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Understanding Faith Leaders' Perspectives on Breast Health Interventions in the Church

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Abstract

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MPH, Walden University, 2009

BS, Georgia Southern University, 2006

Dissertation Submitted in Partial Fulfillment

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Abstract

The prevalence and incidence of breast cancer is an important issue that is affecting all women, but African American women have the lowest survival rates after breast cancer diagnosis. Historically, the Black church and faith leaders have been essential in promoting health in the African American community. Moreover, faith-based interventions have become more common within the African American community in addressing factors that affect survival rates such as early detection, cultural barriers, and education. Currently, there is not clear information on the perspectives faith leaders have on their experiences with implementing breast health interventions in their places of worship. This phenomenological study used interpretivism as the conceptual framework to understand the experiences of the faith leaders of African American congregations who participated in Worship in Pink, a faith-based breast health program implemented among congregations in metropolitan Atlanta. The research questions sought to answer what faith leaders' experiences were with participating in this intervention and what situations or contexts may have influenced their experiences. In depth, semistructured interviews were administered to a sample of 5 faith leaders who participated in Worship in Pink. There were 3 themes and 1 subtheme that emerged because of the study. The themes included partnership with Komen Atlanta, increased awareness, impact on the community, and resources. The positive social change implications include knowledge useful for faith leaders, program developers, health policy makers, health educators, and other researchers who are seeking to understand experiences of faith leaders in order to improve breast health and awareness of African American women.

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Dedication

This dissertation is dedicated to my mother, Beverly Thomas, who always nourished my appetite for knowledge. My mother always told me, “people can take away what you have, but they can never take away what you know.” It is that saying that has been with me even after she lost her battle to breast cancer on December 5, 2005. Although my mother is no longer with me, I now have a life-long quest to continuously seek knowledge and understanding regarding the many barriers that affect breast health of women in my community.

This dissertation is also dedicated to the many women, like my mother, who lost their lives to breast cancer. May you rest in peace.

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Chapter 1: Introduction to the Study

Faith leaders and the Black church play an integral role in addressing the health issues plaguing the African American community (Austin & Harris, 2011). Currently, breast cancer mortality has disproportionately affected African American women more than any other ethnicity (American Cancer Society, 2013). Research has shown that breast health awareness can be promoted in the African American faith community by implementing culturally tailored interventions (Austin & Harris, 2011; Butler-Ajibade, Booth, & Burwell, 2012; Corbie-Smith et al., 2010; Parrill & Roberts Kennedy, 2011). Although there have been many studies on faith-based breast health interventions, there has been little research on the perspectives and experiences of faith leaders implementing these types of breast health interventions in their places of worship. It is important to understand the experiences of faith leaders who implement faith-based breast health interventions in order to inform program designers and health policy makers on how to approach the faith community with collaboration targeting African Americans. Additionally, the social implications of this study have the potential to encourage similar faith communities and faith leaders who have the same capacity to increase breast cancer awareness in their congregations. Longstanding social implications would include increased participation of faith organizations and collaboration with health organizations in similar faith-based interventions, as well as increased breast cancer awareness among African American women.

The purpose of Chapter 1 was to discuss (a) the background, (b) the problem statement, (c) the purpose of this study, and (d) the research questions. Chapter 1 also

provides a brief summary of (e) the theoretical/conceptual framework, (f) the nature of the study, as well as (g) the definitions, (h) scope and delimitations, (i) assumptions, and (j) limitations of the study. Lastly, (k) the significance of this study is also discussed.

Background of the Study

Breast Cancer Prevalence in African American Women

As of 2011, breast cancer was the second leading cause of death of women in the United States (American Cancer Society, 2011). Next to skin cancer, breast cancer was the most commonly diagnosed cancer among women, at a rate of 1 out of 8 women in the United States (American Cancer Society, 2011). Although breast cancer is more prevalent in Caucasian women, African American women have the worse chance of survival. Compared to all major ethnic groups, the 5-year breast cancer survival rate in 2011 was the lowest among African American women at 77.5% (American Cancer Society, 2011). The survival rate was substantially higher among non-Hispanic Whites (88.8%), American Indians (85.6%), Asians (90.7 %), Pacific Islanders (85.4%), and Hispanics (83.8%). The statistics regarding breast cancer survival rates reveal enough evidence to show that a disparity in survival rates actually exists.

