African American women with breast cancer continue
to die more often than other groups of women despite
efforts to improve survival through the development
of effective detection techniques and increased numbers of
viable treatment options (American Cancer Society [ACS],
2005; Joslyn & West, 2000). The most prevalent finding con-
cerning decreased survival for African American women has
been their presentation for diagnosis and treatment at a more
advanced stage of the disease, as evidenced by increased tu-
mor size and an increased frequency and number of positive
axillary lymph nodes (Caplan, Helzlsouer, Shapiro, Wesley,
& Edwards, 1996; Coates et al., 1992; Li, Malone, & Daling,
2003; Moormeier, 1996; Trock, 1996). African American
women’s advanced stage of disease at diagnosis has been at-
tributed largely to a delay in seeking treatment (Hunter et al.,

The study reported in this article was part of a larger project
examining the relationship of causal attributions to psycho-
social adjustment in African American women with breast
cancer in which attribution theory was used as a guide in
examining the delay and worry responses of African American
women to breast cancer symptoms (Bradley, 1999). What is
being described is the existence of delay in seeking treat-
ment and worry for breast cancer symptoms among African
American women. Additionally, the association of delay with
worry about breast cancer and selected sociodemographic and
illness-related variables was examined.

Purpose/Objectives: To examine the delay in seeking treatment and
worry experiences of African American women with breast cancer.

Design: Descriptive, correlational.

Setting: Urban northeastern United States.

Sample: 60 African American women diagnosed with breast cancer.

Methods: Consenting participants completed the worry subscale of
the Ware Health Perception questionnaire and a Demographic and Illness-
Related Information Sheet during a one-hour personal interview. Data
analysis consisted of descriptive statistics and Pearson correlations.

Main Research Variables: Delay in seeking treatment, worry about
breast cancer and symptoms, and sociodemographic characteristics.

Findings: Contrary to the literature, participants reported short patient
and provider delay. As a result of little variability in delay, predicting those
for whom worry was a deterrent or a motivator to seek prompt treatment
was not possible.

Conclusions: Although delay does exist, African American women
with sociodemographic characteristics similar to white women who do
not delay are likely to have similarly short symptom durations. Further
study to determine who is helped and who is hurt by worry and other
possible intervening factors would be useful. Including biologic char-
acteristics such as tumor staging and hormone receptor information in
future studies would allow for a closer examination of stage at diagnosis
and biologic influence.

Implications for Nursing: Interventions with African American women
cannot assume that delay exists. Strategies that consider both individual
and cultural group differences are essential to the early seeking of a
diagnosis and treatment for breast cancer symptoms among African
American women.

The Delay and Worry Experience of African
American Women With Breast Cancer

Patricia K. Bradley, PhD, RN, CS

Key Points . . .

➤ African American women’s advanced stage of disease at di-
agnosis has been attributed largely to a delay in seeking treat-
ment.

➤ Nurses must consider multiple system-, patient-, and biologic-
related factors that might influence delay and advanced-stage
disease.

➤ Future studies are needed to better understand the relationship
between worry and delay in seeking treatment.

Literature Review

For more than 40 years, various disciplines have investigated
the association of demographic and psychosocial factors with
delay in seeking treatment, particularly for cancer symptoms,
from a variety of perspectives in retrospective studies (see
Delay has been attributed primarily to patient characteristics
such as fatalistic attitudes and distrust of the healthcare system

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