

African American Women's Recollected Experiences of Adherence to Breast Cancer Treatment

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This research was funded by the ONS Foundation through an unrestricted grant. Heiney has previously consulted for and received honorarium from the Tree House Foundation. Quinn previously received payment from the University of South Carolina for writing and reviewing this article. Felder is currently funded by a Mentored Research Scientist Development Award to Promote Diversity from the National Cancer Institute of the National Institutes of Health (K01CA193667).

Heiney, Messias, Felder, and Quinn contributed to the conceptualization and design. Heiney and Quinn completed the data collection. Heiney provided statistical support. All of the authors provided the analysis and contributed to the manuscript preparation.

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Submitted April 2016. Accepted for publication June 2, 2016.

Keywords: African American; breast cancer; treatment decision making; survivorship; treatment adherence

ONF, 44(2), 217–224.

doi: 10.1188/17.ONF.217-224

Purpose/Objectives: To explore African American women's recollected experiences of breast cancer treatment.

Research Approach: Qualitative description and narrative analysis.

Setting: South Carolina Oncology Associates, an outpatient oncology clinic serving rural and urban populations.

Participants: 16 African American women with breast cancer previously enrolled in the control arm (n = 93) of a completed randomized, controlled trial.

Methodologic Approach: Feminist narrative analysis of in-depth individual interviews.

Findings: The authors identified three themes within the African American breast cancer survivors' recollected experiences of treatment adherence: Embarking With Trust, Moving on Down the Road, and Being Actively Involved in Decision Making.

Interpretation: Although little evidence was presented of shared decision making with providers, patients were committed to completing the prescribed therapies. The narratives highlighted the value of in-depth examination of patients' perspectives, particularly among minority and underserved groups. With the exception of voicing personal choice of surgical treatment, the women trusted providers' recommendations with a resolve to "just do it." Although trust may enhance treatment adherence, it may also reflect power differentials based on gender, race, education, and culture.

Implications for Nursing: Nurses should listen to patients describe their experience with cancer treatment and compare the themes from this study with their patients' story. This comparison will help nurses support patients through various aspect of diagnosis and treatment.

The breast cancer mortality rate among African American women is 42% higher than that of Caucasian women (Howlander et al., 2015), even with equivalent cancer stage and treatment (Albain, Unger, Crowley, Coltman, & Hershman, 2009; Berz et al., 2009). About 6,300 African American women die from breast cancer in the United States each year (American Cancer Society, 2016). Early discontinuation or failure to receive recommended treatment is highly associated with mortality (Hershman et al., 2011). Although improved treatment adherence could potentially decrease this mortality gap (Hassett & Griggs, 2009), limited research has been conducted on African American women's adherence to radiation or parenteral chemotherapy (Magai, Consedine, Adjei, Hershman, & Neugut, 2008; Wells, Strickland, Dalton, & Freeman, 2014). For the purpose of this article, the authors defined treatment adherence as treatment completed as recommended (Gould & Mitty, 2010). Current literature suggests that the term *compliance* could be seen as pejorative and reflects a power differential between provider and patient. The authors used the term *adherence* to suggest that treatment is not something done to a patient