

Differences in Coping Among African American Women With Breast Cancer and Triple-Negative Breast Cancer

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Purpose/Objectives: To determine differences in psychological distress, symptoms, coping capacity, and coping abilities among African American (AA) women with triple-negative breast cancer (TNBC) and non-TNBC and to explore differences in relationships among these variables.

Design: A prospective, descriptive, comparative, and correlational design.

Setting: Johns Hopkins Hospital in Baltimore, Maryland.

Sample: 30 AA women with breast cancer.

Methods: Patients completed questionnaires during chemotherapy. The Transactional Model of Stress and Coping was used to guide the research.

Main Research Variables: Psychological distress, symptoms, coping capacity, and coping ability.

Findings: Patients with non-TNBC reported more intense present total pain, nausea and vomiting, better emotional functioning, lower cognitive functioning, use of significantly more prayer and hope, and more coping self-statements. A lower coping capacity score was associated with psychological distress in the TNBC group at midpoint and in both groups at completion of chemotherapy treatment. Patients in both groups used a higher level of positive religious coping.

Conclusions: AA women with TNBC and non-TNBC might benefit (reduced psychological distress and improved coping skills) from receiving a comprehensive psychological care program. The findings can be incorporated and tested in a comprehensive coping strategy program.

Implications for Nursing: Nurses should work closely with AA women with breast cancer undergoing chemotherapy to help them identify and consciously use coping strategies associated with increased coping capacity.

Triple-negative breast cancer (TNBC) is a serious form of breast cancer that occurs more frequently in younger African American (AA) women (Susan G. Komen, 2012). Although women diagnosed with TNBC can be successfully treated, they have a poorer prognosis than women diagnosed with non-TNBC because metastasis is often involved (Dent et al., 2009; Foulkes, Smith, & Reis-Filho, 2010; National Cancer Institute, 2017). Breast cancer incidence rates are markedly higher in Caucasian women aged 60–84 years. However, AA women aged younger than 45 years have a higher rate of breast cancer and are more likely to die from it (American Cancer Society, 2015). In addition, AA women are more likely to die within seven years of TNBC diagnosis compared to non-Hispanic Caucasian and Asian women (Newman et al., 2006).