A large percentage of the U.S. population provides informal care to an ill family member, supporting an urgent need for nursing research to explore the caregiving experience and its influence on caregiver health and family functioning (Moore, Moire, & Patrick, 2004; Northouse, Kershaw, Mood, & Schafenacker, 2005). A caregiver’s culture affects the care experience and influences family relationships in the context of illness. In Mexican American culture, women, typically the eldest daughter, become caregivers to ill family members because of a cultural priority of family (Ayalong, 2004; Wells, Cagle, & Bradley, 2006). A recent grounded theory study found that 34 Mexican American family caregivers identified positive outcomes of caregiving, including “becoming stronger.” “Becoming stronger” referred to patients receiving quality care; increased family closeness; and strengthening of caregiver faith, knowledge, and satisfaction with self. All women, however, identified times of “hurting too much” if they lacked understanding of cancer care because of factors associated with the cultural meaning of cancer: limited literacy, English-speaking ability, financial resources, or social support for their role (Wells et al., 2006; Wells, Cagle, Bradley, & Barnes, 2008).

Like Mexican American family caregivers, healthcare providers function in a culture—a system of shared values, norms, and beliefs informed by experiences and education that organize behavior and personal choices (Leininger & McFarland, 2002; Sheldon, 2005). Whether provider-caregiver interactions are influenced when family caregivers of patients with cancer and their healthcare providers hold similar values, beliefs, and knowledge that contribute to the meaning of cancer for both groups is unclear. Limited understanding of common perceptions of caregivers and providers may contribute to misperceptions of needed care by both groups, including provision of educational, resource, and emotional support interventions to help Mexican American family caregivers during cancer (Barrett, Puryear, & Westpheling, 2008; Gordon, 2004). Therefore, a qualitative study focused on healthcare providers’ understanding of Mexican American female cancer caregivers’ meaning of cancer. Study questions explored meaning from a provider perspective, including how meaning influenced caregivers “becoming

Purpose/Objectives: To identify and categorize healthcare provider perceptions of the meaning of cancer to Mexican American female family caregivers, including comparisons to caregiver themes in previous research.

Research Approach: Descriptive, qualitative.

Setting: Three focus groups held in a publicly funded cancer clinic in the southwestern United States.

Participants: 20 healthcare providers in diverse roles.

Methodologic Approach: Tape recording of focus group discussions and transcription of content produced textual data for individual and team analysis.

Main Research Variables: Healthcare provider understanding, caregiver learning, and support needs.

Findings: Five major themes emerged related to the meaning of cancer to Mexican American caregivers: Caregivers fear the cancer diagnosis, interpret cancer as punishment, value maintenance of hope, believe in God and the doctor, and selectively disclose medical information.

Conclusions: Healthcare providers identified most themes defined by Mexican American caregivers in an earlier study. However, provider identification of additional themes supports a blending of voices and partnerships between Mexican American cancer caregivers and providers to address caregiver literacy and support needs during the cancer cycle.

Interpretation: Understanding the cultural meaning of cancer to Mexican American caregivers provides a foundation for healthcare providers to define appropriate caregiver interventions in the cancer trajectory and to meet caregiver support and learning needs. Partnering of caregivers and providers also can ensure culturally sensitive care for Mexican American families experiencing cancer.