A Qualitative Exploration of the Experiences of Lesbian and Heterosexual Patients With Breast Cancer

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**Purpose/Objectives:** To explore similarities and differences between lesbian and heterosexual survivors of breast cancer regarding cancer experiences, medical interactions related to cancer treatment, and quality of life (QOL).

**Design:** Qualitative study using focus groups.

**Setting:** Urban, community-based health center.

**Sample:** A convenience sample of lesbians (n = 13) and heterosexual women (n = 28) with a diagnosis of breast cancer within the past five years. Participants were recruited via posted advertisements.

**Methods:** Focus groups were conducted as part of a larger study exploring coping and adjustment in lesbian survivors of breast cancer. Transcribed focus group data were analyzed through thematic and representative case study methods.

**Main Research Variables:** Broad aspects of medical interactions and the patient-provider relationship that may be associated with improved QOL of lesbian and heterosexual patients with cancer.

**Findings:** Data suggested similarities between lesbians and heterosexual women in their overall QOL. However, differences did emerge between the groups. Lesbians reported higher stress associated with diagnosis, lower satisfaction with care received from physicians, and a trend toward lower satisfaction with the availability of emotional support.

**Conclusions:** Study findings have important implications for future research on adjustment and coping among lesbian patients with breast cancer and for the improvement of their mental and physical healthcare services.

**Implications for Nursing:** Study findings may help improve healthcare services for lesbians with cancer.

The literature suggests that lesbians may face challenges and emotional difficulties after a cancer diagnosis that differ from those experienced by heterosexual women.

Disclosures of sexual orientation to healthcare providers was a unique decision and concern for lesbian respondents.

Although breast cancer represents a significant health threat for all women, few systematic attempts have been made to study lesbians with breast cancer.

Study findings have implications for patients’ adjustment to cancer, patient and provider education, and provision of care.

Key Points . . .

- The literature suggests that lesbians may face challenges and emotional difficulties after a cancer diagnosis that differ from those experienced by heterosexual women.
- Disclosure of sexual orientation to healthcare providers was a unique decision and concern for lesbian respondents.
- Although breast cancer represents a significant health threat for all women, few systematic attempts have been made to study lesbians with breast cancer.
- Study findings have implications for patients’ adjustment to cancer, patient and provider education, and provision of care.

Breast cancer is the second most common cancer in women, with an estimated 203,500 new cases expected to have occurred in U.S. women in 2002 (American Cancer Society, 2002). Although overall breast cancer survival rates are improving, poor, nonwhite, and other underserved populations do not share the positive gains. For example, African American women are less likely to develop breast cancer than Caucasian women, yet they are more likely to die from the disease after diagnosed (Ries et al., 2000).

The companion document to “Healthy People 2010” (Gay and Lesbian Medical Association, 2001) highlighted the potential for disparities in health status among lesbians. A number of studies have suggested that lesbians are at increased risk for the development of breast and other types of cancer because of behavioral and lifestyle factors such as higher rates of smoking and alcohol consumption, poor diet, higher body mass index, and null parity (Rankow, 1995; White & Levinson, 1993). Despite the possibility of increased cancer risk among lesbians, a panel of experts cautioned that, in the absence of epidemiologic studies, conclusions about the cancer risk status of lesbians are premature (Solarz, 1999).