

Exploring health behaviour changes within the support systems of breast cancer survivors: A comparative qualitative study of Korean–Americans and Koreans

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Available online 16 September 2014

Abstract

A better understanding of the health behaviours and their association with support systems can help to promote the health behaviours of breast cancer survivors in different cultural contexts. This study explored health behaviour changes within a familial–social–cultural context among Korean populations diagnosed with breast cancer. A comparative qualitative study was conducted with five focus groups of Korean–Americans living in the US and Koreans living in Korea. The common themes among the Korean–Americans and Koreans were 1) the impact of family on a healthy life, 2) recommendations concerning health behaviour practices from physicians, and 3) support from the religious community/faith. The findings also provided an insight into different perspectives related to health behaviour changes and support systems under different cultural contexts. This study sheds light on the importance of developing culturally tailored health behaviour interventions with appropriate support systems for Korean breast cancer survivors.

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Keywords: Breast cancer survivor; Health behaviour change; Korean populations; Qualitative study; Support system

Introduction

Breast cancer is the most common cancer in women worldwide [20]. Over the last two decades, scientific advances in health care have contributed to a substantial increase in breast cancer survival rates. From 1999 to 2009, the breast cancer incidence rate of Asian-Americans did not change significantly, but the mortality rate declined by 0.8% annually [1]. Thus, surviving breast cancer has gradually become a reality for Asian Americans. Specifically, the 5-year breast

cancer survival rate among Korean–Americans, one of the largest and fastest growing ethnic groups in the US, is 89.6% [1]. Similarly, the 5-year survival rate of Korean breast cancer patients living in Korea is 89.9% [11]. Although the survival rates of Korean–Americans and Koreans are similar, their health behaviour patterns following breast cancer diagnosis may differ depending on their living situations and cultural context.

Recent studies have found that cancer survivors tend to make positive changes in health behaviours [5,22]. For example, women reported eating more fruits and vegetables, increasing physical activity, and

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reducing alcohol consumption and tobacco use [5]. These findings suggest that the experience of a cancer diagnosis may motivate and promote healthy behaviours [6]. Based on such scientific evidence, the American Cancer Society has developed health behaviour principles including body weight, physical activity, eating habits, alcohol consumption, and nutrition [1]. However, given that most studies have been conducted in predominantly white populations, the health behaviour patterns of Korean–American breast cancer survivors (BCS) are not well understood. One study investigated whether BCS have similar dietary changes regardless of ethnicity and found that all ethnic groups significantly improved their dietary patterns over time [21]. A study of the health behaviours of Korean national BCS reported that the most frequent behaviour for BCS was dietary treatment (90.9%), followed by exercise (86.8%) [17]. However, there is no evidence of specific health behaviour patterns specific to the distinct culture and living situations of Korean–Americans and Korean nationals. A comparative qualitative study of health behaviour changes may extend our knowledge about health promotion for cancer survivors, especially given that Korean–Americans and Koreans are exposed to different cultural contexts.

Social support systems are a fundamental resource that enhances personal security and improves quality of life and adjustment [4]. Multidimensional support systems in the cancer survivor community may encourage healthy behaviours among BCS. Many researchers agree that positively perceived social support and large social networks are related to the fulfilment of survivor support needs [15,16]. Additionally, a diverse source of network support may be helpful in obtaining benefits from social services and ultimately improving wellbeing [13]. Hence, an exploration of support systems can increase our understanding of health behaviours.

Generally, Korean–Americans have different support systems compared to Korean nationals because they tend to be cut off from the social and emotional support system in Korea due to the geographical distance [9,18]. Moreover, Korean–Americans face cultural and language barriers, which further hinder their ability to access health care and social support sources or providers [3]. Nevertheless, it has been reported that Korean–Americans seem to turn to religious beliefs as a new support system; and this may be a venue to retrieve and exchange health information [14]. Meanwhile, Koreans living in Korea may be deeply involved in the daily life of extended family [13]. Hence, a

better understanding of the health behaviours and their association with support systems can help promote health behaviours in these groups with different aspects.

This study addresses two important issues for Korean–American and Korean BCS. Health behaviour change following breast cancer diagnosis is a critical matter of concern for this population to ultimately improve their quality of life. Having adequate support systems to promote healthy behaviours is another important issue. These issues have received limited attention in the empirical literature with respect to Korean populations diagnosed with breast cancer. Thus, this study explores and compares health behaviour changes within the familial–social–cultural support systems of Korean–American and Korean BCS.

Methods

This exploratory study collected qualitative information through focus groups from Korean–Americans living in the US and Koreans living in Korea from January to July 2009. Focus groups allow participants to discuss their views and experiences in an interactive manner and to establish a sense of comfort [7]. Given that unexplored issues are addressed in this study and that focus groups can provide valuable insights through their flexible and interactive nature, focus groups were chosen as the appropriate research method.

Purposive sampling methods were used to recruit participants. First, Korean–Americans were recruited from community- and hospital-based support groups and hospital cancer registries in Los Angeles (LA), California. Korean nationals were drawn from three hospitals in Seoul, Korea, where participants utilized outpatient clinics or participated in breast cancer support groups. Participants were included if they met the following criteria: (1) they had been diagnosed with breast cancer, (2) they had completed chemotherapy and radiation, (3) they were currently cancer free, (4) they had not been diagnosed with another type of cancer, and (5) they were over 18 years old. Here, Korean–American ethnicity refers to individuals born in the US following their parents' immigration or those who themselves immigrated to the US from Korea. Korean ethnicity refers to those born and currently living in Korea.

Potential participants who were screened for eligibility and consented to participate were invited to attend a focus group at the community hospital or centre. Five focus groups (two for Korean–Americans ($n = 11$) and three for Koreans ($n = 16$)) were

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