Screening Behaviors of African American Women

According to the American Cancer Society (2011), women over the age of 40 should have an annual mammogram as well as an annual clinical breast exam (CBE). For women over the age of 40, only 50.6% of African American women reported having a mammogram within the past year (American Cancer Society, 2011). However, mammography participation rates declined among both Caucasian and African American

women. In 2000, the National Health Survey (as cited in Chagpar, Polk, & McCasters, 2008) showed that 69.8 % of Caucasian and 64.4% of African American women over the age of 40 had a mammogram within 2 years. However, in 2005, the screening rates declined to 66.7% and 62.9 % respectively in Caucasians and African Americans (Chagpar et al., 2008).

Barriers to Screening in African American Women

Research has shown several barriers among African American women that affect compliance to screening recommendations, including cultural attitudes, beliefs, access to health care, medical mistrust, and discrimination (Conway-Phillips & Millon-Underwood, 2009; Peek, Savaad, &Markwardt, 2008; Purc-Stephenson & Gory, 2008). The cultural beliefs and attitudes of African American women are associated with fear of the health care system, clinicians, and the unknown. More specifically, the fear of what happens during a mammogram also contributes to the cultural beliefs and attitudes of African American women (Peek et al., 2008). Access to health care in the African American community may be a result of the socioeconomic status, lack or health insurance, or intentionally delaying health care (Peek et al., 2008; Purc-Stephenson & Gory, 2008). Medical mistrust and discrimination stem from a long history of medical experiments and unethical health practices towards African Americans. Additionally, personal and perceived negative health care experiences contribute to medical mistrust (Peek et al., 2008). The faith community may best address these barriers affecting screening rates in African American women.

Faith-Based Communities Addressing Barriers to Screening

For decades, the Black church has been engaged in health promotion and has collaborated with hospitals, academic researchers, and health departments to deliver faith-based programs (Austin & Harris, 2011). Because of medical mistrust in the African American community, the influence of faith leaders is important to help reduce skepticism and to promote faith-based programs (Butler-Ajibade et al., 2012). Faith-based health programs have not only proven to be effective in changing general health behaviors in African American communities (Baruth, Wilcox, Laken, Bopp, & Saunders, 2008; Frank & Grubbs, 2008), but also in changing breast health behavior (Northington et al., 2011; Thompson, 2009).

Even with the abundance of literature on faith-based health interventions and breast health interventions in the church, there has not been a clear understanding of faith leaders' roles, attitudes, and experiences with implementing these interventions. More specifically, this study addressed the gap in literature involving qualitative studies with African American faith leaders participating in breast health interventions. Therefore, understanding of faith leaders' experiences with faith-based interventions that address these barriers can help public health professionals, health policy makers, and faith communities implement culturally appropriate interventions.

Problem Statement

There is an apparent disparity in breast cancer survival rates among African American women. The importance of early detection and breast health education has been emphasized and noted (American Cancer Society, 2011). However, even with the

clear recommendations for screenings, African American women are less likely to receive regularly scheduled mammograms (Chagpar et al., 2008). Cultural barriers in the African American community have a direct impact on the adherence to screening recommendations (Conway-Phillips & Millon-Underwood, 2009; Peek et al., 2008). Current literature showed that the faith community may best address these barriers among African Americans by implementing culturally tailored interventions (Austin & Harris, 2011; Butler-Ajibade et al., 2012; Corbie-Smith et al., 2010; Parrill & Roberts Kennedy, 2011). However, there has been little research on the experiences faith leaders have with breast cancer awareness interventions in their places of worship.

Rodriguez, Bowie, Frattaroli, and Gielen (2009) explored the perspectives of pastors and lay health cocoordinators who collaborated with academic researchers to implement the breast health intervention. Although their study addressed perspectives of pastors and lay health cocoordinators about community partnerships, Rodriguez et al. did not directly address the experiences of pastors who were engaged in the breast health intervention. This dissertation study contributed to the literature by solely investigating the roles and experiences of faith leaders who implement breast health interventions in their churches.

