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Walden University

College of Health Sciences

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Leslie G. Matthews

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Walden University
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Abstract

A Phenomenological Examination: African American Women and Low Cervical Cancer Screening Attendance

by

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M.S., Austin Peay State University, 1993

B.S., Austin Peay State University, 1992

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health Policy

Walden University

March 2015

Abstract

African American women tend to have lower attendance rates at cervical cancer screenings compared to the attendance rates of women from other ethnic groups. The purpose of this research project was to understand how perceptions of African American women affects attendance of future cervical cancer screenings. The goal was to understand what contributes to low attendance. Previous research did not focus on factors contributing or interfering with appointment attendance among African American women, aged 30–65. The conceptual framework was based on individual health behavior. The research questions examined lived experiences affecting attendance of cervical cancer screenings, attendance of future screenings, and perceptions of experiences. Data collection was based on a phenomenological approach. Open-ended questions were used to gather descriptions of 5 participants' experiences via telephone interviews. These interviews were recorded, transcribed, and coded for recurring themes and patterns. Findings revealed 3 emergent themes related to the attendance of screenings: being knowledgeable of the purpose of cervical cancer screening, a female examiner performing the screening, and the encouragement of family and friends. The implications for social change would be increased knowledge among African American women aged 30-65 and the medical community.

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Dedication

I dedicate this project to my beloved mother, G. Jalloh, who taught me to persevere and stand tall. A big thanks to B. Kohse and Dr. D. Dayson for lending an ear, and E. Winton-Harris for being inspirational. Much love to my friends and family for supporting me during this journey. Most of all, I give thanks to God for this opportunity.

"A journey of a thousand miles begins with a single step." Lao Tzu

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For my stellar dissertation committee, words cannot express my feelings of gratitude and humbleness. Dr. Hudak, thanks for your assistance and commitment in guiding me through this process. I will forever be grateful. Dr. Kennedy, thanks for your guidance. Your feedback was instrumental in helping me format my data for easy reading. To you both, thanks again for your exemplary service.

“There is no substitute for hard work.” – Thomas Edison

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Chapter 1: Introduction to Study

Introduction

African American women are dying from a cancer that can be prevented and treated (Howlader et al. (2012). Even though cervical cancer rates have declined over the last decade, 39% of African American women are likely to be diagnosed with cervical cancer (American Cancer Society[ACS], 2011). Cervical cancer ranked 14th in the United States. as the cause of deaths among women in the United States (Centers for Disease Control and Prevention [CDC], 2010). Cervical cancer rates among African American women are 17% higher than European American women (Mouton, Carter-Nollan, Makambi, Taylor, Palmer, Rosenberg, & Adams-Campbell, 2010).

The cause of cervical cancer is the human papilloma virus ([HPV];CDC, 2013). The virus normally clears up within 1-2 years, but in some women, it may develop into cervical cancer. (CDC, 2013). A diagnosis of cervical cancer is not routinely presented in women under age 21, but the diagnosis is possible, especially if a woman is sexually active (CDC, 2012). It takes several years for invasive cancer to appear. Peak years of precancerous lesions tend to occur between the ages 35 and 55 (Schiffman, Castle, Jeronimo, Rodriguez, & Wacholder, 2007). Six in 10 women, in the United States, do not undergo cervical cancer screening (DHHS, Office on Women's Health, 2006). Newly diagnosed cases of cervical cancer among African American women in 2011 was 2,187(ACS, 2011). The incidence of cervical cancer among African American women was noted to be thirty-nine percent higher than other groups (ACS, 2011).

Cervical screening is important for detecting any abnormal cells (CDC, 2013). Women between the ages of 13 and 26 are encouraged to undergo a cervical exam and vaccination against HPV, if sexually active (CDC 2013). Women over age 26 should follow the advice of their physician or gynecologist in attending routine exams. The danger in not undergoing the exam is undetected cervical cancer that could progress to advanced stages.

The problem is relevant because a higher percentage of African American women are dying from a cancer that can be prevented (Howlader et al., 2012). The American Cancer Society reported cervical cancer rates among African American women to be 39% higher than European Americans and more likely to die from (American Cancer Society, 2011). Research conducted in the last 5 years reveals possible reasons for low attendance at cervical cancer screenings, but based on a phenomenological approach, it does not provide an understanding of personal influences interfering with attendance. Research was needed to understand how personal influences interfere with attendance at future appointments.

The following sections revealed possible factors that may interfere with attending cervical cancer screenings among African American women. A lack of communication between the medical provider and patient may result in an understanding of low rates. Cox's health behavior model will be used to explain individual health behavior and how it affects decisions to attend future appointments as well as patients' perceptions of cervical cancer screenings. A phenomenological approach was used to explore participants' experiences and perceptions.

Background

The Pap smear is important for detecting precancerous cells (Schiffman, Castle, Rodriguez, & Wacholder, 2007). Routine screenings are suggested every 3 years for sexually active women, from age 21 through 30(ACS, 2011). Women aged 30-65 should undergo screenings at least every 5 years or according to the advice of their physician (ACS, 2011).The problem is African American women tend to have lower attendance rates of cervical cancer screenings compared to women from other ethnic groups (American Cancer Society, 2011).

If women do not get screened on a regular basis, infections or precancerous lesions may progress to advanced stages within five to ten years (Schiffman, Castle, Rodriguez, & Wacholder, 2007). Women, aged 35-55, tend to be at greater risk of developing progressive cancer from not attending screenings (Schiffman, Castle, Rodriguez, & Wacholder, 2007). It is estimated 4,000 women die each year from cervical cancer—mainly among ethnic and minority groups (Freeman & Wingrove, 2005). For example, mortality rates are higher among African American women in the southern region of the United States than any other part of the United States (Freeman & Wingrove, 2005). The Institute of Medicine (IOM) found poor communication may be one of the problems contributing to low attendance rates (IOM, 2010). Some women do not understand the reasons for the screening nor long-term effects of not undergoing it. Attendance of a cervical cancer screening is likely if the importance of it is understood. (Radecki, Breitkopf, & Breitkopf, 2005). Ackerson (2008) notes some African American

women may not seek such screenings—or if they do, they may not attend—due to limited understanding as well as to being uninsured.

Several factors may contribute to not undergoing this routine exam, such as socioeconomic background, cultural background, and access to care (Ackerson, 2008; Carter, 2008; Prabhu Das, 2005). Ackerson (2008) suggested previous experiences or perceptions of those experiences may interfere with or prevent African American women from attending cervical cancer screenings. The focus of this discussion is to examine possible reasons for low attendance at cervical cancer screenings among African American women. The following sections address possible factors interfering with attending cervical cancer screenings among African American women.

African American women tend to have lower attendance rates at cervical cancer screenings compared to women from other ethnic groups (American Cancer Society, 2011) even though they could help prevent morbidity and premature mortality. Possible reasons for African American patients not attending these appointments may be affected by cultural and religious beliefs or a lack of support from family and friends (Ackerson, 2008). Some physicians conducting cervical screenings may not be qualified or equipped to conduct them and thus contribute to the anxiety and discomfort a patient endures (Ackerson, 2008). Even when patients are referred to more qualified doctors, attendance rates remain unchanged (Ackerson, 2008). The literature does not reveal the perspective of African American women on their past medical treatment nor on the experiences that may have swayed them from attending future gynecological appointments.

Even though there has been speculation about low attendance rates, a close examination of possible reasons for low rates was conducted. This study explored experiences and perceptions of African American women's past medical treatment, and how it influenced their decision to attend future cervical cancer screening.

Purpose of the Study

The purpose of this research project was to understand how perceptions of the screening affected the decision of African American women to attend future screening appointments. Understanding how their past gynecological experiences shaped their decisions to attend future appointments may help to improve attendance rates and reduce mortality. A review of the literature identified certain factors that may prevent attendance.

Research Questions

The following three research questions were used to examine the experiences of and the perceptions of African American women and cervical cancer screenings. They also asked about how African American women are influenced to get cervical cancer screenings. The answers to the following questions identified some factors that may interfere with attendance rates.

1. What factors affect the attendance of African American women at future cervical cancer screenings?
2. How do African American women describe their experiences influencing attendance at cervical cancer screenings?

3. How do African American women describe their perceptions of cervical cancer screenings that influence future attendance?

Conceptual Framework

The conceptual framework used for this study was Cox's interaction model of client health behavior (IMCHB, Cox, 1982). This model concentrates on three areas: individualism, diversity of each situation, and the patient's ability to change her perceptions about a previous event. Interventions are customized to address each unique medical encounter (Cox, 1982). Logical connections among the key elements of the framework would be the conditions affecting attendance at future screenings.

An individual's environment can influence her behavior and shape her perceptions. Understanding these perceptions can provide some insight into why there is an increase in mortality rates among African American women diagnosed with cervical cancer. A phenomenological approach and the framework of Cox's health belief model helped to explain the experiences of African American women and their attendance at cervical cancer screenings. The details of Cox's health model are discussed in Chapter 2.

Nature of the study

A phenomenological approach was to examine lived experiences of African American women and their gynecological experiences. Data was collected by a telephone interview; participants' responses were recorded via freeconferencecall.com and manually transcribed. The data were then coded and analyzed to identify emerging themes.

In discussing the phenomenon of low attendance rates among African American women, Churchill & Wertz (2001) described phenomenology as the recollection of individual experiences rather than providing specifics as to why they reacted to the event. A description of the findings was discussed in Chapter 4.

Definition of Terms¶

The following terms used to identify key elements: Human papilloma virus, Interaction Model of Health Behavior, and Pap smear:

Human Papilloma Virus (HPV): A virus that is passed during sexual contact (anal or vaginal). Can infect genital areas of men and women including the skin of the penis, vulva (area outside the vagina, and anus, and the linings of the vagina, cervix, and rectum. It can also infect the lining of the mouth and throat (National Cancer Institute Dictionary of Cancer Terms, n.d.).

IMCHB (Interaction Model of Client Health Behavior): Proposes how patient-provider relationships can be improved by client singularity, client-professional interaction and health outcome (Mathews, 2007). It is also the framework that provides guidance to nurse practitioners when determining how to promote positive health behaviors, the patient-provider relationship and how to identify health behavior (Cox, 1982).

Papanicolaou (Pap) smear/test: Cells are collected from the cervix to check for cancerous tissue (CDC, 2014). A test that screens for pre-cancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately (National Cancer Institute Dictionary of Cancer Terms, n.d.).

Assumptions

Based on research findings, it is understood that participants are comfortable attending cervical screenings, but recommended additional appointment reminders, a female examiner, and education about the screening. Each participant described and recalled their experiences differently. Responses were captured accurately and provided some insight about perceptions of attending cervical cancer screenings. Retrospective interview questions and content analysis were used to collect data about lived experiences.

Findings from the study did not reveal evidence of participants encountering discomfort with a male examiner conducting the exam, but expressed a preference for a female examiner. There was an expressed need for further information about cervical cancer screening based on participant responses. It is unclear whether appointment reminders to attend or schedule follow-up appointments would be successful in increasing appointment adherence. Participants involved in the study have a history of undergoing cervical cancer screenings and recalled their countered experiences to the best of their knowledge.

Patton (2002) describes phenomenology as involving how one perceives their experience and their recognition of the phenomena. By selecting the phenomenological approach, the medical community could learn more about how African American women perceive their experiences of cervical cancer screenings and their relationships with medical providers. Measuring limitations were based on participants responding to the research questions appropriately and honestly.

Scope and Delimitations

African American women and low cervical cancer screening was selected to understand perceptions and how they may affect attendance. Participants described a need for being reminded to attend future appointments, having the option of selecting a female examiner, and education about the screening. These factors were considered by participants to determine their attendance at future screenings, but did not necessarily deter them. Customizing gynecological care for patients could increase attendance if Cox's interaction model of client health behavior were applied (Cox, 1984).The framework of Cox's model could help to identify the needs of each patient, leading to low adherence rates.

This qualitative study shed some light on possible ways of increasing attendance rates of gynecological appointments among African American women. Their experiences defined factors that could influence attendance at future appointments. Being comfortable with the medical provider conducting the exam and discussing gynecological concerns made attending the exam easier. Participants expressed receiving appointment reminders and education about the need for the exam as a factor in attending.

Communication between the patient and medical provider has been noted to affect attendance (Prabu Das, 2005). If the patient does not understand reasons for the appointment or need for follow-up, they are unlikely to attend. Conducting this research helped to understand their perceptions and personal experiences particularly if the researcher does not have a personal understanding of the phenomenon (Creswell, 2007). Patton (2002) notes the researcher should remain objective and reassured in the data

collected and analyzed. Even though African American women selected for this project do not represent the entire population, their experiences shed some light on factors that may help the medical community understand what affects attendance. The findings from this study could be used in a mixed or quantitative study by surveying attendance rates and positive outcomes between patient-provider.

