Well-being among women who have survived breast cancer is gaining increased attention as the number of these women continues to grow. The five-year survival rate for all stages of breast cancer is 86%, a significant increase from 75% in 1976 (Jemal, Thomas, Murray, & Thun, 2002). Well-being, which is defined as the subjective perception of quality of life, is believed to be influenced profoundly by the thoughts and feelings individuals persistently maintain related to the experience of surviving cancer (Schnake et al., 1983). In most published studies examining well-being, the overwhelming majority of survivors of breast cancer were self-identified as Caucasian, Anglo, or white. Thus, researchers have yet to adequately address the influence of ethnic background on survivors’ well-being and, more specifically, how ethnicity may affect the variables that research suggests are important to well-being in white women who have survived breast cancer. King et al. (1997), in their comprehensive review of current knowledge about quality of life and the cancer experience, explicitly addressed the dearth of knowledge related to the impact of ethnicity on quality-of-life outcomes. The lack of theoretical frameworks that have been evaluated for applicability with different ethnic groups also is a concern.

The purpose of this study was to further test a conceptual model of well-being among survivors of breast cancer by comparing the responses of Hispanic and non-Hispanic white women about variables known to significantly influence well-being. A comparison of empirical models derived from the data in these two groups of women was expected to provide a clearer understanding of how ethnicity influences well-being in women who have survived breast cancer.

This study had three goals. The first was to examine the relationship between demographic and cancer-related variables and well-being in Hispanic and non-Hispanic white survivors. Shannon Ruff Dirksen, RN, PhD, is an associate professor in the College of Nursing at Arizona State University in Tempe; while she was conducting the research for this article, she was in the College of Nursing at the University of New Mexico in Albuquerque. Julie Reed Erickson, RN, PhD, FAAN, is an associate professor in the College of Nursing at the University of Arizona in Tucson. Funding for this study was provided by an ONS Foundation Research Grant, supported by Immunex; the University of New Mexico College of Nursing; and an American Cancer Society Institutional Research Grant. (Submitted December 2000. Accepted for publication April 12, 2001.)

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Well-Being in Hispanic and Non-Hispanic White Survivors of Breast Cancer

Key Points . . .

➤ Limited knowledge is available regarding the influence of ethnicity on survivors’ well-being.
➤ Similarities in well-being exist among Hispanic and non-Hispanic white survivors of breast cancer.
➤ Older Hispanic women report greater well-being.
➤ Healthcare orientation, uncertainty, social support, and self-esteem merit inclusion in future studies of survivors’ well-being.

Purpose/Objectives: To test a well-being model on Hispanic and non-Hispanic white survivors of breast cancer by comparing responses about variables hypothesized to predict well-being.

Main Research Variables: Healthcare orientation, uncertainty, social support, resourcefulness, self-esteem, and well-being.

Design: Descriptive and comparative.

Sample: 50 Hispanic and 50 non-Hispanic white women who completed treatment for breast cancer and were disease-free.

Setting: Regional cancer center in southwestern United States.

Methods: Subjects completed the Psychosocial Adjustment to Illness Scale–Health Care Orientation Subscale, Mishel Uncertainty Illness Scale, Personal Resource Questionnaire, Self-Control Schedule, Self-Esteem Inventory, and Index of Well-Being.

Findings: Both groups of women reported high well-being. Sample characteristics were not related significantly to well-being in either group. No statistically significant differences were found between Hispanic and non-Hispanic white women on any variables.

Conclusions: Comparison of well-being models revealed similarities between the two groups, including variables entering each regression equation, and explained variance. Further research is needed to explore whether commonalities in women’s responses to breast cancer exist independent of ethnicity.

Implications for Nursing: Nurses should continue encouraging both Hispanic and non-Hispanic white women to share concerns and seek information from healthcare providers while strengthening feelings of self-worth because these factors directly affect well-being.