Purpose of the Study

The purpose of the qualitative study was to understand faith leaders' experiences with breast health interventions in their places of worship. The specific aim of this study was to gain insight on the perspectives, roles, and experiences of faith leaders who participated in faith-based breast health interventions. Semistructured, in-depth

interviews were conducted with faith leaders whose congregations participated in the intervention during 2013 and the years prior to 2013. Because there was limited literature about faith leaders' experiences with breast health interventions, this study contributed to the gap in literature. More specifically, this study addressed the situations that impacted those leaders' experiences, such as the roles faith leaders have in the breast health interventions, as well as the collaboration with the developers of Worship in Pink. This study has significant social implications for program developers, health policy makers, health organizations with similar programs, and other researchers who are seeking to understand the experiences of faith leaders with breast cancer awareness interventions targeting African American women. Additionally, it has implications for helping health policy makers and program developers create more opportunities for faith leaders to collaborate with health organizations in order to increase breast cancer awareness among African American women.

Research Questions

The following research questions addressed the purpose of the study:

1. What are faith leaders' experiences with implementing Worship in Pink to promote breast cancer awareness?
2. What are faith leaders' perspectives, attitudes, and beliefs on using breast health interventions to promote awareness?

The following subquestion was also addressed:

1a. What situations have influenced faith leaders' experiences with implementing Worship in Pink in their congregations?

Conceptual Framework

The study used interpretivism as the conceptual framework (Crotty, 1998). Interpretivism is one of the five major theoretical perspectives that serve as foundations for social research. Moreover, interpretivism is primarily concerned with understanding human behavior in both actual meaning and its social context (Crotty, 1998). Interpretivism served as the best conceptual framework because of the need to understand the experiences of faith leaders with a faith-based intervention. The philosophy of gaining an understanding of human experience and its social relations served as the foundation of the study's research questions. The research questions sought to gain an understanding of the faith leaders' experiences with Worship in Pink and to understand any context that may have affected those experiences.

The conceptual framework of interpretivism traced its origin back to Weber. Weber (as cited in Crotty, 1998) suggested that human sciences primarily focused on the aspect of understanding meanings and value. Additionally, Weber's view of interpretivism was to understand social context and explain any relevant phenomenon. Interpretitivism is divided into three primary categories of methodology (Crotty, 1998). These divisions are symbolic interactionism, phenomenology, and hermeneutics. Each of these categories are discussed more thoroughly in Chapter 2. However, this study used the category of phenomenology as the appropriate research approach.

Nature of Study

This study was qualitative in nature and used phenomenology as the approach. Phenomenology allows researchers to describe the common lived experiences of a

phenomenon. A phenomenon may be an emotion, a relationship, a program, an organization, or a culture (Patton, 2002). Additionally, it may also be single concept or idea (Creswell, 2013). The purpose of this phenomenological study was to gain an understanding of faith leaders' lived experiences with implementing faith-based breast health interventions in their congregations. The phenomenon of this study was the group of faith leaders who participated in Worship in Pink. In-depth, semistructured interviews were administered to faith leaders in the metropolitan area of Atlanta, Georgia. Interviews were conducted via telephone and face-to-face at locations logistically convenient for the faith leaders. The interviews were transcribed and responses were coded and analyzed. For this dissertation, I used phenomenology with an emphasis on semistructured interviews in order to gain insight on faith leaders' experiences and the contexts or situations that influenced their experiences with the faith-based intervention. More specifically, transcendental phenomenology was used, not to create a theory about the faith leaders' experiences, but to gain a better understanding of their experiences (Creswell, 2013).

Definition of Terms

The following terms were defined and used throughout the study:

Attitude: The manner, disposition, or feeling an individual has about a person or thing.

Belief: An opinion or conviction one has about a person or thing.

Breast self-examination: An exam done by a woman to her breast to detect any physical changes in the breast.

Clinical breast exam (CBE): An exam done by a health care provider using the pads of the fingers to palpate the breasts, giving special attention to shape, texture, location of any lumps, and whether such lumps are attached to the skin or to deeper tissues (American Cancer Society, 2011).

Experience: All that is perceived, understood, or remembered from undergoing or encountering an occurrence.

Faith-based: Refers to programs or activities that include faith practices such as prayer, scripture reading, and/or praise and worship.

Faith leader: An individual who is recognized by a religious body as having some authority within that body.

Faith-blaced: Refers to programs or activities that may be implemented at a place of worship, but do not include faith practices such as prayer, scripture reading, and/or praise and worship.

Interpretivism: A sociological approach that emphasizes the need to understand or interpret the beliefs, motives, and reasons of social actors in order to understand social reality (Crotty, 1998).

Mammogram: A low- dose x-ray test that allows the visualization of the internal structure of the breast (American Cancer Society, 2011).