Limitations

This study suffers from two: limitations: Only one county was used (Thurston County, Washington) and the chosen sample of the population was non-random. Two biases could have influenced the results of the study: The researcher's perception of previous cervical cancer screenings and interaction with medical providers. To avoid them, I concentrated on the interview protocol and avoided commenting. Based on the findings from the data collected, the researcher gained an understanding of the participants' experiences and gained insight about events that could interfere with screening attendance.

Significance of the Study

The contribution of this research was to reveal possible factors interfering with attendance at cervical cancer screenings. The experiences of the participants revealed a need for information about the importance of the screening, a preference for a female examiner, and reminders to schedule future screenings. By documenting their experiences, findings could be shared with the medical community, building healthier patient-physician relationships. Their experiences may shed light on how medical care

could be customized for each woman, increasing cervical cancer screening attendance, reducing mortality rates, and improving perceptions of the exams.

Findings from this research could be used to develop a quantitative or mixed-methods study by conducting surveys and collecting data about the percentage of appointments attended and positive patient-provider relationships leading to improved outcomes. Nationwide, there have been coalitions, like REACH, established to improve access to cancer screenings, the quality of services rendered, and provider-patient relationships among African American women. Informing the medical community of the perceptions and concerns of African American women and their reasons for low attendance rates could help improve how services are rendered or how medical providers communicate.

The REACH program has generated awareness among community members and concerned citizens to where they have increased their enrollment from 1600–3500 participants (CDC, 2007). The techniques REACH used to inform African American women about cancer screenings were beneficial in increasing attendance and could do so for cervical cancer screenings. Women informed by REACH tended to seek care from their primary care provider and follow-up services. (CDC, 2007)

Summary

Chapter 1 revealed the need for further research and investigation of low attendance rates of cervical cancer screenings among African American women. The interaction model of client health behavior by Cox and Ackerson was the framework for establishing interview questions that examined health behavior that shaping perceptions

of past medical experiences, which, in turn, affected the attendance at future cervical cancer screenings.

The framework for the study is contained in Chapter 2. The methodology is explained in Chapter 3. Chapter 4 presents the results and significance of the findings. Chapter 5offersthe interpretation of findings, recommendation for further study, implications for social change, and conclusion.

Chapter 2: Literature Review

Introduction

African American women tend to have lower attendance rates at cervical cancer screenings compared to women from other ethnic groups (CDC, 2013).A review of the literature revealed various contributing factors: African American women may not attend cervical cancer screenings or follow-up due to past trauma, perceptions of disrespect by medical provider(s), lack of education about the importance of the exam, and access. The literature on low attendance rates at cervical cancer screenings among African American women is limited and does not address the research questions. However, it provides insight as to how low attendance should be addressed. Concepts revealed in the literature offer some understanding of African American women and the factors that shape their perceptions of, and decisions to attend exams or cervical screenings.

Literature Search Strategy

Searched organizational sites like Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, National Institute of Health, Office of Minority Health, and the American Cancer Society. Databases utilized to conduct the search were EBSCO, ProQuest Central, and ProQuest Dissertations and Theses, Psychosocial Database, Google Scholar, Cochrane Database of Systematic Reviews, and Ovid. The articles reviewed noted how perceptions are easily formed after a negative medical experience. Some of the articles did not directly address medical experiences, although they were relevant to the process of breast or cervical cancer screening. In searching the databases, I used the following keywords: African American women, black

women, cervical exams, cervical cancer screen, gynecological examinations, pelvic exams, African American women, women of color, low attendance rates, cervical exams, gynecological exams, pelvic exams, health behavior, adherence, cultural beliefs, health belief model, and cultural competency..

The following topic addressed in this review involves factors influencing low attendance at cervical cancer screenings among African American women. Because there is a limited amount of literature on the topic and because of the similarities in low attendance rates, studies were reviewed on low adherence of other cancer screenings (e.g., breast or colon cancer) and among women of other ethnic groups (e.g., Asian and Hispanic),.

Conceptual Framework

The significance in using Cox's interaction model of client health behavior and a phenomenological approach is to gain a deeper understanding of experiences of gynecological appointments among African American women and the affect it has on appointment attendance. Alternatives to increasing attendance at cancer screenings will be explored. Cox's model focuses on how the needs of each individual or patient can be customized to address medical concerns and improve the patient-provider relationship. The model was developed by Cox to improve outcomes based on one's individualism like culture, emotions, and incentive when experiencing a medical event or life situation (Ackerson, 2008; Cox, 1984).

Other health belief models were considered but not selected because they did not address positive outcomes, affects of provider-patient relationships on adherence, or how

past experiences shape decisions to attend future appointments. Health belief models applied by Andersen, Beck, Newman, Rostenstock, and Suchman were examined. These models focused on an individual health behavior, interpersonal relationships, and socioeconomic factors interfering with seeking medical attention. They did not address the affects of individual health behavior on making future medical decisions based on previous negative experiences.

The assumptions of Cox's model points out changing health behavior would promote positive medical outcomes, improve the rapport between the patient and medical provider, and individualize each medical encounter to address the needs of each patient. If the provider-patient relationship were in good standing and trusting, patients would be more willing to attend or seek treatment (Ackerson, 2008). The basis for this model is to motivate patients so they will attend their appointments with the emphasis on the importance of routine medical screenings, like cervical cancer screening. Ackerson (2008) applied Cox's health behavior model in exploring low attendance rates among African American women and cervical cancer screenings based on cognitive appraisal. Findings from the research conducted revealed some of the women did not attend the appointments due to lack of education about the screening and sexual trauma. Carter (2008) notes that a patient's lack of motivation could interfere with attending medical appointments.

Determining how to address the needs of each patient, the IMCHB helps the medical provider communicate the necessary care and treatment (Cox & Roghmann, 1984). This model assists medical providers in customizing health programs leading to

positive outcomes. Seeking medical advice or treatment may be affected by one's perceptions of their surroundings and expectations of what is to come (Redding, Rossi, Rossi, Velicer, & Prochaska, 2000). Being noncompliant with treatment contributes to the development of a less than desirable health behavior resulting in a negative outcome (Mathews, Secrest, & Muirhead, 2007). Experts recommended new protocol in addressing reports of discrimination. Providers are equipped with a patient navigator, case manager, and medical staff to assist with making follow-up calls to improve appointment compliance (Prabu Das, 2005). There is a need for ongoing education about cervical screening (Breitkopf, Pearson, and Breitkopf, 2005).

Customizing health care to meet the needs of a patient is important in addressing medical needs, communicating with one's medical provider, educating patients about the importance of cervical screenings, and encouragement from a social network could help to increase attendance at appointments (Ackerson, 2008; Cox, 1984; Carter, 2008; Mathews, Secrest, & Muirhead, 2008; Prabhu Das, 2005). Ackerson and Prabu Das conducted qualitative studies and Carter conducted a quantitative study, all exploring variables that could interfere with appointment attendance.

Definitions used were patient-provider relationships, phenomenological approach, and (IMCHB). Cox's IMCHB was applied in understanding patient health behavior and how appropriate care could be rendered to improve health outcomes. This model was applied by Ackerson to determine whether low attendance rates of cervical cancer screenings among African American women was due to a lack of education and sexual trauma.

Literature reviewed revealed similar barriers like health insurance, a supportive network, and a good relationship with their physician, education, income, and a lack of motivation to attend. There was not a universal reason for overall low attendance rates among African American women. The concept was applied to examine how various factors interfere with attendance rates and appointment adherence.

Variables of the IMCHB

This model focuses on client singularity, client-professional interaction, and health outcome. Patient interaction with the medical provider can lead to a successful relationship or it can result in a negative outcome. If the medical provider knows the means or needs of the patient, the outcome may be more positive. Cox (1982) notes the importance of a patient understanding the significance of medical treatment in how their behavior can affect the delivery of care. For example, if customizing or catering to each individual patient seeking treatment, the medical provider would be capable of addressing their needs accordingly. By customizing care, behavior may be changed leading to less mortality and morbidity.

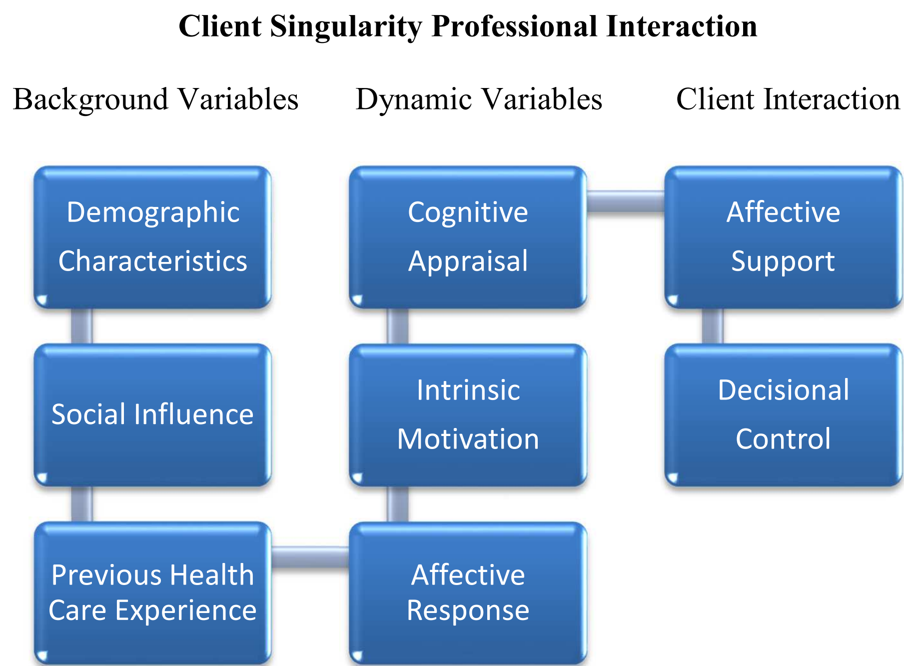

Figure 1.Interaction model of client health behavior.(Cox, 1982; Ackerson, 2008). Adapted with permission of the author.

Background variables involve demographic characteristics, social influence, past medical experiences, resources and ambience (Cox, 1982). Examining these variables collectively could explain some of the barriers or reasons for low attendance and health behavior. One could be influenced by their social influences when making decisions about seeking medical care or treatment. For example, if an individual relies on family and friends to help make their decision in seeking medical care may receive inadequate information. A combination of the variables over an extensive period may create a distinct health behavior (Cox, 1982).

Dynamic Variables

These variables will guide the exploration of the patient's reasoning for seeking medical treatment, responding to phenomena, and perceptions of their experiences.

Intrinsic Motivation

Patients seeking medical care or treatment tend to seek it on their own without encouragement from others. Motivation in getting the necessary treatment needed (Cox & Roghmann, 1984) is influenced by one's health behavior and events in the past or present. If an individual perceives there is health impairment or illness, willingness to interact with medical professionals is more desirable. A client or patient's response to personal medical concerns is the beginning of the formation of distinct health behavior(s) (Cox & Roghmann, 1984).

Their environment in reaching their potential or well-being (Ryan & Deci, 2000) can motivate individuals. When there is distress in one's environment, it may result in a lack of motivation in pursuing goals or seeking treatment (Jurasko, Dukow, Sharpe, &

Carrpion, 2007). Their environment does not affect individuals when medical treatment is necessary (Cox, 1985). Taking on the responsibility to seek medical treatment when ill could promote healthier outcomes. An individual understanding their likelihood of exposure to a disease or illness is about being well informed and obtaining medical attention (Carter, 2008).

Cognitive Appraisal

Whether the patient is seeking medical care is determined by one's culture, personal values, assessment for the need of medical care, and past experiences of cervical cancer screenings. The patient-provider relationship is affected by the patient's perceptions and may be a prediction of their health outcome (Cox & Roghmann, 1984). An example of prediction would be a woman who feels she is well because she is asymptomatic, is likely not to develop a fear of cervical screening, but a woman who has undergone a cervical exam, with a negative outcome, may not feel it necessary to continue follow-up based on experience. Therefore, cognitively, and emotionally, the patient's behavior has been formed based on past experiences.

Treatment perceived as negatively impacting overall health results in a less than healthy future, especially if there is morbidity or mortality. Health behavior that is positive and not affected by one's background or environment is linked to self-motivation in obtaining appropriate treatment (Cox, 1984). When negatively affected by one's background or environment, receiving intervention is not deemed as important. Outcomes are affected by one's personal needs and social environment (Deci & Ryan, 2000). In 1995, Mouton, Carter-Nolan, Makambi, Taylor, Palmer, Rosenberg, and Adams-

Campbell (2010) conducted a self-report study, of 59,000 African American women on behalf of the Black Women's Health Study.

