino counterparts, even when interpreters are available (Fernandez et al., 2004).

Patient Perspectives of Discrimination in Cancer Care

Healthcare research examining perceived discrimination in cancer care is lacking. A comprehensive review of

Purpose/Objectives: To investigate older Mexican Americans' perceptions of cancer care delivery, specifically regarding perceived discrimination.

Research Approach: Qualitative.

Setting: Senior centers and participants' homes.

Participants: 5 older Mexican American cancer survivors.

Methodologic Approach: The sample included five Spanish-speaking Mexican Americans with low incomes who were previously diagnosed with cancer. Ages ranged from 68–86 years ($\bar{X} = 76.4$). Participants were recruited through several community-based agencies and resources. Interviews were conducted and recorded on audiotape in participants' homes or at a senior center. A demographic questionnaire and the Mini Mental State Exam were administered in English or Spanish.

Main Research Variables: Perceptions of healthcare delivery.

Findings: Three themes emerged from the interview data: (a) emotional responses to cancer diagnosis, (b) relationship with healthcare providers, and (c) use of spiritual resources in coping with cancer. Participants denied experiencing any discrimination in health care related to race, ethnicity, income, or language spoken. Perceptions of good and poor-quality health care are described.

Conclusions: Participants were satisfied with the cancer care they received, with a few exceptions. The role of age and education level in perceived discrimination needs further exploration.

Interpretation: Replication of this study with larger, culturally diverse samples is needed to increase understanding of the role of perceived discrimination in cancer care and to develop culturally responsive, evidence-based healthcare interventions for patients and families coping with cancer.

32 nursing research studies on breast cancer care among African American women over the previous decade (Underwood et al., 2005) revealed no studies addressing perceived racism or discrimination in cancer care. The few studies that have been conducted among racial and ethnic minorities diagnosed with cancer indicate that healthcare bias is an issue for some patients. Perceived bias in cancer care influenced beliefs and behaviors about cancer treatment among minority patients with