

What Is the Rural Cultural Perspective?

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An article by Lally et al. (2018) in the current issue describes the process of collecting end-user feedback from a sample of rural Nebraskan women with breast cancer regarding a web-based, psychosocial distress management program, CaringGuidance™. The current article uses that study to inform discussion on future work in the realm of interventions for rural cancer survivors.

The primary aim of the study by Lally, Eisenhauer, Buckland, and Kupzyk (2018) was to better understand the needs of rural breast cancer survivors to tailor the existing CaringGuidance™ program, which was originally tested with an urban population. Feedback was collected via synchronous, online focus groups after participants had access to the program for an average of 12 days. A secondary aim of the study was to explore the feasibility of using synchronous online focus groups with rural cancer survivors.

A strength of the study is the intentional aim to understand the unique needs of rural cancer survivors and the recognition that web-based support programs can help address many barriers to cancer care in rural regions—specifically, challenges related to transportation and geography, availability of resources, and privacy. As the authors clearly articulate, the psychosocial needs of cancer survivors, particularly those who live in rural areas, remain a critical health services delivery gap. Additional key strengths of this study include the evidence-based approach to the original design of the CaringGuidance program, a strong conceptual model to guide the online focus groups, the comprehensive recruitment strategy, the 100% participant retention rate, and the rigorous approach and clear description of data analysis.

Within the focus groups, participants were asked to discuss the quality (time expenditure, relevance to them and newly diagnosed rural women, and trustworthiness) and usability (navigability and comfort)

of the program. Participants made recommendations to the program in terms of information offered on treatment, rural issues, survivorship, diet, and using the program. Overall, this study supports the feasibility and acceptability of web-based psychosocial interventions in rural breast cancer survivors and the willingness of participants to take part in synchronous online focus groups.

These results offer important insights to inform future work and raise additional questions about designing optimally effective and tailored cancer interventions. The discussion in the current article is intended to generate constructive dialogue about how healthcare researchers and providers can ensure interventions are truly designed for rural cancer survivors and have as much reach and impact as possible. These concerns and questions are certainly not unique or limited to Lally et al.'s (2018) work, but rather are relevant for all research that seeks to design and test tailored Internet-based cancer interventions.

Participant Sample

One important consideration for the design of web-based tools is the participant sample. Breast cancer survivors are well known for being a particularly active and willing sample to engage in research and self-management interventions. Although the needs of this survivor group are important, future work could explore if programs similar to CaringGuidance are as well received and effective for other key groups of rural cancer survivors. For example, in rural southwest Virginia, there is a disproportionately high incidence of malignancies attributed to tobacco use and occupational exposures (Virginia Department of Health, n.d.; Yao, Alcalá, Anderson, & Balkrishnan, 2017). Would men with head and neck or lung cancer in this rural region be as willing to access tools like CaringGuidance? This question is also related

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