A cohort study was conducted over a long period of time involving women aged 21-69 (Mouton et al., 2010).The survey contained questions about health behavior, use of health services, and habits like use of substances, diet, routine checkups, and gynecological and reproductive history (Mouton et al., 2010). The women selected were from an array of geographical locations in the United States. Out of the 59,000 women surveyed, 47,228 responded revealing those who did not attend cervical cancer screenings was due to a lack of health insurance and perceptions of discrimination (Mouton et al., 2010). Findings from the survey also revealed African American women did not routinely attend Pap smears due to not understanding the purpose of the exam. In conclusion, experts recommended new protocol in addressing reports of discrimination. A limitation of this study was self-reporting and difficult to determine what influenced feelings of discrimination.

A descriptive study was conducted as well as a chi-square analysis to distinguish the differences between the relationship of the groups and variables and how it affects noncompliance (Carter, 2008). Beck's IMCHB (1974) was used to explore health disparity among African American women. Carter (2008) directs attention to higher rates of cancer among African American women as a possible reason for diagnosis at later stages compared to European American women. Cervical cancer screening among minority women was not being recommended at the same rate it was for European American women. The lack of recommendation for routine screenings and follow-up care

may contribute to an increase in deaths among African American women and higher costs in care (Carter, 2008).

Comprehending health behaviors could explain reasons for noncompliance and how a patient views the importance of the exam. It could also lead to lower rates of morbidity and mortality among African American women (Carter, 2008). Sexual intercourse at an earlier age leaves a woman susceptible to cervical dysplasia. If a cervical examination is not routinely conducted, cancerous cells could go undetected (Ackerson, 2008).

Affective Response

When an individual is diagnosed with an illness or anticipates becoming ill, their response to phenomenon is based on feelings, knowledge, social support and interest in improving their medical disposition (Cox, 1984). For example, results of an abnormal pap test could incite fear of dying or feelings of anxiety anticipating what to expect from treatment. Anxiety is a result of fear and causes non-adherence of follow-up appointments (Prabhu Das, 2005). ¶

Healthy behavior is affected by a patient's background and culture. Feeling treatment will prevent or reduce illness, one is likely to seek medical attention (Carter, 2008). This type of motivation is considered self-determinism and reflects the motivation to make decisions affecting long-term health outcomes (Cox, 1985). ¶

Barriers to attending to cervical cancer screenings include a lack of access to care, cultural beliefs, support network and lack of insurance affect attendance (Ackerson, 2008). Women who are uninsured and have limited education do not routinely seek

routine exams (DHHS, 2006). Carter (2008) pointed out that the women susceptible to not adhering to cervical cancer screenings was likely due to affordability. If uninsured, attendance is unlikely. Pap smear screenings are underutilized among African American women (Carter, 2008). Being insured or uninsured did not make a difference in the use of screenings.

According to the ACS, African-American women are undergoing 81.5%of cervical cancer screenings compared to European American women at 79.6% (ACS, 2011).It was noted that women without insurance, who were immigrants and over 40, tended to have lower attendance rates. An assessment of women's health care needs and their perception of the need for care were found to be linked to biological makeup and health behaviors (Institute of Medicine [IOM], 2010). Social determinants varied among women residing in disadvantaged communities. The IOM (2010) recommends customized interventions for women based on health care needs. National Cancer Institute (NCI, 2005) point out racial and ethnic minority and underserved groups are affected by higher rates of cervical cancer due to limited access to healthcare and preventative health services. To understand higher levels of mortality from cervical cancer among the underserved, the Center to Reduce Cancer Health Disparities conducted a project involving an analysis of data from 1966 to May 2001, to determine differences in mortality rates among woman in rural areas (Freeman & Wingrove, 2005). Findings revealed African American women were likely to die at higher rates than European American women particularly in rural areas were (Freeman & Wingrove, 2005). Although other ethnic groups were analyzed, results were not sufficient to report.

Their study does disclose rates of squamous cell cancer have decreased compared to cervical adenoma carcinoma. Reasons for the fluctuation in rates could not be explained due to the lack of information. The authors agreed that in order to address the health disparities among racial and ethnic minority groups, concept mapping would help identify or determine areas in medicine by addressing policy changes (DHHS, 2006).

Concept mapping was used to identify women in rural areas with limited access to care. This would provide a foundation for implementing changes in delivering care. Factors of limited education and income, lack of transportation, access to care, inadequate housing, and occupational hazards (Freeman & Wingrove, 2005) were noted as contributing factors in African American women dying from cervical cancer, per 100,000, compared to European American women.

Client Professional Interaction

Medical providers recommending or performing inappropriate tests on older women as part of primary care have been reported as a cause of disparity among older women. Test usage declines with age, as mortality risks increase due to less interaction with their gynecologist after childbirth years, a tubal ligation, or hysterectomy (Freeman & Wingrove, 2005). Exams performed by male providers may create feelings of anxiety and embarrassment of disrobing, especially due to obesity (Ferrante, Fyffe, Vega, Piasecki, Ohman-Strickland, & Crabtree, 2010). A holistic approach to caring for women would be more female providers to encourage attendance at exams, and community-based programs promoting outreach (Freeman & Wingrove, 2005).

Several of the authors agree low education, limited income, and being disadvantaged are factors contributing to low attendance rates (Ackerson, 2008; Carter, 2008; Prabhu Das, 2005). Pizzaro, Schneider, and Salovey (2002) note the correlation between cervical cancer screenings and lower mortality rates. Communication between patients and medical providers may improve attendance rates. Seems women underreported their attendance at cervical cancer screenings and a need to attend. Understanding the importance of cervical cancer screenings was not evident. The IOM (2010) shows women do not understand long-term effects of not undergoing routine exams.

Affective Support

A supportive social network is important in motivating women to seek or attend a Pap smear (Crawford, Jones, & Richardson, 2008). When there is support of family members in getting a patient to appointments, compliance is probable. Limited education and anon-supportive environment are barriers affecting appointment adherence among older women (Carter, 2008).

Breitkopf, Pearson, & Breitkopf (2005) conducted a qualitative study questioning 338women (African American, European American, and Latin American) about their comprehension of cervical screening. The results of their study revealed minority women were less educated about the purpose of the screening. This study revealed a need for ongoing education about cervical screening and Pap smears.

Patients aware of the purpose of cervical screening would be empowered to adhere to appointments (Cox, 1984). When a patient feels empowered with knowledge

and is capable of making an informed decision about their care, they are more likely to adhere to appointments. For example, fear of what the results from an examination may render, would interfere with making the decision to obtain a Pap test (Ackerson, 2008).

Decisional Control

Providing information about the examination may help to prepare them for what is to take place. Non adherence could be reduced if the medical provider ensures the patient understands why the screening is needed and how it could promote a healthier life (Prabhu Das, 2005). When a patient is informed by their medical provider of the assessments or treatment needed, there is motivation in taking the initiative to follow through (Cox, 1984).

Keeping patients informed about when they are to attend their next cervical screening could help with attendance. Notifying patients of abnormal results may help to improve communication between the patient and provider (DHHS, 2006). Physicians contacting their patients could make them feel more comfortable and trusting. Being misled by incorrect information obtained on the patient's behalf, leads to a gap in patient-provider communication (IOM, 2010). With improved levels of communication and education, women as vital may view adherence.

Mouton et al. (2010) conducted a longitudinal study of 59,000 African American women who felt they were mistreated due to ethnicity or race. Feelings of being discriminated against have been associated with low attendance rates and follow through (Mouton et al., 2010). Findings from the study revealed over three quarters of the women had undergone a Pap smear in the last year or so and were insured. Those who were not

insured were unlikely to undergo the procedure. Those who felt more discriminated against involving employment, residency, and the authority, tended to be younger with limited education and income (Mouton et al., 2010). Obese women felt disrespected and mistreated during cervical cancer screenings, leading to unfavorable perceptions of the medical examiner or the procedure.

Even though the authors surveyed the women about discrimination involving cancer screening cervical, colonoscopy, and mammography), perceptions of discrimination stemmed more from cervical cancer screenings than other screenings. The perception of discrimination when undergoing a cervical screening may be due to how invasive the exam is and how it affects their decision to attend (Mouton et al., 2010). Although attendance at cervical cancer screenings can be influenced by perceptions of mistreatment, findings were based on self-report and did not reveal actual accounts of discrimination. Rannestad and Skjeldestad (2012) noted how women from deprived backgrounds did not seek medical attention when needed because they did not have the resources. A majority of the literature reviewed shows a lack of insurance, perception of discrimination, and limited education as barriers interfering with appointment attendance.

To improve attendance rates among African American women based on previous studies, involves comprehension of health behavior and how it shapes one's perceptions of cervical cancer screenings. Cox's IMCHB provides a foundation for customizing health care based on the needs of the patient (Cox, 1984). It also provides guidelines for

the medical community in dealing with each patient and their health care concerns. This model will help to build stronger patient-provider relationships.

Matters concerning low attendance rates among African American women of cervical cancer screenings have not been clearly defined or determined. Due to the limitations of literature available on the topic of health behavior and non-adherence of routine appointments among African American women, further exploration is needed. It may involve questioning medical providers about their procedures in examining patients and how information about the exam is communicated. This may resolve some of the concerns patients have and improve attendance. If a woman has a history of sexual trauma or past abuse (Ackerson, 2008), the medical provider should be able to customize a treatment plan to address those concerns.

The NCI's Center to Reduce Cancer Health Disparities (CRHD) was formulated to provide a framework for dealing with limitations in patient education and disparities in medical treatment among the poor (Freeman & Wingrove, 2005). This framework reveals the importance of community-based intervention. If the medical community adopted this framework, it may reduce non-adherence and improve patient-provider relationships.

Once the community is aware of the need for individualized treatment and medical care plans, implementing procedures for conducting routine exams and screenings can be applied in every health care setting (DHHS, 2006). Mathews (2007) emphasizes the importance of using the health behavior model to focus on care for the underserved and poor. Using a conceptual model to understand the need for improvement

of physician communication and an ability to assess the needs of each individual patient appropriately could lead to positive outcomes.

Qualitative Approach and Framework

Conducting a qualitative study involves the exploration and comprehension of an individual or group whose experiences are connected to a particular societal problem (Creswell, 2009). This type of research can be conducted deductively and inductively. Patton (2002) notes inductive analysis consists of exploring and confirming based on recurring patterns and themes. Qualitative inquiry involves working in the field, interviewing, and observing conditions or situations connected to the topic being investigated (Patton, 2002). Methods of this nature are used to tell the stories of others. Babbie (2010) describes qualitative research as understanding individual experiences as they perceive it. Determining the use of a conceptual or theoretical approach would involve analyzing existing theories (Patton, 2002). Content analysis will be used in substantiating the theoretical framework in understanding the experiences of African American women and cervical cancer screenings.

Cervical Cancer Screening

Cervical cancer screenings are conducted to detect abnormal cells in the cervix (CDC, 2012). It is recommended the Pap test be conducted beginning at age 21 every 3 years unless otherwise informed (National Cancer Institute, 2012). Women, age 30-65, are advised to undergo HPV and Pap test every 5 years or the Pap test every 3 years (National Cancer Institute, 2012). According to the U.S. Department of Health and Human Services, Office of Women's Health, HPV (human papilloma virus) is considered

one of the major causes of cervical cancer (Marchione, 2012).It is suggested that females receive the HPV vaccination beginning at age 9 through 21 to prevent the virus and reducing chances of developing cervical cancer. Uterine cervix cancer rates among African American women, from1999–2006, were 61%compared to European American women at 85%, with rates improving by 59% among African American women (National Institute of Health, 2012). Their survival rate is less than European American women based on when a diagnosis is rendered.

Hispanic women tend to have higher cervical cancer rates compared to European American women, thought to be caused by a lack of cervical screening and non-compliance with following recommendations for additional testing (Duggan et al., 2012). Other barriers to adhering appointments could be due to a lack of health insurance, access to care, limited options for clinical providers and status of citizenship in the U.S. (Duggan et al., 2012). One’s socioeconomic background, social environment, education, and lack of insurance have been found as barriers to appointment adherence (Ackerson, 2008). Failing to undergo an exam could lead to advanced stages of cervical cancer.