Perspective: An individual's view, thought, idea, or fact known to one about a person, place, or thing.

Phenomenon: A single concept or idea, which could include an emotion, a relationship, a program, an organization, or a culture (Patton, 2002; Creswell, 2013).

Assumptions

This study assumed that the faith leaders' would provide honest responses about their experiences with Worship in Pink. Research has shown that faith leaders' influences in any health-related program can increase participation with the congregation and contribute to successful outcomes (Butler-Ajibade et al., 2012). Therefore, one would assume that Worship in Pink was successful because the influence of their faith leaders. However, this study did not investigate the outcomes of Worship in Pink and therefore did not verify said assumption to be true. However, the assumption was necessary in the context of this study because of the social implications to encourage other faith leaders and organizations to implement similar breast health interventions.

Scope and Delimitations

This phenomenological study expanded understanding of faith leaders' experiences with the breast health intervention, Worship in Pink. A criterion purposive sample was used in order to gain a detailed description on faith leaders' experiences with Worship in Pink. In addition, the study participants provided insight on the social context or situations that affected their experiences. The criterion sampling allowed me to select cases based on specific criteria, such as faith leaders of African American places of worship in metropolitan Atlanta, Georgia. The following delimitations were made for the purpose of this study:

- The study was limited to faith leaders of congregations who have implemented Worship in Pink, a breast health intervention, targeting African American women.

- The study was limited to faith leaders of congregations who had implemented the breast health intervention in 2013 and years prior to 2013.

Transferability is the ability of the qualitative research to be transferred in other contexts (Trochim & Donnelly, 2007). I addressed transferability by thoroughly describing the context and assumptions of the research. A thorough explanation of the research context of this study will be useful to future researchers who may want to conduct a similar study in a different location.

Limitations

A limitation in this study was the methodological limitation of transferability and generalization. This study sought to understand the perspective of faith leaders in a specific location. This means the experiences of faith leaders may not be the same in other locations or replicated studies and therefore cannot be generalized. However, this limitation was acceptable because the purpose of the study was not to generalize, but to help others understand the experience of the faith leaders in this study. Health program designers who want to implement similar faith-based interventions and health policy makers who may want to create policies for health organizations to collaborate with faith leaders on breast health initiatives may use this information.

Another limitation was bias. More specifically, several types of bias including researcher bias, self-selection bias, and respondent bias may pose as a challenge. As mentioned in the assumptions section, I had some bias because of previous experience with the Worship in Pink program. If I did not address potential researcher bias, it would have potentially influenced how I conducted the interviews with the participants. A

reasonable measure to address this limitation of researcher bias was to use the method of bracketing, or writing down all biases before conducting the study.

Self-selection bias, which others may see as a weakness in quantitative studies, was used as a strength in qualitative studies instead of a limitation. Typically, random probability sampling controls selection bias in quantitative studies (Patton, 2002). However, in this qualitative study, purposive sampling was used to select participants who may have been able to provide the most descriptive details about their experiences with Worship in Pink. Respondent or response bias may have been a limitation because of the participants' needs to achieve social desirability. The participant may want to appear to be reasonable, happy, and unprejudiced to the researcher (Singleton & Straits, 2005). This limitation was addressed in this study by assuring each participant that their responses were anonymous and confidential, wording the interview questions in a way that did not require socially desirable responses, and conducting the interviews in locations that guaranteed privacy for each participant.

Significance of the Study

Understanding the experiences of faith leaders' experiences with faith-based breast health interventions in the African American community is integral in continuing to develop, implement, and sustain similar culturally tailored interventions for this demographic. With the exception of the study conducted by Rodriguez et al. (2009) about faith leaders' perspectives on community partnerships and their experiences, there has been minimal published research exploring this topic. Therefore, this study addressed a gap in existing literature regarding faith leaders by understanding their experiences with

breast health interventions in the African American community and social contexts that influence their experiences. The positive social change implications include knowledge useful for researchers, program developers, health policy makers, health educators, and other faith leaders who are seeking to understand experiences of faith leaders who have a great influence on the implementation and acceptance of breast health interventions in the African American community. Additional implications will be to inform future research on how to improve breast health and awareness interventions targeting African American women. Long-term implications of social change will be more participation of faith leaders in Worship in Pink and similar breast health intervention, as well as increased breast cancer awareness among African American women.

