

Feasibility of Synchronous Online Focus Groups of Rural Breast Cancer Survivors on Web-Based Distress Self-Management

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PURPOSE: To obtain rural breast cancer survivors' perceptions of CaringGuidance™ After Breast Cancer Diagnosis, a web-based, psychoeducational, distress self-management program, and explore the feasibility of gathering survivors' perceptions about CaringGuidance using online focus groups (OFGs).

PARTICIPANTS & SETTING: 23 survivors of early-stage breast cancer, a mean of 2.5 years postdiagnosis, living in rural Nebraska.

METHODOLOGIC APPROACH: Participants reviewed the CaringGuidance program independently for an average of 12 days prior to their designated OFG. The extent of participants' pre-OFG review was verified electronically. Four synchronous, moderated OFGs were conducted. Demographic and OFG participation data were used to assess feasibility. Transcripts of OFGs were analyzed using directed content analysis.

FINDINGS: All enrolled women participated in their designated OFG. Five themes of the quality and usability of CaringGuidance were identified. Recommendations were used to modify CaringGuidance prior to the pilot efficacy trial.

IMPLICATIONS FOR NURSING: The findings contribute to nurses' knowledge and guide assessment and interventions pertaining to psychosocial needs of rural women with breast cancer, OFGs, and qualities rural women seek in web-based psychological interventions.

KEYWORDS rural; breast cancer; Internet; focus group; distress; self-management

ONF, 45(6), E111-E124.

DOI 10.1188/18.ONF.E111-E124

Lack of accessible patient-centered care for underserved populations (Institute of Medicine [IOM], 2013) and limited management of cancer-related distress (Pirl et al., 2014) represent national crises in oncology (IOM, 2008). Cancer-related distress is biopsychosocial and spiritual, ranging from mild depressive symptoms to major psychiatric illness (National Cancer Institute, 2015). Significant cancer-related distress will be experienced by 30%–60% of women with breast cancer (Acquati & Kayser, 2017; Zabora, BrintzenhofeSzoc, Curbow, Hooker, & Piantadosi, 2001). Specifically, depressive symptoms and anxiety have been found to be as prevalent as 47% and 67%, respectively, among women newly diagnosed with breast cancer (Linden, Vodermaier, MacKenzie, & Greig, 2012). Depressive symptoms may persist for five or more years (Maass, Roorda, Berendsen, Verhaak, & de Bock, 2015), whereas adjustment disorder (Hack & Degner, 2004) and post-traumatic stress symptoms (Elklit & Blum, 2011; Kornblith et al., 2003) have been identified as occurring from 2–20 years postdiagnosis.

Quality of life, adherence to cancer treatment, and resource availability are adversely affected when mental health is overlooked (Holland et al., 2010). Early assessment and management of mental health is recommended to improve outcomes (Andersen et al., 2010; Kanani, Davies, Hanchett, & Jack, 2016); however, few people with cancer receive this care (Holland & Alici, 2010).

For rural cancer survivors, resource scarcity is compounded by distance traveled and stigma associated with cancer and mental health (Weaver, Geiger, Lu, & Case, 2013). Rural women with breast cancer who travel long distances for care experience greater depressive symptoms than those with shorter commutes (Schlegel, Manning, Molix,