Higher cancer rates among African American and Latin American women are linked to limited use of medical services, delayed examinations, limited education, and income (Crawford, Jones, & Richardson, 2008). Incidence of cancer among Latin American women was 12.5 cases per100, 000, 2004-2008. Detecting early stages of cancer requires women to undergo a screening every two years if sexual activity began at age 18; otherwise, screenings begin at age 21 (National Cancer Institute,2012). Additional screening should then be discussed with the patient’s health provider to

determine what is appropriate for follow-up appointments. If a patient no longer has a cervix, a Pap smear may be unnecessary if the removal was unrelated to cancer.

Experts in the field focusing on the topic of African American women and low attendance rates are Ackerson, Carter, and Prabhu Das. They report similar barriers contributing to low attendance rates like low income, limited education, lack of a support network, fear, age, and health behavior. Improving compliance, according to Prabhu Das (2005), is to equip the provider with a patient navigator, case manager, and medical staff to assist with making follow-up calls to improve appointment compliance. A qualitative approach was conducted to examine the cervical screening process among African American women in the South Carolina Breast and Cervical Early Detection Program.

This process was to help reduce health disparities among African American women and cancer screening among women age 47-64. This research is conducive to the topic being studied based on the target population and age group. A solution to reducing disparity was not derived from this study, but revealed some insight about the experiences by exploring their experiences through Grounded Theory. Prabhu Das (2005) expressed the importance of learning about the experiences of the women and their reaction to cervical cancer screening would help the medical community address and understand the needs of their patients. Findings from Carter’s (2008) research revealed many factors interfering with low attendance rates of cervical cancer screenings. The purpose of Carter’s study was to understand possible causes of noncompliance of Pap smear screenings among African American women in southeast Louisiana. Women were recruited from a clinic. Two groups were formed: One representing those receiving care

from a land-based clinic and the other from a mobile-based clinic. Demographics included earned income, number of births, and number of times the patient had been screened (Carter, 2008).

The rationale for conducting this research is to determine if negative perceptions of previous medical encounters, including cervical screenings, interferes with attending future appointments among African American, age 30-65. Clarifying major reasons for the breakdown in communication between physicians and their patients may help to determine the gap in care or low attendance rates.

The gap in literature does not address the age group 30-65. Most of the authors focus on women age 18- 65. Findings from the studies do not focus on a particular age group or prevalence of non-adherence. For example, the importance of cervical cancer screenings seems to be expressed as significant for younger women 18-30, but not for women age 30-65.

Based on new research revealed at a 2012 American Association for Cancer Research Conference in Chicago, African American women may have difficulty warding off HPV biologically than other women (Marchione, 2012). Additional research is needed to explore how quickly the virus clears among African American women and women from other ethnic backgrounds (Marchione, 2012). Literature in this area is scarce and does not substantiate genetic differences. However, the purpose of this research is to determine reasons for low attendance and non-adherence among African American women and to add to the body of knowledge. Consideration of using content analysis as an approach can be a contribution to existing research that was initially scarce (Ackerson,

2008). The analysis will be used to capture repetition or similarities in patterns and responses among the participants being interviewed. Data collected for this research will be gathered deductively.

Pap Smear Screening Test

The Pap test, cervical cancer screening, and HPV test are administered at the same Time unless otherwise advised by the medical provider. These tests are conducted to detect abnormal cervical cells that potentially could lead to cancer or ongoing infection (CDC, 2012) HPV testing is recommended for younger women due to susceptibility. It is recommended the HPV vaccination be administered prior to beginning sexual activity so they are protected against the virus (Scarinci, Garcia, Kobetz, Partridge, Brandt, Bell, Dignan (2010). Women 30 and older are not routinely given the HPV test because the virus is not as prevalent and is not as common. Even though the virus is common among women under age 30, it depends on the recommendation of the patient's physician as to whether the test should be administered.

New guidelines for undergoing cervical cancer screening are recommended for women 21-65 every 3 years if they have received a normal Pap smear. Recommendations for cervical cancer screenings among women aged 30-65 is now every 5 years if they have undergone a Pap smear and HPV (human papilloma virus) test (Moyer, 2012). According to the new guidelines, Pap smears are not required for sexually active women under age 21 and the HPV test is not recommended for women under 30 due to a higher number of false results and women over 65 no longer have to undergo Pap smears unless their physician feels it necessary (Moyer, 2012).

African American women and cervical cancer screening disparity

Reiter and Linnan (2011) note the increase among African American women in areas of breast, cervical, and colon cancer are not receiving the appropriate screening. Even though deaths have declined about 75% over the last 40 years, African American women continue to die from cervical cancer (Scarinci et al., (2010).At least 87% of African American had undergone a cervical screening within the recommended period (Reiter & Linnan, 2011). Women uninsured do not receive routine screenings (Ackerson, 2008).Costs of a cervical screening could deter African American women from attending appointments (Carter, 2008). This tends to be a barrier to seeking routine screening (Carter, 2008). Choosing between medical care and personal needs contributes to disparities among African American women. Attendance rates of Pap tests decline as women get older, leading to a lack of compliance (Carter, 2008). Statistics of African-American women die at higher rates of cervical cancer; aging is another barrier to obtaining screening. According to Carter (2008) the costs of screening deters this group of women from obtaining if uninsured or a lack of income. A lack of resources, support network, and limited education were all considered contributors to noncompliance of routine screenings (Ackerson, 2010). Individual beliefs tend to interfere with attendance based on perception. If the screening were viewed as positive, attendance was likely. Noncompliance increased when the exam was perceived negatively (Idestrom, Milsom, Andersson-Ellstrom, & Athlin, 2006). Idestrom, Milsom, Andersson-Ellstorm, & Athlin (2006) applied Grounded Theory in determining reasons for low attendance. Women who had experienced negative or positive experiences felt as if they were not informed of their

condition, lacked comprehension, and trust of their provider (Idestrom et al., 2006). Research adopted was a qualitative study using face-to-face methods involving eleven Swedish women aged 30-65. Even though this research does not address African American women, it does focus on women aged 30 to and is a qualitative study applying the interaction model of client behavior.

Fifty to seventy percent of African American women have not received a Pap smear in the last 5years (Ackerson, 2010). Every woman sexually active should undergo a Pap smear or gynecological exam unless otherwise informed. Ackerson (2010) notes African-American women attend fewer Pap screenings compared to women from other groups. The author noted some women tended to avoid exams depending on the gender of the examiner if they had encountered sexual trauma. Socioeconomic factors such as a lack of medical insurance, access to care, income and education (Ackerson, 2010) interfere with attendance. These factors could potentially lead to anxious feelings making the examination difficult. To assess the health behavior of African American women, Ackerson applied Cox's health model to understand what influences their decision to attend or seek cervical screening. The target group consisted of twenty-four individuals divided into two groups: Those who attended routine exams and those that did not. The participants,18–65 years of age, had limited education and income.

Those receiving routine exams perceived their experiences as positive and felt the exam performed as scheduled was a way to maintain gynecological health. The non-routine group found the exam to be negative due to a male examiner and discomfort leading to anxiety (Ackerson, 2010). Participants with a supportive network were

encouraged to attend cervical screenings. Some of the participants thought the Pap smear was used to diagnose sexually transmitted infections or disease and not cervical cancer and did not feel they were susceptible to cervical cancer because there was not a family history (Ackerson, 2010).

Perceptions

Women may avoid Pap smears because they are ashamed of their weight and may feel uncomfortable undressing for the exam due to modesty or obesity (Ferrante, Fyffe, Vega, Piasecki, Ohman-Strickland, & Crabtree, 2010). Some women may deem the Pap smear as a violation of their bodies (Ackerson, 2010). Believing the examination is to detect sexually transmitted infections and not cervical cancer, contributes to disparity and an increase in cancer rates (Ackerson, 2010). The gender of the examiner can affect how much information is shared and comfort with disrobing if overweight (Ferrante et al.,, 2010). Obese women are more likely to attend the gynecological appointments and disrobe for the exam if the examiner were female (Ferrante et al., 2010). A study conducted by Makam, Saroja, & Edwards (2010) surveyed 500 participants bout the preference of an examiner performing a Pap smear. A female examiner was preferred. The responses consisted 235 women did not mind a male or female examiner; 194responded they preferred a female and 16 preferred a male. It can be concluded the preference of an examiner did not particularly deter or interfere with attendance rates.

To undergo the exam, the stirrups can be discouraging to women and can be perceived as uncomfortable and intrusive (Harvard Women’s Health Watch, 2006). A study was conducted to determine whether women would be more comfortable with or

without the stirrups. Findings revealed women were more comfortable without placing their legs in stirrups for the exam (Harvard Women's Health Watch, 2006). If the exams were comfortable, women were likely to attend. Pelvic pain can be a deterrent for women not attending Pap smears. If pain is experienced during an exam, it can be diagnosed and treated by a gynecologist (Paulson & Gor, 2007). Patients need to be informed of their options if discomfort prevents attendance.

Perceptions of mistreatment were considered barriers to undergoing or adhering to routine breast and cervical screening. Crawford, Jones, & Richardson (2008) conducted a survey based on a Behavior Risk Factor Surveillance System study of 41,421 women (Hispanic and non-Hispanic) investigating the correlation between race, ethnicity, and their perceptions of maltreatment. Ages of the women ranged from eighteen and older, had 12 years of education, were insured, and employed (Crawford, Jones, & Richardson, 2008).

A lack of insurance, inadequate diagnosis, and follow-up treatment contributed to low attendance rates (Crawford, Jones & Richardson, 2008). Their study revealed minorities tended to report or perceive higher levels of mistreatment based on their ethnicity than women from other ethnic groups perceive. Even though they felt discriminated against, it did not prevent attendance at cervical screenings. Reasons for not attending the screenings were lack of money and medical insurance (Crawford, Jones, & Richardson, 2008). Smith and Van (2007) believe the health needs of women from various ethnic backgrounds could be better served if administered as a community-based program. If health care programs, particularly cervical cancer screenings were

customized to address the needs of each individual woman, attendance rates might improve.

This study was to understand the behavior and past medical experiences of African American women affects attendance at future appointments. A literature review of the significance of cervical cancer screening and prevention, factors interfering with attendance and lack of social support tend to shape health behavior. Chapter 3 contains the research methodology, findings, and rationale for conducting the inquiry. Major themes noted in Chapter 4 were limited education about the purpose of the exam, preference for a female examiner, and appointment reminders. It is hopeful findings from the research helps to improve communication and relationships among patients and their medical providers, leading to trust and higher attendance rates.

Examining reasons for low attendance rates among African American women aged 30-65 may be affected by external factors such as those supporting them socially (network of family, friends, and medical providers) and past cervical cancer screening. A combination of the external factors and previous medical experiences are prone to cause some deviation from the significance of attending future appointments.

Results from the study revealed how women felt about their experiences and whether it prevented attendance at appointments. Questioning women about their experiences pinpointed some potential reasons appointments are delayed or unattended. This could help medical providers understand how communication could be improved among patients and their individual needs.

Summary

This study was to understand the behavior and past medical experiences of African American women and the attendance at future appointments. A literature review of the significance of cervical cancer screening and prevention, factors interfering with attendance and lack of social support tend to shape health behavior. Major themes involve limited education about the purpose of the exam and various socioeconomic factors. It is hopeful findings from the research will help to improve communication and relationships among patients and their medical providers, leading to trust and higher attendance rates.

Examining reasons for low attendance rates among African American women aged 30-65 may be affected by external factors such as those supporting them socially (network of family, friends, and medical providers) and past cervical cancer screening. A combination of the external factors and previous medical experiences are thought to cause some deviation from the significance of attending the appointments, but has not been studied in detail among the aforementioned age group. Based on limited literature in this area, research is needed to address this age group. It is not understood as to whether women no longer feel a need to attend the exams or if there is a lack of communication with their medical provider.

Results from the study should reveal how women feel about their experiences and whether it prevents attendance. Questioning women about their experiences may pinpoint major reasons for delaying or forgoing appointments. This could also help medical providers understand how they could improve communication among African American

patients and address individual concerns. Chapter 3 contains the research methodology, findings, and rationale for conducting the inquiry.

Chapter 3: Research Method

Introduction

The purpose of this phenomenological study was to understand how past cervical cancer screenings of African American women affected attendance. This chapter includes the introduction, the research design and rationale, role of the researcher, methodology, instruments, interview protocol, data analysis, issues of trustworthiness, reliability, confirmability, internal and external validity, ethical procedures, and summary. I collected individual descriptions of participants' experiences and perceptions (Creswell, 2007). Moustakas (1994) notes phenomenology as the researcher identifying with the personal experiences of the participants in the research being conducted. An individual's life experience shapes their world overview (Patton, 2002).