Summary

Because of the sphere of influence faith leaders have in the African American community and their ability to promote healthy behavior to their congregation, it is important to understand how they view their experiences with the interventions that promote breast health awareness. Researching this topic was imperative, in order to understand their experiences and roles in implementing the interventions. Additionally, gaining insight on faith leaders' experiences could also contribute to social change by informing health organizations and health policy makers on how to collaborate with more faith organizations in order to increase breast cancer awareness in the African American community.

Organization of Study

The dissertation was compartmentalized into five chapters. Chapter 1 includes the introduction, background, and the purpose of study, research questions, and the need for the study, the basic assumptions, the delimitations, and the limitations, the definitions of terms, the summary, and the organization of the study. Chapter 2 is comprised of the review of literature in addition, the summary. Chapter 3 includes the methodology and the summary. Chapter 4 contains the analysis and the interpretation of the data and the summary. Chapter 5 includes the findings, conclusions, summary of the study and recommendations.

Chapter 2: Literature Review

Introduction

There has been a disparity among African American women in the United States and women belonging to other racial and ethnic groups. Research showed that although breast cancer was more prevalent in Caucasian women, the survival rates were lowest in African American women (American Cancer Society, 2011). Additional research has proven that faith leaders play a vital role in promoting health and breast health awareness can be promoted in the African American faith community by implementing programs targeted towards this population (Austin & Harris, 2011; Butler-Ajibade et al., 2012; Corbie-Smith et al., 2010; Parrill & Roberts Kennedy, 2011). What researchers have not clearly represented are faith leaders' experiences with breast health interventions in their congregations. It was important to understand these experiences in order to contribute to existing literature, inform future research on faith-based breast cancer awareness interventions, and guide program developers and health policy makers on collaborating with more faith leaders to address the breast cancer disparity among African American women.

The purpose of Chapter 2 was to (a) discuss the research related to content, which included the role of faith leaders promoting health and the contextual framework of interpretivism; (b) discuss the methodology, which included the role of faith leaders in faith-based interventions in the African American community and the role of faith leaders in specific breast health faith-based interventions in the African American community; and (c) discuss the research related to both content and methodology, which included

more specifically faith leaders' perspectives and experiences with faith-based interventions.

Literature Search Strategy

The literature review was based on the most relevant published and peer-reviewed journals such as the *Health Education and Behavior Journal, Journal of Community Health, Journal of Cancer Education,* and the American Cancer Society. The literature search for this study was drawn from the following databases: CINAHL Plus with full text, Medline with full text, EBSCOhost, and SAGE. In addition, the literature search included works published between the years 2008 to 2013.The following keywords and word combinations were used to conduct the searches: *black church and pastors, breast cancer survivors and testimonies, faith-based interventions, faith-based and breast health, faith leaders and experiences, cancer screening and churches, mammography and churches, perspectives.*

Research Related in Content

It is important to understand the roles faith leaders had with health promotion interventions. More specifically, it is imperative to learn more about the part religious leaders have played in breast health education programs being provided in their places of worship. The purpose of this section was to discuss research associated with the role of faith leaders in health promotion, faith leaders' roles in faith-based interventions in the African American community, and breast health faith-based interventions in the African American community.

Role of the Black Church and Faith Leaders

Current researchers noted the Black church as a strong institution that unifies the African American community through its outreach (Parrill & Roberts Kennedy, 2011). Many have viewed the Black church as the only organization culturally relevant to empower African Americans to grow and make great improvements. The ability of the Black church to foster an environment of empowerment is promising in addressing many of the health issues that plague the African American community (Austin & Harris, 2011). The church setting is ideal for health promotion because of its unique resource of facility space with multipurpose rooms that can be used for fitness classes, cooking classes, and seminars (Butler-Ajibade et al., 2012). This provides an opportunity for health educators and health care providers to reach a large number of high-risk individual in one setting.

Another unique resource of the Black church is the resource of people. The Black church is made of members who serve as volunteers on committees and health ministries. The shared spiritual beliefs of the members in health ministries contribute to mutual trust and ambition to contribute to change in their communities. Austin and Harris (2011) studied the effectiveness of health ministries by administering surveys to church members who have access to such ministries. The results showed that health ministries are important in providing health literature that increased awareness and challenged members to take control of their health (Austin & Harris, 2011).

Also important in the Black church is the role of the pastor. Pastors are important to health promotion because of their status in the African American community. Because

of medical mistrust in the African American community, pastoral influence is important in reducing skepticism and reluctance of African Americans towards the health care community. The pastor's influence can also increase member participation and successful program outcomes (Butler-Ajibade et al., 2012).

