

Abstract

Background:

Depressive symptoms in African American breast cancer patients are frequently under-diagnosed and inadequately managed due to a lack of recognition of symptoms that can present differently, which tend to be more somatic than neurovegetative. African American women with depressive symptoms are less likely to adhere to breast cancer treatment, which worsens their health condition and quality of life. Breast cancer mortality is more than 40% higher for African American women in the United States. The need for a culturally sensitive depression screening tool to utilize in clinical practice settings is necessary to allow oncologists to conduct routine depression screenings among this patient population.

Methods:

The purpose of this project was to evaluate the knowledge of depressive symptom presentation among African American breast cancer patients and self-efficacy in their ability to utilize a culturally sensitive depression screening tool among oncology and surgical interdisciplinary team members. The intervention was conducted through participation in a virtual educational presentation over two months, using a pre and post-test likert survey design. The educational intervention addressed depressive symptom presentation of African American breast cancer patients and an evidence-based culturally sensitive depression screening tool, the Center for Epidemiology Depression Scale (CES-D), utilized with breast cancer patients in a clinical practice setting.

Results:

Clinically significant results revealed a range of 1.12 - 2.95 points post-test, which means an increase in knowledge of depressive symptomology of African American breast cancer patients, self-efficacy in the ability to culturally screen for depression, and potential utilization of a culturally sensitive depression screening tool in their clinical practice setting. Although there was a small sample size of participants, the overall acceptability, feasibility, and importance of cultural screening for depression among African American breast cancer patients were scored extremely important by 100% of all participants.

Conclusion:

The positive engagement among the leadership, oncology providers, and interdisciplinary team members in their embrace of this quality improvement project aimed at increasing their knowledge of depressive symptoms among African American breast cancer patients and prospective adoption of a culturally sensitive depression screening scale shows excellent promise for future implementation of the CES-D tool in clinical practice settings. Future research should be developed to address the gaps in clinical practice settings to routinely screen for depression with a culturally sensitive approach among African American breast cancer patients.