Research Design and Rationale

The following questions for this study explored perceptions of past cervical cancer screenings interfering with attendance at future cervical cancer screenings among African American women:

1. What factors affect attendance at future cervical cancer screenings?
2. How do African American women describe their experiences influencing attendance at cervical cancer screenings?
3. How do African American women describe their perceptions of cervical cancer screenings influencing future appointments?

Cox's Interaction Model of Client Health Behavior was used as a framework in

understanding the various factors affecting each individual and how their perception affects health behavior (Cox, 1982). Due to the flexibility of the model, sections of the model were used (Cox, 1982). Interviews were conducted using a content analysis approach to understand African American women's perceptions of cervical cancer screenings.

Role of the Researcher

I interviewed participants about their past gynecological experiences. Telephone interviews were conducted via freeconferencecall.com; each lasting 10-20minutes.To ensure accuracy and sufficiency of the data, I took handwritten notes. No follow-up meetings were necessary. The data were coded for themes.

What is to be gained from this research is learning about the experiences of African American women and attendance at gynecological appointments. The participants volunteered from the community, in Thurston County, located in Washington state, and were recruited by using purposeful sampling (Creswell, 2007). The researcher supervises none of the participants. Biases on the researcher's behalf were at first the perception of maltreatment in the past by medical providers. This was not the case. Any biases on behalf of the researcher were avoided by not injecting personal beliefs or perceptions during the interview process. Research revealed no description of maltreatment by medical providers, but an uncomfortable exam. Gathering information about the individuals and their perceptions of past encounters is an example of content analysis (Patton, 2002). This type of study allows the researcher to view the life experiences of the participants through their recollections. Creswell (2009) reports

phenomenology is the researcher's ability to separate personal biases when understanding lived experiences of participants. Gaining insight about various perspectives and how each experience differs from another is interpreted by the researcher as a whole (Ulin, Robinson, & Tolley, 2005). Leedy and Ormrod (2010) note the significance of understanding when to research a topic and apply the knowledge learned from the research of others. No conflicts of interest or power differentials were present.

Methodology

The purpose of this research project was to understand how perceptions of the exam may affect their decision to attend future appointments. A phenomenological study involves in-depth interviews of a small number of individuals in obtaining their lived experiences, capturing the essence of those experiences (Creswell, 2009) and involves interviewing no more than 10 individuals (Polit and Beck, 2008).

Five African American women, age 30-65, in Thurston County, in Washington State, were recruited by using purposeful sampling (Creswell, 2007).Flyers were posted in the community announcing the study. The researcher collected names, email addresses, and telephone numbers of those who responded. Participants were provided with a consent form (Appendix A) prior to participating, along with a discussion of scheduling interviews.

Thurston County was selected due to the lack of information addressing African American women and cervical cancer screenings in the county. Research conducted by the Washington State Department of Health noted women in the state, age 18 and older, between 2004 and 2006, had attended at least 83-85% of Pap smears (Washington State

Department of Health, 2007). Increased education and income seem to influence attendance at Pap smears at higher rates. Women who were considered in a lower income bracket with less education attended Pap smears at a lower rate, 70-75% (Washington State Department of Health, 2007). Determining rates of cervical cancer among African American women and their attendance at cervical cancer screenings (Pap smears), in the state of Washington were scarce. This study did not involve a collection of quantitative data, but qualitative. To determine the percentage of appointment adherence of gynecological examinations among African American women in Thurston County, Washington, would need to be conducted.

Factors examined in this study were ethnicity, gender, past experiences of cervical cancer screenings, and age. Demographics included age, ethnicity, and experience of a cervical screening. Once emergent themes occurred, the researcher began analyzing similarities in participant descriptions (Patton, 2002). Developing themes in phenomenological research involves clustering similar participant comments and interviewing until data saturation has occurred (Creswell, 2007). Participants were prescreened to establish criteria.

A phenomenological approach was reasonable in understanding the perception of participants and their experiences of cervical cancer screenings. This approach was selected to make sense of their lived experiences and how it has shaped their decisions to attend future appointments. It was also to provide the researcher an opportunity to gain insight about their shared experiences (Creswell, 2009). Polit and Beck (2008) describe

phenomenology as exploring the experiences of others and their perception of those experiences.

Instruments

Telephone interviews were conducted involving open-ended questions. Time and dates were discussed with each participant. Consent forms were sent via email to each participant and electronically signed. Notes from the interviews were audio taped via freeconferencecall.com and handwritten notes were taken during the interview with permission from the participants. Participants were assigned a number. Transcripts from the interviews were edited and revised before coding themes. Findings from this study provided an analysis on how perceptions of past medical experiences may influence decisions to attend future appointments. Development of the instruments for this project stems from a dissertation conducted by Kelly Ackerson, Ph.D., that focuses on African American women and factors influencing cervical cancer screening (Ackerson, 2008). The study involved face-to-face interviews with open-ended questions. Literature sources and the Interaction Model of Health Behavior were the basis for establishing the questions and use of the instrument. Sufficiency of data collected was based on the responses of the participants and the description of their experiences. Responses were adapted to the variables of Cox's health model.

Interview Protocol

Variables to be explored from Cox's model (IMCHB) are background and dynamic variables (affective response, affective support, cognitive appraisal, client-professional interaction, and decisional control). A list of terms was provided to

participants prior to the interview to prevent any confusion. The interview reflected perceptions of participants and previous cervical cancer screenings. Protocol for data collection involved the following: Informed participants of the design and purpose of the study. A consent form was presented, explaining participation was voluntary and could be declined at anytime. Names would be kept confidential unless consent to disclose was granted. No follow-up meetings were necessary.

Definitions and Key words: Previous cervical cancer screenings, perceptions, lived experiences, etc. Participants will be provided a list of terms pre-interview to prevent confusion.

Interview protocol: Participants were asked about previous experiences of cervical cancer screening. The following research questions stem from a dissertation conducted by Ackerson (Ackerson, 2008):

1. Who or what has influenced you the most about Pap smear tests.
2. If you have to describe to a friend what a Pap smear test is, how would you describe it?
3. We are all told to get pap smears, why do you think we are told to do that?
4. Some women don't get Pap smears, why do you think that is?
5. How would you describe how it is/was for you to have a Pap smear?
6. It seems like for you it's been [okay, good, bad] to go through the visit to have a Pap smear done. Tell me about what made that visit good/bad.
7. Do you think there's anything doctors or clinics do that makes it easier or harder for women to get this test?

8. There is a kind of cancer called cervical cancer, what do you know about it?
9. Some people may have more risks for cervical cancer, what do you think your chances are for cervical cancer?¶

Completion of this project will be accessible to the medical community once in manuscript form. The instrument selected for gathering data was sufficient because it is feasible, easily retrieved, and less intimidating than face-to-face interviews. It also prevents the researcher from injecting or influencing the participant's answers and outcome of the interview.

Data Analysis

A qualitative analysis consisting of a phenomenological approach will be conducted. Analysis of the data involved content comparison when identifying themes. Because inductive data was being collected, content analysis was conducted in alignment with the framework. The following questions were explored:

1. What factors affect attendance at future cervical cancer screenings?
2. How do African American women describe their experiences influencing attendance at cervical cancer screenings?
3. How do African American women describe their perceptions of cervical cancer screenings influencing future appointments?

These questions helped to gain a deeper understanding of the reasons for non-adherence or lower attendance rates of cervical cancer screenings. Inquiring about one's experiences provides an in-depth understanding of their perception of the event

(Creswell, 2009).Obtaining a description of an individual's past provides the observer with an understanding and meaning of the experience (Moustakas, 1994). Interview, probing, and research questions were to inquire about the experiences in gaining a clarification of the participant's interpretation and accurately reporting the meaning Creswell (2009) suggests researchers take in-depth notes including the participants' comments to establish codes and themes. The notes obtained from the interviews were used to single out focal points. QSR NVivo software was used to code responses and identify themes. This involved categorizing similar responses establishing codes and themes. Discrepancies in data were reviewed by comparing participants' responses leading to emerging themes. Existing research can be submitted to enhance emerging themes if contradictions are suspected (Creswell, 2009). The researcher is the sole proprietor of the data. Disclosure of data will not be disseminated without the consent of the participant. Participants were informed to keep a copy. Data will be filed and locked in a cabinet in the researcher's home office for at least 5 years. It will then be shredded.

Issues of Trustworthiness

Reliability

Maintaining reliability required that I follow the interview protocol during each interview. The researcher's consistency during the data collection process is essential to the success of the project (Creswell, 2009). Capturing the experiences of the participants with precision as they occur in society is a way to measure credibility (Patton, 2002). Credibility and validity, according to Babbie (2010), are interchangeable among researchers due to the traditional concepts and perceptions of positivists that

phenomena are separate from individual thought. Another way of measuring credibility is to search for differences in descriptions and their relationship to the study (Ulin, Robinson, & Tolley, 2005).

Confirmability

To ensure confirmability, a researcher must remain unbiased when conducting interviews (Ulin, Robinson, & Tolley, 2005). Maintaining a level of neutrality allows participants to describe and express their experiences without the researcher interjecting (Ulin, Robinson, & Tolley, 2005).Obtaining credible, reliable data would involve the researcher's focus on the purpose of the study rather than their personal connection to the study. Creswell (2007) comments on the significance of the researcher identifying biases and perceptions when conducting research, is to be careful in not imposing their opinion. Establishing credibility and reliability among the participants will consist of comparing descriptions and responses of experiences. Coding for themes were used to compare similarities of explanations and responses. Notes were taken by the researcher on codes and themes and compared to ensure there were no discrepancies in their descriptions or meaning (Creswell, 2009).

Internal and External Validity

A summary of the responses will be presented to the participants for viewing to ensure accuracy reliability. Creswell (2007) opines qualitative researchers use triangulation when preparing their description of participants' experiences. Different perceptions and perspectives rendered various responses. This was used to confirm reliability and validity of responses. Because the study was based on gathering

descriptions of experiences, the researcher must acknowledge and accept the responses as truthful. Internal validity was measured by the alignment of the participant's story with the topic studied and recurring themes. Grasping an understanding of the responses and how it relates to the research problems helped to ensure internal validity. External validity involved providing a copy of the transcript of the interview to the participants to ensure accuracy. The researcher must be careful not to impose personal biases that could threaten validity (Creswell, 2007). Externalities could stem from participants not being truthful about experiences, not comprehending the meaning of the interview questions, or the researcher interpreting their experiences differently than what was encountered. Interviews were scheduled and completed within a month.

Ethical Procedures

Ethical concerns were few. Names and responses of participants were coded by assigning each participant a number. No conflict of interest or power differentials were encountered. An application for approval to conduct research was submitted to the IRB (Appendix C).There is no intention of disclosing participant information without consent. No damaging information was collected. Data was collected by telephone. Responses to research questions were not coerced, but voluntary. Data has been filed and locked in a cabinet in the researcher's home office for the next 5 years. The researcher has the only access to the data and will be destroyed after 5 years.

Consent forms were submitted to participants for signature (Appendix A). The researcher explained to participants that involvement in the study was voluntary and could be ceased at anytime. Participants were treated with dignity and respect. It was

explained that whatever was discussed during the interview would not be disclosed or shared with others without consent.

Summary

Findings from the data was added to existing research exploring African American women and low attendance rates of cervical cancer screenings. Literature reviews were scarce in addressing factors like past-lived gynecological experiences, environmental support of attending the exams, response to medical providers performing the exam, and what affects decisions to attend future appointments. Chapter 4 includes findings from the data collected and information analogous to the study. Chapter 5 includes a review of the purpose of the study, methodology conducted, findings, and analysis from the data, limitations, and a recommendation for further research.

Chapter 4: Results

Introduction

The purpose of this research project was to understand how perceptions of the cervical cancer screening might affect participants' decisions to attend future screenings. Understanding how their past gynecological experiences shaped their decisions to attend future appointments could help to improve attendance rates and reduce mortality. A review of the literature identified certain factors that could prevent attendance. Low attendance rates at gynecological exams among African American women appear to be linked to higher rates of cervical cancer.

Data were collected on African American women, age 30-65, and their experiences of cervical cancer screenings in Thurston County, Washington. Their health behaviors, social influences, motivation, support network, and perceptions of previous health experiences were examined to determine any factors that might contribute to low attendance rates. My interest in this topic stems from past cervical cancer screenings and a curiosity about why attendance rates of cervical cancer screenings among African American women are so low. Learning more about their experiences could shed light on how attendance rates could be improved. The following section reveals an understanding of data collected and emerging themes derived from participants' narratives. The study involved the following questions:

1. What factors affect attendance at future cervical cancer screenings?
2. How do African American women describe their experiences influencing attendance at cervical cancer screenings?