The role of pastors in the Black church has also been deemed as multidimensional. Corbie-Smith et al. (2010) administered focus groups to 30 pastors on their perspectives of their roles in health research. Pastors described the various roles they play as well as possible influences of conflict and synergy between their pastoral role and their role as a leader in research (Corbie-Smith et al., 2010). Some of the pastors' self-identified roles were role model, informant, bridge, spokesperson, and leader. The role model was described as having the ability to address health disparities of the church by making personal behavior changes. The role as an informant deems the pastor as a credible source with information about the initiative. The self-identified role as a leader was defined as emphasizing the importance of the initiative and creating buy-in from the congregation (Corbie-Smith et al., 2010). Other pastoral self-identified roles included the resource builder who mobilizes church resources, the sanctioner who engages and collaborates with researchers prior to introducing the initiative to the congregation, and the protector who protects the church from maltreatment (Corbie-Smith et al., 2010).

The role of the Black church and the people that serve within the church are not only important to the unity of the African American community, but also to the health of the community. The promise of the Black church and health promotion has been apparent in recent literature (Austin & Harris, 2011; Butler-Ajibade et al., 2012; Corbie-Smith et

al., 2010; Parrill & Roberts Kennedy, 2011). However, further exploration was needed on the role of the faith leaders promoting breast cancer awareness in the African American community.

Although the role of the Black church and the role of the pastor have been explored in recent literature, the perspectives of faith leaders on their role promoting breast cancer awareness have not been explored fully. The study by Corbie-Smith et al. (2010) did gain the perspective of pastors who participated in health research. However, current literature has been missing the perspectives of faith leaders who specifically promote breast cancer awareness. This dissertation study explored the perspectives of faith leaders and their experiences of promoting breast cancer awareness in the African American community. Additionally, this study investigated the various social contexts that may have influenced the experiences of faith leaders who implement faith-based breast health interventions in their churches.

Faith Leaders' Roles in Faith-Based Interventions

There are numerous studies on how health promotion programs have been implemented in faith-based organizations. Williamson and Kautz (2009) highlighted the implementation of the BLESS Project. The researchers, one a congregational nurse, administered the BLESS Project in one of the oldest African American rural churches in northeastern North Carolina. The pastor of this church played a major role by promoting the program to the congregation. During worship service and sermon, the pastor promoted the BLESS Project by introducing it to the congregation. The pastor also

participated in the intervention and reaped major benefits of the program (Williamson & Kautz, 2009).

Similar to the intervention by Williamson and Kautz (2009), Frank and Grubbs (2008) implemented a faith-based intervention focusing on heart disease and stroke. Frank and Grubbs implemented this project in rural African American churches in north Florida. In order for the researchers to gain access to the churches, the researchers established a relationship with a key pastor who the leader of a local community center (Frank & Grubbs, 2008). The pastor assisted the researchers with recruiting other pastors and parishioners to participate in the screening and education program.

Parishioners in four African American churches attended five screening and educational sessions. Feedback from the pastors and participants supported continuing the faith-based screening program. The researchers concluded that collaborating with pastors is key to establishing trust. This is because pastors are considered the gatekeepers and have access to other pastors and parishioners (Frank & Grubbs, 2008).

Baruth et al. (2008) also used the community-based participatory research approach in which decision-making and resources were shared with the African Methodist Episcopal (AME) Church. Researchers conducted a retrospective interview with health directors from 20 churches who participated in the Health-e-AME program in South Carolina. Baruth et al. asked the health directors to assess any successes or barriers of the program.

The health directors stated that although the pastors did speak about diet and exercise in the pulpit, they did not practice what they preached. Even though pastor

participation in exercise did not have a significant impact on the church members' participation in exercise, the feedback from the interviews showed that high pastor support of programs was associated with higher rates of program participation (Baruth et. al., 2008).

Overall, the previous studies all correlate to the importance of having faith leaders engaged and supportive of faith-based interventions (Baruth et al., 2008; Frank & Grubbs, 2008; Williamson & Kautz, 2009). However, the previous studies only highlight the involvement of faith leaders implementing faith-based interventions not related to breast cancer awareness. This gap in literature was addressed by focusing on faith leaders who implemented faith-based breast health intervention in the church. This study added to the literature by providing insight on faith leaders' experiences with supporting and promoting breast health interventions in the church.

