Social Disconnection in African American Women With Breast Cancer

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The American Cancer Society ([ACS], 2013a, 2013b) predicted that 27,060 new cases of breast cancer would be diagnosed in African American women in 2013, compared to an estimated 232,340 new cases among all races. Breast cancer is the most common cancer diagnosis among African American women and has a higher mortality rate in African American women than in other races, with 6,080 estimated deaths compared to 39,620 in all races (ACS, 2013a, 2013b). Biologic and genetic factors, stress, and negative social environments may decrease survival rates (Berz et al., 2009; Vona-Davis & Rose, 2009). Minimal theory has been developed to provide a framework for examining outcomes in African American women with breast cancer. Even fewer theory-based interventions exist to improve social outcomes for African American women with breast cancer. Before building theory, however, concepts must be defined in relation to how African American women experience breast cancer.

The purpose of the current article is to define social disconnection, discuss distinctions from related concepts, describe the antecedents and consequences of social disconnection, and provide direction for future research. This article focuses on African American women diagnosed with breast cancer, but the author recognizes that social disconnection may occur in any patient with cancer. The focus is on African American women with breast cancer because literature suggests that health disparities and poor survival outcomes exist, and those negative aspects may influence social disconnection (Berz et al., 2009; Eisenberger & Cole, 2012). African American women traditionally rely on extended family, faith-based organizations, and coworkers for assistance with life problems. The past reliance on large social support networks may be why social disconnection is particularly distressing to African American women (Shelby et al., 2008).

The current article follows an unorthodox approach to concept definition and analysis. The article does not strictly follow the steps laid out by Walker and Avant (1994) for concept analysis. It omits cases and, instead, borrows from concept synthesis and uses clinical experience. The work began in 2002, when the author attended a workshop that focused on designing and implementing nursing interventions. An experiential component of the workshop was to conceive a nursing problem and create an intervention to address it. Using inductive reasoning based on 25 years of clinical practice with patients with cancer living in rural communities, disruption in relationships following a cancer diagnosis was identified as a problem. The problem was derived from counseling sessions with patients and supervision of psychosocial staff caring for patients and families. Thinking about their social relationships,