3. How do African American women describe their perceptions of cervical cancer screenings influencing future appointments?

The chapter will conclude with a summary of the findings and quality of data collection.

Data Collection

The minimum number of participants were interviewed for the study to achieve the sample. The initial analysis was to understand how past cervical cancer screenings among African American women in Thurston County, Washington, affected attendance (Table 1). Participants were between 30 and 65 years of age. Participants were recruited by flyers posted in the community and purposive sampling. Five potential participants responded to the announcement of the study and met the criteria. Data saturation was met with participants (*N*=5) responding to the interview questions.

Once candidates responded with interest to the research project, a demographic questionnaire was electronically forwarded to determine whether they met the criteria. If the participant met the criteria, they were emailed an invitation to participate in the study, an overview of the study, and a consent form. If they agreed to participate in the study, a discussion of scheduling the interview took place.

Follow-up telephone calls were made to the participants to determine whether they had received the consent form and information about the study. Once the consent form had been received and the prospective participant understood the basis for the study and consented, an interview was scheduled via freeconferencecall.com. Instructions for accessing freeconferencecall.com were provided. A research log compiling time and dates of follow-up with participants was also kept. Interviews were scheduled weekly,

lasting 10 to 15 minutes, for a month until interviews were completed. There were no variations or unusual encounters experienced in collecting data.

Data Analysis

QSR International NVIVO software was used to code data for emerging themes (See Table 3). Responses were categorized by similarities in past health experiences, social influence, and cognitive appraisal. Education of the importance of cervical cancer screening, as well as being reminded to schedule routine appointments was a recurring theme. All five participants agreed on the importance of the screenings, but felt it was intrusive and invasive. None of the participants felt the screening was unnecessary, but felt medical providers or the examiner performing the exam could make them feel more comfortable rather than rushing them through the process. Procedures for the study involved participants describing their cervical cancer screening visits. There were no discrepant cases.

Responses to the research questions revealed experiences and perceptions of the participants. Attendance at appointments seemed to be affected by forgetting to schedule future appointments, lack of education, and having no family history of cervical cancer. Discomfort and invasiveness of the exam were not deterrents and did not seem to prevent them from attending the screening. Participants knew the significance of the screening even if they did not have all the facts as to why they should undergo it.

Being influenced by family or a support network, having a good rapport with medical staff when discussing gynecological concerns, education about the reason for the exam, and receiving reminders in scheduling future appointments seem to be factors that

could positively affect attendance rates. The following participant responses to interview questions are reflected below and in Tables 1 and 2:

1. Who or what has influenced you the most about Pap smear tests.

   RQ1is reflected in P1's response stating, "Media and family history was influential."P2 stated "An older sister" influenced her to get her Pap smear. P3 stated, "It was common knowledge." P4 stated, "I think it is important because it is the only way to identify if you have cancer." P5 stated, "People in her community." The responses to this question addresses research question one. Majority of participants are influenced by family members."¶

2. If you have to describe to a friend what a Pap smear test is, how would you describe it?

   RQ2 is reflected in P1 stating, "It was invasive, pressure-like and "feels like a violation." P2 stated, "It was uncomfortable." P3 stated, "It was a necessity" and to "test for abnormalities." P4 stated, "They insert an instrument inside you and remove specimen or scrape skin and place it on an instrument." P5 stated, "I would explain the procedure they're going to be asked to undress from the waist down and to lay down on a table that they would put their feet up in a stirrup and um, the person doing the exam would have you scoot down as far as you can to the edge of the table, toward them, to the edge of the table you're laying on the examination table and ask you to get comfortable and to spread your thighs as wide as possible and just relax."

3. We are all told to get Pap smears, why do you think we are told to do that?

RQ3 is reflected in P1stating, “Due to changes that take place in the cervix there is a need for annual exams and blood to detect abnormalities.” P2 stated, “Told to get Pap smears due to the rising cancer rates.” P3 stated, “To prevent from possible disease from one year to the next.” P4 stated, “It is the only way the doctor has to keep us from developing serious illness inside the uterus.” P5 stated, “So that you can check on the goings on of your private area.”

4. Some women don’t get Pap smears, why do you think that is?

   RQ1 is reflected in P1 stating, “Some women do not get exams because they are not provided the correct information or family members did not undergo those exams. So they do not feel a need to go.” P2 stated, “Because they don’t understand the importance of it. They think my parents or other siblings didn’t get it, so why should I?” P3 stated. “Some fear of not wanting to know something is wrong and finances.” P4 stated, “Some women don’t take it seriously. They don’t think if there isn’t a history in their family, they think it won’t happen to them or sometimes they don’t have insurance or get too busy in daily life to schedule appointment.” P5 stated, “I think that some of them are afraid or that they’ve had a bad experience with one.”

5. How would you describe how it is/was for you to have a Pap smear?

   Research question two is reflected inP1stating, “It was ok.” P2 stated, “It lets me know it is something I need to do before it is too last to do something about it.” P3 stated, “Was not uncomfortable physically but awkward.” P4 stated, “I never liked, you know, but I sort of endure whatever pain there is, because I

know it has to be done. Always been painful and burning." P5 stated, "Only one bad experience."

6. It seems like for you it's been [okay, good, bad] to go through the visit to have a Pap smear done. Tell me about what made that visit good/bad.

   Research question two is reflected by P1 stating, "Exams were ok, but no one likes to undergo the exams. Felt intrusive and disconnected." P2 stated, "The visits have been ok. P3 stated, "Ok for me." P4 stated, "Never had a bad experience." P5 stated, "My experience has been just fine."

7. Do you think there's anything doctors or clinics do that makes it easier or harder for women to get this test?

   Research question three is reflected by P1 stating, "Doctors and clinic should make it easier for patients to undergo the exams by providing information and making them feel at ease."P2 stated, "Having a female doctor makes it easier to discuss health issues."P3 stated, "An example, my experience, had a physician, prior, who had been in practice for years. Did not have the insight or compassion, in the way women do. I think sometimes women don't feel comfortable discussing certain issues with men."P4 stated, "Regular doctor should ask patient if it has been done. Because sometimes I think doctors don't even ask." P5 stated, "Clinics I go to or have gone to, remind you of the exams which is helpful.

8. There is a kind of cancer called cervical cancer, what do you know about it?

Research question three is reflected by P1 stating, “Know that an annual or routine check-up is important.” P2 stated, “I don’t know how much info they have or how they go about letting them know how important it is. I know there’s a lot of information out there that says “get your pap smear.” Do this! Do that! Not sure how they need to say it or put it. People need to understand how important it is to get this done.” P3 stated, “Nothing, especially. I know of it. If someone were to say, “Tell me about it.” P4 stated, “Heard of people who have had it. I don’t know anyone personally.” P5 stated, “A cervical infection that could eat away at the cervical flesh.”

9. Some people may have more risks for cervical cancer, what do you think your chances are for cervical cancer?

   Research question three is reflected by P1 stating, “My risk for cervical cancer would be five percent. Chances are low.” P2 stated, “My chances of getting cancer low. No family history.” P3 stated “I have no idea if there is a family history. Not enough information to determine what chances are of getting cervical cancer.” P4 stated “I don’t know. No one has explained the risks to me or why I would be at risk.” P5 stated “My chances are slim.”

Evidence of Trustworthiness

To ensure reliability and validity, Creswell (2009) discusses the importance of consistency by constantly comparing data throughout the research process. The researcher ensured reliability and validity through comparison of data and the accuracy of the transcripts. Bracketing and triangulation were used to analyze thoughts and

experiences of the participants. The researcher involved the assistance of the participants in reviewing the transcripts for reliability and validity. Consideration of the researcher's biases and experiences were noted prior to the collection of data to ensure they would not interfere with the study. Creswell (2007) comments, on the significance of the researcher identifying biases and perceptions when conducting research, that the researcher should be careful not to impose his or her opinion. Establishing credibility and reliability among the participants consisted of comparing descriptions and responses of experiences. Notes were taken to keep track of data collected and emerging themes (see Table 3).

Rudestam and Newton (2007) described validity as revealing a "well founded and sound" research process. Copies of the transcripts were forwarded for review to make sure their experiences were captured as reported. There were no requests for revisions to the transcripts. Participants approved of the transcripts.

Results

RQ1: What factors affect attendance at future cervical cancer screenings?

Factors affecting attendance at future appointments stems from knowing when to schedule them and being educated about the importance. Knowing when to schedule the screening and how often was of concern to the participants. Although participants knew cervical cancer screenings were important and detected abnormalities of the cervix, an expression for more information about the screening was not sufficient in promoting attendance at future appointments.

Results from the data reveals participants were familiar with the significance of cervical cancer screening in early detection of cervical abnormalities and prevention of

future diagnosis. Participants seem to agree that cervical cancer screening is important but felt they were not educated on the significance of it and did not know when to attend the appointment. Knowing when to schedule the appointment or how often was unclear. Medical providers rendering guidance as to when the appointment should be rescheduled rather than leaving it up to the patient to schedule it may increase attendance. P4 checked with her medical provider to find out when to schedule the next cervical cancer screening. It was also noted byP4 that the risks of not undergoing screenings were not explained to her. P5 noted receiving reminders from her medical provider to schedule an appointment for a cervical cancer screening.

Participants agreed that being influenced by a family member was the main source of knowledge about cervical cancer screening. Not having a source for obtaining knowledge about the screening could lead to a delay in undergoing routine checkups. However, this was not the case based on the response from the some of the participants. P1 reported she learned of the screening through family and the media (cancer prevention). P2 stated, “I guess my family, especially my older sister.” P3 stated “For me common knowledge.”P5 was unaware of the need for cervical screening until she was expecting her first child. What was learned from the responses of the participants was the source of information. Family members seemed to have more influence than the medical providers in getting participants to attend appointments.

RQ2: How do African American women describe their experiences influencing attendance at cervical cancer screenings?

Experiences described by the participants did not interfere with attendance at future appointments. Recollection of discomfort from the exam or feelings of a disconnection from the medical provider conducting the exam did not deter future attendance at cervical cancer screenings. Recalling an exam as invasive or intrusive did not prevent attendance at future appointments. Having a female examiner conduct the exam seemed to be a positive factor in attending future appointments.

Feeling positive about the exam and the medical examiner conducting it improves chances of attendance. Receptivity of participants by medical staff appears essential in attendance at exams. One bad experience or an okay experience did not deter participants from attending future screenings.

Experiences were described as good among participants. P1 described the experience as “intrusive and disconnected”. Some discomfort of the screening was mentioned by P3. P4reportedexperiencing one bad experience. The medical "staff were friendly” and “professional”.P5 reported discomfort after having cervical tissue removed for examination. Half of the participants described their experiences as good or okay and the other half as having one bad experience. Cumulatively, experiences were not devastating to where it would prevent them from attending future appointments.

Descriptions of their experiences did not reveal negative experiences that would prevent attendance at future appointments. P1 did not describe the experience of undergoing screenings as ok or good, but felt they were “intrusive and disconnected”.

P2stated, “The visits have been ok.” I guess within the last few years of the visits.” “ Had a female doctor that made it easier to discuss health issues”. P3 reported the exam was okay. She felt having a female examiner made the exam easier. She stated, “I have a female physician. It is a plus for me because of my physician. She has an understanding as well; not to say men don’t. They don’t have same anatomy. In my opinion, she should have better insight and understanding.” P4 did not recall the experience as bad and felt medical staff was friendly when she had to undergo the exam. P5 stated, “One bad experience after having cervical tissue removed for examination.”

RQ3: How do African American women describe their perceptions of cervical cancer screenings influencing future appointments?

Perceptions of cervical cancer screenings were positive. Participants were cognizant of the need to undergo routine exams as a preventive measure. Everyday life seemed to get in the way of participants remembering to schedule appointments. Receiving a reminder call or notice by mail, to schedule routine appointments, was noted to be a factor in attending future appointments.

Individual initiative and reminders to schedule future appointments were influential. A female examiner performing the cervical cancer screenings made participants comfortable in discussing gynecological issues rather than if the exam were scheduled with a male examiner. Another factor influencing attendance at exams was receiving reminders from their treating source or clinic to schedule a future appointment.