Faith Leaders' Roles in Faith-Based Breast Health Interventions

As faith-based health interventions have become more common, breast health faith-based interventions have also become more popular. Some of these interventions include the Witness Program and Survivors in Spirit (Thompson et al, 2009). However, research has been limited in examining faith leaders' involvement in faith-based interventions specifically targeting breast cancer in the African American community.

Holt, Lee, and Wright (2008) compared communication effectiveness in spiritually-based breast cancer education and secular breast cancer education among six African American churches in Alabama. The purpose of the study was to see if a

spiritually based approach to breast cancer education is more effective than a secular approach (Holt et al., 2008).

Investigators of the study recruited churches by sending letters to a sample of church leaders and following up with phone calls. The recruiters then worked closely with the leadership in women's or health ministries on how to administer study. The church leaders made announcements during church services about the study and 108 eligible women participated in the study. The participants completed baseline surveys, read the books that the researchers randomly assigned, and completed a thought-listing form as they read the booklet (Holt et al., 2008).

Contrary to the previous study (Holt et al., 2008) that focused only on faith-based programs, Northington et al., (2011) used a three-pronged approached that included not only faith-based organizations, but also community and state agencies that improved breast health education, provided screening and detection services, and offered additional resources. The three-pronged approach included participation from a local school of nursing to train 20 key women from 10 churches on how to conduct breast cancer outreach program. The researchers contacted 10 local churches to identify women faith leaders to train for the intervention (Northington et al., 2011).

The results of the intervention were that breast health awareness was raised in the community, an ongoing partnership was established in the community with church leaders and other organizations, and a continuing referral network for women with breast health problems was established (Northington et al., 2011).

Although the current literature on faith-based breast health interventions is limited, some valuable themes have been common among the existing faith-based breast health interventions. A key theme is the importance of community involvement. Not only are lay health workers needed to represent the community, but faith leaders, stated that agencies and nonprofit organizations are also essential to community involvement (Holt et al., 2008; Northington et al., 2011). However, these studies relevant to faith-based breast interventions were missing some key elements. Although the studies did highlight the participation of faith leaders, the studies did not provide detail and insight into the perspectives and specific roles of the faith leaders. (Holt et al., 2008; Northington et al., 2011). This gap in literature was addressed by focusing on the experiences of faith leaders who implemented breast cancer interventions that promoted awareness in the African American church. This study also investigated the specific social context that influenced experiences of faith leaders implementing these interventions.

Research Related in Methodology

The purpose of this section was to discuss the methodology, which included the conceptual framework of interpretivism. Moreover, this section provided a detailed description of literature that used interpretivism as the theoretical foundation of their study. In addition, this section explained how the framework connected to the methodological approach of the study as well as the research questions.

Conceptual Framework

The purpose of this study was to understand a phenomenon rather than provide an explanation. Therefore, interpretivism was the best approach as a conceptual framework

for this study. Interpretivism was also best used as the conceptual framework because interpretivism determined how the study would address the research questions. If interpretivism was used as a theoretical framework in this study, it would be based on several other studies who have tested it as a theory. However, this study was not based on other studies that have tested interpretivism as a theory.

Interpretivism is one of many perspectives used in the social sciences. Patton (2002) listed five theoretical perspectives as foundations for social research. These theoretical perspectives were positivism, interpretivism, critical inquiry, feminism, and post modernism (Patton, 2002). However, Creswell (2013) listed several theoretical paradigms and perspectives. These included positivism, post positivism, interpretivism, constructivism, hermeneutics, feminism, critical theory, Marxist theory, queer theory, and post colonialism (Creswell, 2013).

The basic assumption of interpretivism is that social sciences are drawn to understanding instead of explanation (Crotty, 1998). The creator of interpretivism, Weber (as cited in Crotty, 1998), expressed the need to focus on the meanings and values of human beings interacting with society. Originally, Weber never used methodological issues beyond his own understanding. Instead, he based his work on many assumptions. Weber was ultimately concerned with large-scale uniformities and was forced to accept observer's interpretations (Crotty, 1998). Some of the practices used in qualitative research that align with the theoretical perspective of interpretivism include collecting participant meanings, using personal values in the study, and making interpretations of the data (Creswell, 2009).

