The Influence of Social Support on Breast Cancer Screening in a Multicultural Community Sample

Maria C. Katapodi, RN, MS, Noreen C. Facione, RN, FNP PhD, Christine Miaskowski, RN, PhD, FAAN, Marylin J. Dodd, RN, PhD, FAAN, and Catherine Waters, RN, PhD

Purpose/Objectives: To examine the relationship between women’s reported social support and their adherence to recommended breast cancer screening guidelines.

Design: Descriptive, cross-sectional survey.

Setting: Community women’s organizations throughout the San Francisco Bay Area.

Sample: 833 mostly low-income women with a mean age of 46.2 years from three racial or ethnic groups (i.e., Latina, Caucasian, and African American) who were not breast cancer survivors.

Methods: Social support was measured with a five-item, four-point, Likert scale developed for the study (Cronbach’s alpha = 0.7248). Adherence to screening guidelines was measured by asking frequency of performing breast self-examination (BSE) and frequency of obtaining a clinical breast examination (CBE) and a mammogram. Research assistants and leaders of women’s organizations conducted the survey in work and community settings.

Main Research Variables: Social support, performance of BSE, obtaining a CBE and a mammogram, income, education, spoken language, and level of acculturation.

Findings: Higher levels of social support were related to higher income and higher education. Lower levels of social support were associated with being Latina, completing the survey in Spanish, and being born abroad. Women who did not adhere to screening guidelines (for BSE or CBE) reported less social support.

Conclusions: Social support is associated with adherence to breast cancer screening guidelines.

Implications for Nursing: Nurses should assess women’s levels of social support as a factor when evaluating adherence to breast cancer screening guidelines.

Key Points . . .

» Social support enhances positive health outcomes and well-being.

» Community-based cancer screening programs that use lay health advisors assume that supportive interpersonal relationships facilitate screening behavior.

» Nurses should assess women’s levels of social support as a factor when evaluating adherence to breast cancer screening guidelines.

» Nursing can play an important role in promoting screening behavior by fostering sources of support.

» Future research needs to investigate whether certain sources or kind of social support are more important than others in influencing breast cancer screening behavior.

The links between social support, positive health outcomes, and well-being are well established, and individuals who have social and community ties have lower morbidity and mortality rates than those who lack social support (House, Landis, & Umberson, 1988). Social support is hypothesized to act in a three-fold manner. It can influence individuals’ appraisals of stressful events, it can influence their appraisals of coping options, and it can have a direct impact on health behaviors (Komproe, Rijken, Ros, Winnubst, & Hart, 1997).

Compared with men, women appear to be more influenced to perform positive health behaviors when they have adequate supportive relationships (Molinari, Ahern, & Hendryx, 1998). Therefore, women’s social support networks are expected to influence their attitudes about breast cancer screening. Commonly cited breast cancer screening barriers are lack of medical insurance, low annual income, low education level, and issues associated with race or ethnicity (Bastani et al., 1995; Pearlman, Rakowski, Ehrich, & Clark, 1996). Cultural factors that have a negative impact on breast cancer screening are issues of privacy and modesty, lack of knowledge that breast cancer risk increases with age, lack of appreciation of preventive medicine, fear of finding cancer, spoken language, and a non-supportive spouse or partner, especially for Latinas (Choudhry, Srivastava, & Fitch, 1998; Facione & Katapodi, 2000; Flores & Mata, 1995; Oktay, 1998).

Maria C. Katapodi, RN, MS, is a PhD student; Noreen C. Facione, RN, FNP, PhD, is an associate professor in the Department of Physiological Nursing; Christine Miaskowski, RN, PhD, FAAN, is a professor and chair of the Department of Physiological Nursing; Marylin J. Dodd, RN, PhD, FAAN, is a professor and the associate dean in the School of Nursing; and Catherine Waters, RN, PhD, is an associate professor in the Department of Community Health Care Systems, all at the University of California, San Francisco. This work was funded by the California Breast Cancer Research Program Grant 1-KB-0045, AlphaEta Chapter of Sigma Theta Tau International Honor Society of Nursing, and the University of California, San Francisco Research Center for Symptom Management. (Submitted February 2001. Accepted for publication August 7, 2001.)

Digital Object Identifier: 10.1188/02.ONF.845-852