

Cultural Health Beliefs and Health Behaviors in Asian American Breast Cancer Survivors: A Mixed-Methods Approach

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Breast cancer is the leading type of cancer in Asian Americans, one of the fastest growing ethnic groups in the United States (American Cancer Society, 2011). A need exists to investigate outcomes among Asian American subgroups because of the significant heterogeneity in language, religion, lifestyle, and culture within that population (Fuller-Thomson, Brennenstuhl, & Hurd, 2011). The current study focused on Korean Americans, who rank as the fourth largest Asian group in the United States (U.S. Census Bureau, 2012). Few studies of Korean American breast cancer survivors (KABCS) exist, but two reported that the health-related quality of life (HRQOL) of KABCS was significantly lower than that of other ethnic groups (Kim, Ashing-Giwa, Kagawa-Singer, & Tejero, 2006; Lim, Gonzalez, Wang-Letzkus, & Ashing-Giwa, 2009). Understanding their distinct culture may extend the knowledge regarding the post-treatment phase, particularly given that sociocultural barriers to follow-up and rehabilitative care exist for KABCS (Lim, Yi, & Zebrack, 2008).

Cancer survivors' adoption of health-promotion behaviors (e.g., regular exercise; consumption of a plant-based, low-fat diet; appropriate stress-management techniques) after treatment may impact their long-term treatment responses, recovery, disease-free survival, general health, and HRQOL (Mosher et al., 2009; Sprague, Trentham-Dietz, Nichols, Hampton, & Newcomb, 2010). An experience with cancer can lead survivors to make positive changes in their health behaviors, and the experience constitutes a powerful, motivational teachable moment (Demark-Wahnefried, Aziz, Rowland, & Pinto, 2005). However, some survivors do not adhere to guidelines for healthy behaviors. Therefore, research is needed to identify the factors that influence the adoption of healthy behaviors.

Several studies have suggested that healthy behaviors may be attributed to the patient's health beliefs based on his or her unique culture, hereafter termed *cultural health beliefs* (Chung, Cimprich, Janz, & Mills-Wisneski,

Purpose/Objectives: To explore the relationships between cultural health beliefs, acculturation, treatment-related decisions, the doctor-patient relationship, and health behaviors among Asian American breast cancer survivors (AABCS), and the contextual meaning of those relationships among Korean American breast cancer survivors (KABCS) and AABCS.

Design: A mixed-methods triangulation design.

Setting: Community- and hospital-based support groups and hospital cancer registries in California.

Sample: 206 AABCS were included in the quantitative phase, and two focus groups were conducted with KABCS (N = 11) during the qualitative phase.

Methods: The quantitative phase used secondary data for AABCS. Standardized (i.e., cultural health beliefs, doctor-patient relationship, and acculturation) and newly developed instruments (i.e., health behaviors and treatment-related decisions) were used in the quantitative phase. An exploratory, descriptive, qualitative study of KABCS then was undertaken.

Main Research Variables: Cultural health beliefs, acculturation, treatment-related decisions, the doctor-patient relationship, and health behaviors.

Findings: Inter-intrapersonal health beliefs, doctor-patient relationship, and shared decision making were positively associated with adopting healthy lifestyle practices. Findings from the quantitative phase were explained further by the diverse themes that emerged in the KABCS focus groups.

Conclusions: This study provides new knowledge about cultural health beliefs and health behaviors among KABCS using a mixed-methods approach.

Implications for Nursing: The results highlight the need for greater attention to the cultural contexts of AABCS to promote healthy behaviors and recognition of the significant relationship between health professionals and breast cancer survivors.

2009; Lim et al., 2009). Cultural health beliefs relate to the ways that people in the same culture perceive illness, explain pain, and define quality care (Wong-Kim, Sun, & DeMattos, 2003). For example, the cultural health beliefs of Korean Americans emphasize that stress, a major possible cause of breast cancer, may motivate Korean Americans to improve their stress-management skills