

Voices and Faces: A Qualitative Study of Rural Women and a Breast Cancer Self-Help Group via an Audio Teleconferencing Network

Women who have been diagnosed with breast cancer have several psychosocial needs. Research suggests that face-to-face self-help support groups, the most common form of delivering formal social support, may be effective in helping women meet these needs. However, rural women are at a disadvantage when it comes to benefiting from formal social support programs because of their geographical isolation. For rural women with breast cancer to receive support, creative strategies need to be put in place to overcome some of the barriers this isolation poses. Teleconferencing is one such strategy, as it can connect women who are scattered over a wide geographical distance.

Previous research by two of the researchers in this project found that rural women with breast cancer were satisfied with audio teleconferencing as a means of social support. This study builds on this finding to:

- (a) determine the process through which audio teleconferencing provides social support and to delineate the therapeutic factors in the process;
- (b) identify the support needs of rural women with breast cancer;
- (c) determine which of these needs are being met and which are not being met; and
- (d) identify the role that the technology plays in providing the support.

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Methodology

- ❖ This study used grounded theory which is concerned with eliciting from individuals who have experienced a particular event how they define these events and how they act in accordance with what they believe is occurring (Chenitz & Swanson 1986; Morse & Field 1995). Women who had attended audio teleconferencing sessions over the past two years were recruited to the study.
- ❖ Data were collected from the 11 women who volunteered through unstructured interviews, followed by semi-structured questions.

Findings

- ❖ Rural women received emotional and educational support and information from both the network-wide teleconference system ("voices") and the face-to-face interactions at respective sites ("faces").
- ❖ "Voices" and "faces" enabled rural women to transcend their geographic and social isolation and to connect with others through experienced empathy (i.e., that from peers with breast cancer), a critical aspect of emotional support.
- ❖ Audio teleconferencing support offered rural women with breast cancer anonymity, real-time interaction, and was very cost-effective and relatively easy to use. Problems could, however, arise as a result of lack of non-verbal cues and face-to-face contact.

- ❖ Women who participated commonly reported initial difficulties in finding out about the network, where teleconferencing sites were located, how to go about taking part, and accessing the physical teleconference site.

Recommendations

- ❖ Continue the use of audio teleconferencing system for delivering social support programs
- ❖ Target rural and geographically remote women for audio teleconferencing social support programs
- ❖ Ensure that women at different stages of breast cancer, in particular, long-term survivors, take part in the support network
- ❖ Adapt the process of facilitating and/or moderating social support to the medium of audio teleconferencing
- ❖ Provide support and orientation to facilitators of audio teleconferencing social support programs
- ❖ Provide orientation and support to the participants in audio teleconferencing social support programs
- ❖ Develop program coordination mechanisms for promoting the program to participants and health care providers, recruiting participants, and liaising with participants as they initiate in the program
- ❖ Liaise with local teleconference site managers and provide support in setting up the local site as well as the system-wide network

Conclusions

The findings of this project have several important implications for breast cancer survivors and support programs for women in rural areas. There are also policy implications for how health care may be extended to people in outlying areas. One of the challenges of a modern health care system is to overcome the barrier of distance in delivering cost-effective health care in a newly-restructured service. This study demonstrates that the communication technology of audio teleconferencing can offer alternative and innovative bridging mechanisms which overcome the challenges of geographic isolation, and provide rural women with much needed psychosocial support programming.

The findings of this research demonstrate why audio teleconferencing can overcome some of these barriers and how the technology can be used effectively as a means for providing this form of health care to a target population of rural women. Our interviews reveal that women participating in the program reported that the social support they received was helpful in coping with the stressors they experienced as a result of living with breast cancer. We advocate programs of this type, using similar technologies, for addressing the social support needs of persons living in rural and remote communities. More generally, the use of telephone and audio teleconferencing technologies should be widely encouraged for facilitating and providing information and support to people in need in rural setting where such services might be beneficial.

References

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- Morse, J. M. & Field, P.A. (1995). *Qualitative research methods for health professionals*. Thousand Oaks, CA: Sage Publications.

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