Perceptions of experiences do not appear to affect decisions in attending future appointments based on the participants’ responses. P2 explained cervical cancer

screenings are important to attend in “maintaining health”. Majority of participants agreed a female examiner makes the exam easier and could be a determining factor in attending future appointments. P2 described female examiners as “easier to discuss health issues.”P4 suggested reminding patients to schedule routine exams. The participant stated, “Regular doctor should ask patient if it has been done. Because sometimes I think doctors, don’t even ask. If you don’t take it upon yourself to reschedule the appointment you probably would just forget about it. I think more doctors should ask if it has been done and if the patient says no, they should express the importance of it. I think I notice some health professionals they don’t. I have routine check-ups every 2 years. At my last doctor’s visit, I asked the doctor when I was last seen. I had to say it’s been awhile sense I have been tested with a Pap smear. The doctor checked and told me I needed to be rescheduled in a few months for an appointment. If a person goes to a doctor for any reason, the doctor should remind them of the appointment or have some type of brochure in the office that talks about it.”

P1 stated, “Doctors and clinic should make it easier for patients to undergo the exams by providing information and making them feel at ease.” P2 stated “Doctors or clinics could make it easier for women to get the test by providing more information about the exam, when to get it and why it is important.” “Clinics I go to or have gone to, remind you of the exams which is helpful” was suggested by P5 (See Table 1).

Table 1

Summary of Participant Responses in Relation to Research Questions

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
RQ 1: What factors affect attendance at future cervical cancer screenings?	Not having the correct information about the screening or history of family members who do not undergo the exams.	Not understanding the importance of the screening. "Parents or siblings did not get it, so why should I?"	Male physicians do not have the insight female physicians do. "I think sometimes women don't feel comfortable discussing certain issues with them."	Knowing when to schedule future appointments and being knowledgeable of the risks of not undergoing annual screenings.	Receiving reminders from the medical provider to schedule cervical cancer screenings.
RQ2: How do African American women describe their experiences influencing attendance at cervical cancer screenings?	"It was ok. The exam itself felt invasive. I felt like a slab of clay being molded."	"The visits have been ok." Female examiner made it easier to discuss health issues.	"Not uncomfortable physically, but can be awkward".	"Never have had a bad experience."	Reported "one bad experience" after having cervical tissue removed for examination," but does not prevent attendance at future appointments.
RQ3: How do African American women describe their perceptions of	"Doctors and clinics should make it easier for patients to undergo the exams by providing	Knowing the importance of attending cervical cancer screenings in "maintaining	Having a female examiner conduct the exam would make it easier.	Medical providers should ask patients when they underwent their last	Being informed of the significance and expectations of the exam.

cervical cancer screenings influencing future appointments?	information and making them feel at ease".	health".		screening to determine if an appointment needs to be scheduled.	

Findings in the Table 2 reveals participant descriptions of what influences attendance at future appointments. Family tended to be influential in a participant's decision to attend a cervical cancer screening. Medical staff was described as capable of conducting the screening, but participants preferred a female examiner. Participants noted a female examiner could identify with their gynecological concerns and could treat them accordingly. Perceptions of past cervical cancer screenings, of participants in this study, did not affect decisions to attend future appointments (See Table 2).

Table 2
Summary of Participant Responses to Interview Questions

Interview Questions	P1	P2	P3	P4	P5
Q1: Who or what has influenced you the most about Pap smears?	Influenced by media and family history.	An older sister.	Common knowledge.	Aware of the importance of the Pap smear.	People in the community.
Q2: If you have to describe to a friend what a Pap smear test is, how would you describe it?	It is invasive, pressure-like feeling of the vaginal walls. Feels like a violation.	It is uncomfortable and is private, but is about your health and what you need to know about your body.	It is a necessity and is a test for any abnormalities and diseases.	To make sure there is nothing wrong in the cervical area. An instrument is inserted and specimen removed to examine for cervical cancer.	Would lay on an exam table with feet placed in stirrups so the exam could be perform ed.
Q3: We are all told to get	Due to changes that	Because of the rising cancer	To prevent possible	It is the only way the doctor	So that private

Pap smears, why do you think we are told to do that?	take place in the cervix, there is a need for annual exam to detect abnormalities.	rates and to maintain health.	disease from one year to the next.	has in keeping us from developing serious illness inside the uterus.	areas can be examined that cannot be examined by the naked eye.
Q4: Some women don't get Pap smears, why do you think that is?	Some women do not get exams because they are not provided the correct information and family members did not undergo the exams.	They think my parents or other siblings didn't get it, so why should I? Nothing has happened to them. Some do not want to know about cancer.	Some fear of not wanting to know something is wrong and finances.	Some women do not take it seriously. They don't have insurance or get too busy in daily life to schedule appointments. Feel it isn't something they should have to worry about it. No eminent danger to them and that it will never happen to them.	Some are afraid or have had a bad experience.
Q5: How would you describe how it is/was for you to have a Pap smear?	I felt like a slab of clay being molded. Invasive.	What is needed to remain healthy.	Not uncomfortable physically but can be awkward.	Never liked undergoing the exam due to the pain. Always been painful and burning. .	Had one bad experience.
Q6: It seems like for you it's been [okay, good, bad] to go through the visit to have a Pap smear done. Tell me about what made that visit good/bad.	Exams were ok. Felt intrusive and disconnected.	Visits were ok. Could easily talk to the doctor about the exam.	Ok for me. Had a female examiner. Made it easier to discuss health concerns.	Medical staff were always friendly and never had a bad experience.	Overall experience has been good.
Q7: Do you think there's anything doctors or	Doctors and clinics should make it easier for patients to	Letting patients know the importance of the exam. .	Having an examiner who has insight and	The doctor should ask the patient when their last exam	Clinics I go to or have gone to remind you

clinics do that makes it easier or harder for women to get this test.	undergo the exams by providing information and making them feel at ease.		compassion. I don't feel women are comfortable discussing certain issues with men.	took place. They should express the importance of the exam.	of the exams, which is helpful.
Q8: There is a kind of cancer called cervical cancer, what do you know about it?	Cervical cells can mutate leading to cancer. Undergoing routine exams or screenings could catch abnormalities before it becomes severe.	Not very much. Tend to not read research information and have not had a family member with cervical cancer.	Nothing especially. I know of it.	Heard of people having cervical cancer, but no one personally.	A cervical infection that could eat away at the cervical flesh.
Q9: Some people may have more risks for cervical cancer, what do you think your chances are for cervical cancer?	My risk for cervical cancer would be five percent. Chances are low.	My chances of getting cancer low. No family history.	I have no idea if there is a family history. Not enough information to determine what chances are of getting cervical cancer.	I don't know. No one has explained the risks to me or why I would be at risk.	My chances are slim.

Findings in table three below reveals an overview of the participants' experiences and perceptions. Being reminded to schedule future appointments, having a female examiner conduct the exam, and being educated about the importance of the screening were presented. Based on the responses, participants felt a female examiner could determine attendance at future appointments. Discomfort of an exam did not interfere with attendance. There were no reports of maltreatment or feelings of adverse treatment by medical providers (Table 3).

Table 3

Recurring Themes

Influence of attendance at future appointments	Attending routine cervical cancer screening appointments could detect precancerous cervical cells. Participants seem to agree that cervical cancer screening were important, but were not educated on the significance and when to attend the appointment. Knowing when to schedule the appointment or how often was unclear. Suggestions of the medical provider rendering guidance as to when the appointment should be rescheduled rather than leaving it up to the patient to schedule it.
Previous experiences of cervical cancer screenings	Descriptions of the experiences of screening were the following: Disconnected, uncomfortable, invasive, and painful. ¶Half of the participants described their experiences as good or okay and one bad experience. Cumulatively, experiences were not devastating to where it would prevent them from attending future appointments.
Perceptions of cervical cancer screenings	Perceptions of experiences do not appear to affect decisions to attend future appointments based on the participants' responses. The screening was described as important to attend in detecting cervical abnormalities and to maintain health. Majority of participants agreed a female examiner makes the exam easier and could be a determining factor in attending future appointments.

Themes developed from the research findings provided a glimpse into the lives of the participants and their perceptions of cervical cancer screening. A compilation of their responses provided an overview of factors that could be determining factors in attendance at future appointments. Overall, motivation to attend future appointments hinged on a supportive social network, their experience with cervical cancer screenings, and perceptions of the experience. The majority of participants described their experiences as

good and reported no significant discrepancies when communicating with the examiner conducting the exam.

Influence of the Framework

Educating patients about the importance of the screening and reminders of future appointments could contribute to increased attendance rates. Dr. Ackerson noted African American women did not routinely undergo cancer cervical screening due to being uncomfortable with the gender of the examiner (Ackerson, 2010). The majority of females in need of a gynecologist do not have a preference of a male or female examiner, but given the choice would prefer a female (Makam, Saroja, &Edwards (2009). In this phenomenological study, a few of the participants described cervical cancer screening as uncomfortable. Huber, Pukall, Boyer, Reissing, and Chamberlain (2008) revealed the exam could be perceived as uncomfortable, embarrassing, and painful, leading some women to avoid the exam. Ackerson (2010) did report African American women who had experienced sexual trauma tended to avoid exams. Themes emerging from the responses are reflected in the following variables (See Table 2).

Cognitive Appraisal

Research question three was to understand how perceptions of cervical cancer screening influence future appointments. Based on participant responses, participants seemed to agree that undergoing attending routine cancer screenings. Understanding preventive screening would detect cancerous cells or any other disease processes seemed to be apparent among the majority of participants. Seeking annual or routine screening is not only used to detect cervical cancer cells, but may detect other asymptomatic

infections or abnormalities (Ackerson, 2008). The screening was also described by participants as a means to maintaining health and detecting illness.

Intrinsic motivation

One's background can affect decision making when addressing health care needs (Ackerson, 2008). A few participants described the cervical cancer screenings as "invasive" and " uncomfortable". Even though there was an acknowledgment of the awkwardness of the screenings, it did not deter them from attending. They were mainly encouraged by family and friends to attend the screenings and have some personal awareness as to the importance of cervical cancer screenings. Cox and Roghmann (1984) express the formation of health behaviors are based on medical concerns. Self-motivation or self-determinism is developed based one's environment (Ryan & Deci, 2000).

Social Influence

Research question one was to address the factors affecting attendance at future cervical cancer screenings. In response to the research question, participants were mainly influenced by family and friends. Being reminded to undergo the Pap smear, but not informed of the importance, was a recurring theme.

Decisional Control

Based on response to the interview questions, there was consensus among participants in having the control to make decisions about attending future cervical cancer screenings. Cox (1982) notes the significance in patients being involved in making decisions about their health care tends to bring satisfaction. Participants have decisional control in scheduling and attending future appointments. Being aware of the importance

of the screenings prompted participants to schedule future appointments. A few of the participants did express a lack of provider support in reminding or recommending future appointments. Ackerson (2008) explains when a patient is not given options by a medical provider or there is a lack of information addressing health care concerns, it affects health behavior. ¶

Affective Response and Affective Support

This variable relates to research question one and two. Being supported by family and friends in seeking routine cancer screenings and interacting with medical staff conducting the screening can influence attendance at future appointments. Medical providers recommending follow-up appointments to Pap tests is likely to improve attendance rates (Prabu Das, 2005). Knowledge of undergoing cervical cancer screenings was based on the responses to the interview questions. Not knowing how often or when to undergo screenings seemed to be the reason for delay or being evaluated infrequently. Participants agreed being notified of the appointments would make it easier and having a female examiner would make a difference. They felt there could be an ongoing dialogue with a female examiner because of the familiarity of the female anatomy. The response to a health concern, negatively or positively, is a determining factor in perceptions of future appointments (Ackerson, 2008). Overall, participants agreed family members were influential in getting them to attend the Pap smears.

Past history of cervical cancer screening

Research question two is centered on previous experiences influencing attendance at cervical cancer screenings. Previous experiences of cervical cancer screenings did not

appear to negatively impact attendance at appointments. While participants did not describe their experiences as undesirable to where it would prevent future attendance, they were in agreement there was a need to attend. Being vulnerable and exposed to an examination of personal matters could recall traumatic events causing distress or discomfort (Ackerson, 2008). ¶

Summary

Responses to the interview questions revealed past health experiences do not interfere with attendance at future appointments. There were few factors preventing the participants from attending appointments except being notified or reminded to attend follow-up appointments or to make future appointments. There was an awareness of the purpose of cervical cancer screening and little hesitancy in attending. A recurring theme of having a female examiner perform the Pap smear was obvious. It was agreed among the participants that female examiners were able to identify and address their gynecological needs and seemed to be gentle in performing the exam. Experiences and perceptions of the exam were primarily positive with exception to a few comments about it being uncomfortable. Otherwise, experiences were positive. At this time, possible factors affecting attendance at future appointments could be the gender of the examiner, lack of education of cervical cancer screenings, and reminders to attend future appointments.

