

# Perceived Discrimination and Ethnic Identity Among Breast Cancer Survivors

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Current reviews have illustrated that research since 1970 has produced little progress toward the elimination of racial and ethnic disparities in cancer health outcomes (Aziz, 2007; Kagawa-Singer, Valdez Dadia, Yu, & Surbone, 2010). Complex social-ecologic mechanisms contribute to racial and ethnic cancer disparities, including sociodemographic and healthcare system characteristics, tumor biology, and cancer screening behaviors. However, studies have consistently demonstrated that racial and ethnic differences in cancer morbidity and mortality outcomes exist independently of those social, biologic, and clinical variables, suggesting that processes related to poorly understood cultural factors may be involved (Morris, Rhoads, Stain, & Birkmeyer, 2010; Virnig, Baxter, Haberman, Feldman, & Bradley, 2009). In a comprehensive review of cancer disparities research, Kagawa-Singer et al. (2010) stated, "The path of cancer care we have been traveling requires that we rechart our course, for we know what is wrong, but we are unclear why" (p. 35).

Attention has been increasingly focused on the exploration of institutional and interpersonal discrimination in healthcare delivery, with both overt and subtle forms of discrimination contributing to racial and ethnic health disparities (Smedley, Stith, & Nelson, 2003; van Ryn & Fu, 2003). Substantial evidence shows that perceived discrimination is associated with a broad range of poor mental and physical health outcomes in the general population (Facione & Facione, 2007; Williams & Mohammed, 2009). Although researchers are beginning to consider how perceived discrimination may contribute to cancer-related disparities, most studies in this area have focused on the effects of discrimination on cancer screening behaviors, with few examining perceptions

**Purpose/Objectives:** To examine ethnic identity and socio-demographic factors in minority patients' perceptions of healthcare discrimination in breast cancer care.

**Design:** Mixed methods.

**Setting:** Participants' homes in the metropolitan areas of Phoenix and Tucson, AZ.

**Sample:** 39 women treated for breast cancer in the past six years: 15 monolingual Spanish-speaking Latinas, 15 English-speaking Latinas, and 9 African Americans.

**Methods:** Two questionnaires were administered. Individual interviews with participants were conducted by nurse researchers. Quantitative, qualitative, and matrix analytic methods were used.

**Main Research Variables:** Ethnic identity and perceptions of discrimination.

**Findings:** Eighteen women (46%) believed race and spoken language affected the quality of health care. Perceived disrespect from providers was attributed to participant's skin color, income level, citizenship status, and ability to speak English. Discrimination was more likely to be described in a primary care context, rather than cancer care. Ethnic identity and early-stage breast cancer diagnosis were the only study variables significantly associated with perceived healthcare discrimination.

**Conclusions:** This article describes the first investigation examining ethnic identity and perceived discrimination in cancer care delivery. Replication of this study with larger samples is needed to better understand the role of ethnic identity and cancer stage in perceptions of cancer care delivery.

**Implications for Nursing:** Identification of ethnic-specific factors that influence patient's perspectives and healthcare needs will facilitate development of more effective strategies for the delivery of cross-cultural patient-centered cancer care.

of healthcare discrimination in the cancer treatment context (Campesino, 2009; Howard, Balneaves, & Bottorff, 2007; Mandelblatt et al., 2003).