Breast cancer is the second leading cause of cancer death among African American women. Although Caucasian women have a higher incidence of breast cancer, African American women continue to show differentially higher rates of mortality from breast cancer (American Cancer Society, 1997, 1998, 1999). Factors postulated for this difference include diagnosis at a later stage, greater likelihood of being diagnosed with estrogen-receptor negative tumors, and greater likelihood of having more aggressive tumors that are more difficult to treat (Chaulk, Kazandjian, & Pipesh, 1995; Chevarley & White, 1997; Lyman et al., 1997). Studies reveal that African American women are more likely to delay initial diagnosis or treatment and to discontinue treatment. Younger age at diagnosis is an important demographic risk factor (Coates et al., 1992; Kimmick, Muss, Case, & Stanley, 1991; Newman & Alfonso, 1997; Ragland, Selvin, & Merrill, 1991; Wells & Horm, 1992).

The researchers initially were intrigued with the potential contribution of caring behaviors to delay in African American women’s decision to seek prompt diagnosis and treatment for breast cancer. Caring behaviors refer to demands and responsibilities related to caring for others in the family or extended social network. Experiences of nursing-social work team and anecdotal comments in presentations and literature reinforced interest in developing this study. In her review of the literature

### Purpose/Objectives:
To describe the caring behaviors and demands of African American women newly diagnosed with breast cancer and to consider the influence of caring on the women’s decision to delay prompt diagnosis and maintain continuing treatment.

### Design:
Focused ethnographic design using photography.

### Sample/Setting:
13 African American women (ages 30-66) purposely selected from two oncology clinics in the mid-South.

### Methods:
Ethnographic interviews (transcribed verbatim), observations at informant-selected sites, field notes, and snapshots of caring taken by the women where caring occurred were analyzed using Leininger’s phases of ethnographic analysis.

### Findings:
Major themes were (a) generic caring for others and self as meaningful and as promoting continued commitment to diagnosis and treatment, (b) generic and professional caring from others as supportive to the women in “going on,” and (c) noncaring related to a “wait and see” attitude of healthcare providers and of women in delaying early diagnosis.

### Conclusions:
African American women’s caring both for and from others was supportive in seeking and continuing diagnosis and treatment. The women with cancer viewed ensuring early diagnosis and continued treatment for other women as their “mission.” Delay by providers and women requires further research.

### Implications for Nursing Practice:
Nurses must advocate assertiveness for African American women in seeking help for breast cancer symptoms and in challenging providers who adopt a “wait and see” attitude when symptoms are present. Taking snapshots, in addition to fostering the research process, is suggested as a potentially helpful intervention for women as they work through their experiences during treatment for breast cancer.

### Key Points . . .

- African American women experience delay in terms of dismissal by healthcare providers regarding the importance of their breast cancer symptoms. The reluctance of some women to identify their fears about their breast cancer symptoms may contribute to delay.
- Caring for others and receiving care from others during the breast cancer experience helps rather than hinders African American women in seeking care and continuing treatment.
- African American women are eager to support other women in seeking immediate attention for breast cancer symptoms. Nurses can be supportive for them in doing so.