Chapter 5 offers a discussion of the interpretation of findings, limitations of the study, recommendations, and implications of the study including social change, a need for future research and the conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Cervical cancer screening is important in detecting early stages of precancerous cervical cells. Based on the statistics from the CDC, African American women are dying more from cervical cancer than women from other ethnic groups (CDC, 2012). The participants in this study revealed their experiences in getting cervical cancer screenings along with their perceptions of what could be done to make it easier for women to undergo the exam. In discussing their concerns openly, they also shed light on ways to increase attendance at exams.

The purpose of this research project was to understand how African American women's perception of cervical cancer screening may affect their decision to attend future appointments. Understanding how past gynecological experiences shapes their decisions to attend future appointments may help to improve attendance rates and reduce mortality.

Interpretation of Findings

Findings from the research revealed some factors that may increase attendance rates at appointments: (a) family members being influential in getting them to attend cervical cancer screenings, (b) self-awareness of the exam, and (c) motivation to engage in cancer prevention. Emerging themes included (a) a preference for a female examiner due to the ease of discussing gynecological issues, (b) receiving more education as to when the exam should be conducted, (c) the purpose of the exam, and (d) importance of it. This

study sheds light on another factor: annual appointment reminders by the patient's medical provider has not been thoroughly addressed in previous literature.

Emerging themes adds to the body of knowledge by revealing a need for appointment reminders, preference for a female examiner, and education of cervical cancer screening. Findings from the research would also increase awareness among the medical community informing them of the need to remind all women to schedule routine cervical cancer screenings.

Even though participants were not well informed as to the need of cervical cancer screening, they took the initiative to schedule an appointment. They were aware of the possibilities of not undergoing the exams routinely could lead to disease or illness. This confirms Cox's (1984) theory that patients with an illness or anticipation of becoming ill are interested in improving their medical disposition. However, Prabu Das (2005) notes anxiety is a result of fear and causes non-adherence of follow-up appointments. This was not confirmed by the findings in this study. Participants were aware of what the screening involved and did not seem to let the feelings of discomfort or lack of a connection or rapport with the medical provider conducting the exam deter attendance.

Participants in this study were aware of the need for the screenings and did not feel one bad experience would prevent attendance at follow-up or routine exams. Ackerson reported African American women lacking education about the importance of the screenings are likely not to attend them (Ackerson, 2008). Based on the responses from the participants in this study, education about the significance of the exam was

expressed and felt to be a factor in attending future exams. This adds to the body of knowledge.

Logan and McIlfatrick (2011) note negative experiences of previous screening interfere with attendance of future appointments. Women in this study reported life stressors such as childcare, time of day appointment is scheduled and a lack of cervical cancer screening. This confirms Logan and McIlfatrick's theory. The Institute of Medicine (2010) reports an assessment of women's health care needs and their perception of the need for care were found to be linked to biological makeup and health behaviors and customized interventions. Customizing care for individual patients is a factor in addressing their medical needs Ackerson, 2008; Cox, 1984). Women in this study noted their desire to be examined by a female examiner was a determining factor in attending future appointments. They felt a female examiner could understand their concerns more than a male examiner could.

Being informed of the importance of cervical cancer screening was influential in attending future appointments according to the participants. Prabu Das (2005) notes non –adherence could be reduced if medical providers ensure the patient understands why the screening is need and how it could promote a healthier life. Participants agreed the education about the screenings and importance of it is needed and would be beneficial in to their health, which confirms Prabu Das's theory. .

Limitations of the Study

There were few limitations of the study. Scheduling telephone interviews was challenging. Busy schedules and family matters seemed to delay a few of the interviews

to where they had to be rescheduled. Once the interviews were scheduled, no further limitations were encountered. ¶

I avoided bias by conducting the interviews by telephone. Perception of the researcher was not injected due to following research protocol. I focused on the purpose of the research rather than personal experiences. Measuring credibility is to search for differences in descriptions and their relationship to the study according to Ulin, Robinson, and Tolley (2005). Notes were taken during the interviews to ensure reliability. A copy of the interview transcripts were forwarded to each participant for review. There were no identifiable discrepancies and no requests for revisions were solicited.

Research protocol was followed consistently. Creswell (2009) discusses how important the researcher's consistency is essential when collecting data. Participants were allowed to describe and express their experiences freely. Neutrality was maintained throughout the study. Ulin, Robinson, and Tolley (2005) express the importance of researcher neutrality.

The participants' experiences were captured with accuracy by audio-taping and handwritten notes. Patton (2002) commented that capturing the experiences of the participants with precision as they occur in society is a way to measure credibility. Babbie (2010) describes credibility and validity as interchangeable due to traditional concepts and perceptions of phenomena separate from individual thought.

Recommendation for Action

With cervical cancer being preventable, cervical cancer rates among African American women may be reduced if information about the screening were accessible and preferring a female examiner were optional. Feeling comfortable in discussing gynecological issues with a female examiner may make the visit easier and could provide the patient with the answers they were seeking during the appointment. Amy, Aalborg, Lyons, and Keranen (2006) women who were overweight were uncomfortable with undergoing cervical exams due to embarrassment of being weighed, uninvited recommendations from the medical provider to lose weight, mistreatment by medical providers, and negative attitude towards medical providers, and medical equipment that was less than comparable in conducting the exam. Ackerson (2011) noted some women felt their Pap smear testing would be made worse if performed by a male provider.

It is recommended that brochures, flyers, and pamphlets be placed in community clinics, hospitals, and any medical facility that provides gynecological exams where they are visible to patients. Women prefer to receive personally addressed information about cervical cancer factors by mail (Kivistik, Lang, Baili, Antilla, & Veerus, 2011). Reminder cards could be mailed to the patients reminding them to schedule their routine screenings. Also, informational classes about cervical cancer screenings could be provided to help the patient understand the importance of the exam. A one-on-one discussion with a medical provider would be helpful in explaining the procedure and to answer any questions patients may have about the screening.

Recommendation for Further Study

A recommendation for further study would be to focus on whether reminders would be helpful in getting patients to the appointments. This study did not focus on actual attendance rates, but perceptions of past medical experiences interfering with future appointments. Kivistik, Lang, Baili, Antilla, & Verrus (2011) noted attendance rates would likely improve if women were given an appointment time and place when informed about the screening through a personal invitation, by mail or email.

Trust and communication are essential in getting women (Juraskova, Butow, Sharpe, & Campion, 2007) to follow through with cervical cancer screening. Conducting future research on how an appointment reminder prompted by the patient's medical provider affects attendance at future appointments is proposed.

Another recommendation would be to include religious beliefs as a variable. Religious beliefs could prevent a woman from seeing an examiner if there are no options of being examined by a female. This adds to the body of knowledge by revealing a need for reminders, preference for a female examiner, and education of cervical cancer screening. This would also increase the awareness among the medical community in reminding all women to schedule routine cervical cancer screening appointments.

Further study is needed to determine whether African American women age 30-65 receiving reminders to schedule future appointments and an option in selecting a female examiner would improve attendance. If it could be proven by tracking the number of patients responding to the reminders and attending appointments, it could then be applied throughout the state of Washington. Including questions about the preference for

a female examiner, education and expectations of the exam on the medical history questionnaire that is completed upon checking in for an appointment, could provide feedback about the needs of the patient.

The gender of the medical provider conducting the exam such as a physician, physician's assistant, nurse practitioner, or midwife should be analyzed to determine if there is a difference in the attendance at appointments if the examiner is a female. Does the examiner cause distress during the exam and are the patients comfortable discussing gynecological issues with a male provider versus a female provider? Further research is needed in determining whether education about cervical cancer screening, appointment reminders, and an option of being examined by a female would be beneficial to all women between age 30-65. Other factors to take into consideration would be education, ethnic background, geographical area, income, and religion. Would these factors interfere with attendance at exams?

Implications

Cox's interaction model of client health behavior focuses on the needs of each individual or patient by customizing health care to address their needs (Cox, 1984). Participants were aware of the need for cervical cancer screening, but did not receive encouragement from a medical provider as to why there was a need for the screening. Due to their knowledge of cancer prevention, taking the initiative on their own reflected the individualism Cox mentions in the interaction model (Cox, 1984). The participants had an incentive to make the appointment in taking preventive measures. Having a

female examiner conduct the exam versus a male, may affect the patient-provider relationship and attendance rates.

Carter (2008) noted patients did not attend routine exams because they lacked motivation. The participants in this study did not lack motivation. They were motivated in undergoing routine exams based on the knowledge they had obtained from family and media. Even though they may not have had complete knowledge of the cervical cancer screening, a few participants did not need reminders to attend future appointments, but could have used a reminder as to when the appointment was to be rescheduled. Cox and Roghmann (1984) commented that the interaction model of client health behavior can assist medical providers in customizing health programs leading to positive outcomes.

Customizing health care based on the individual's needs is likely to promote healthier outcomes and promote positive social change. Based on previous literature reviews, the findings from this research confirms the gender of an examiner and education of cervical cancer screening can affect a woman's decision to attend an appointment. Feelings of discomfort, misperceptions, and lack of education for undergoing the exam were disconfirmed. These factors did not affect future attendance. Health behavior among the participants seemed to be positive. Their willingness to seek out cervical cancer screening independently leans towards positive outcomes in attendance rates. There were no limitations to the trustworthiness of the study. Each participant described similar experiences and provided insight about what takes place during a cervical cancer screening. There was no doubt as to whether they had not experienced it.

Implications for Social Change

The significance of this study was to understand how perceptions of cervical cancer screenings might affect their decision to attend future appointments. The importance of the research was to determine whether low attendance rates are a reflection of past medical experiences. Individual health behavior would affect one's decision to attend future appointments. Cox and Ackerson agreed that individualism (culture, emotions, and incentive affect outcome of medical experiences) were factors in providing quality care (Ackerson, 2008; Cox, 1984**).** Customizing health care based on the individual's needs is likely to promote healthier outcomes and positive social change.

Other implications for social change involve recommendations of the medical community reminding patients of future cervical cancer screenings, education about the importance of the exams, and female examiners conducting the screening. Providing reminders of future appointments and cervical cancer screening education would likely affect attendance rates positively. There are no implications in the exam being performed by a midwife, a medical doctor, nurse practitioner, or physician's assistant. Based on participant responses, preference for a female examiner may influence a woman's decision in attending future appointments. There was also mention of it being easier to discuss gynecological issues with a female examiner than a male due to the female having a better understanding of a woman's anatomy.

Conclusion

Perceptions of cervical cancer screening do not appear to have influenced attendance at future appointments. Participants had some idea as to why cervical cancer

screenings are important, but may not have had sufficient information about the timeliness of the exam. Having a female examiner could make it easier to attend future appointments. Some participants felt they could discuss gynecological issues with a female examiner with ease than with a male examiner.

There did not appear to be fear of attending the screening even if some discomfort was encountered. Mistreatment was not mentioned as a determining factor in not attending appointments. Some factors that could interfere with attendance at future appointments are preferences for female examiners in conducting the exam based on familiarity and being informed of when to schedule future appointments.

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Appendix A: Interview Guide

1. Who or what has influenced you the most about Pap smear tests.
2. If you have to describe to a friend what a Pap smear test is, how would you describe it?
3. We are all told to get pap smears, why do you think we are told to do that?
4. Some women don't get Pap smears, why do you think that is?
5. How would you describe how it is/was for you to have a Pap smear?
6. It seems like for you it's been [okay, good, bad] to go through the visit to have a Pap smear done. Tell me about what made that visit good/bad.
7. Do you think there's anything doctors or clinics do that makes it easier or harder for women to get this test?
8. There is a kind of cancer called cervical cancer, what do you know about it?
9. Some people may have more risks for cervical cancer, what do you think your chances are for cervical cancer?¶

Appendix B: Demographics questionnaire

Age:

30-39

40-49

50-59

60-65

Cervical Cancer Screening Experience:

Yes ☐

No ☐

Ethnicity:

African American (U.S. citizen):

Born in the U.S. ☐

Born abroad ☐

Appendix C: Flyer

Participants are needed for a study involving African American women and cervical cancer screenings

Were you aware that African American women are dying at higher rates of cervical cancer than women from other ethnic groups? Cervical cancer rates among African American nationally are higher than women from other ethnic groups. This study is to learn more about the experiences of African American women and cervical cancer screenings in Thurston County, Washington.

This study is being conducted for my Walden University dissertation.

- Participants are needed for a research study focusing on the experiences of African American women and cervical cancer screening. If you are interested in sharing your story and meet the following criteria:
- African American and born the U.S.;
- Age 30 to 65;
- Have undergone a cervical exam;
- Has not undergone a cervical exam;

By participating in this study, you will contribute to an understanding of what is needed to improve attendance at cervical exams among African American women.

For more information about this study, please call

L. Matthews
(360)XXX.XXXX