In contrast to the perspective of positivism, which suggests that truth is not influenced the human interpretation; interpretivism suggests that truth exists because of human interaction with the realities of the world (Crotty, 1998). Additionally, each human may have a different interpretation and understanding of the same phenomena (Crotty, 1998). When interviewing the faith leaders about their experience with Worship in Pink and social context that may have influenced their experiences, it was important to be mindful that each faith leader would view their experiences differently, which could potentially reveal truths that were unique to each individual and their experience.

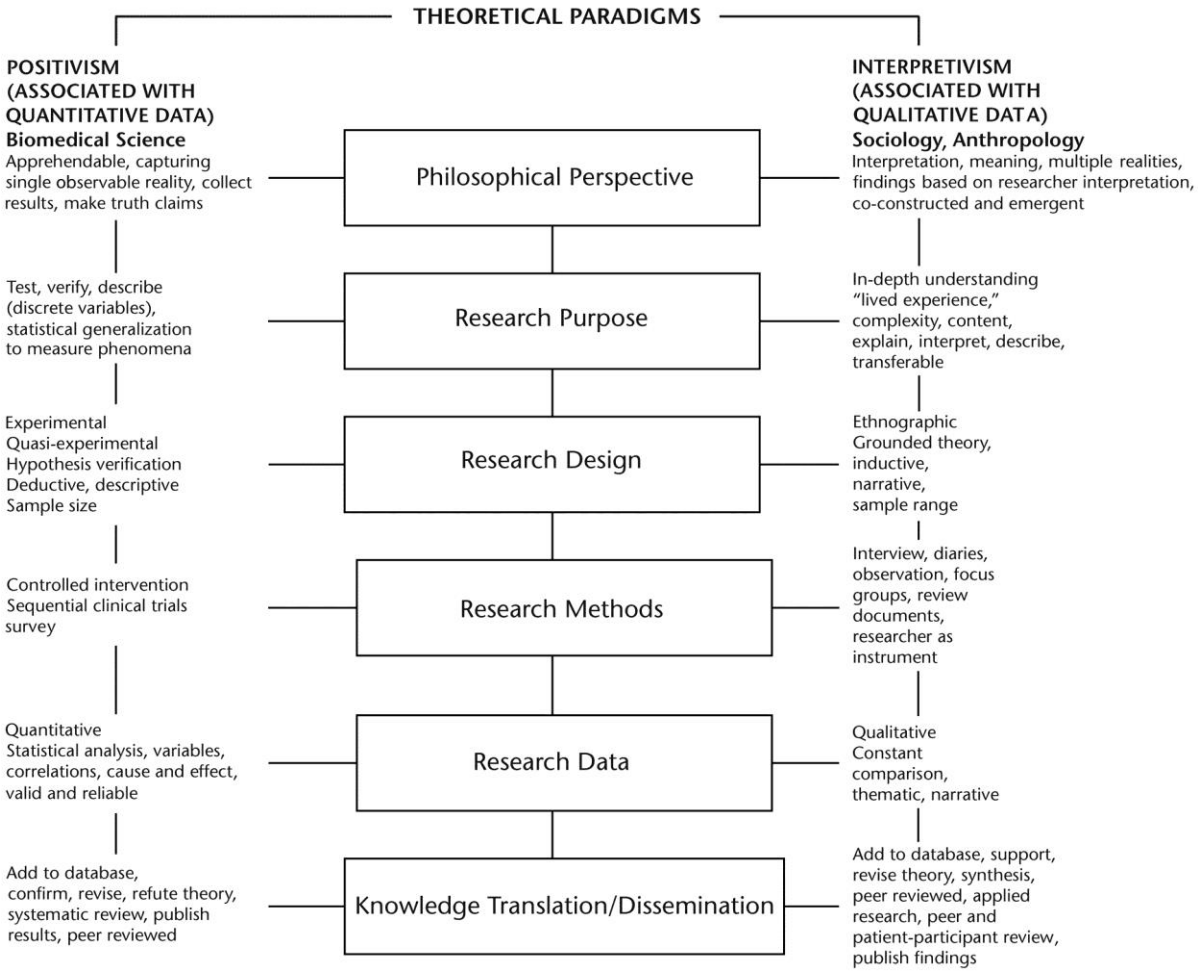

Figure 1. Positivism versus interpretivism. Adapted from "Alternative Approaches to Research in Physical Therapy: Positivism and Phenomenology," by K. F. Shepard, G. M. Jensen, B. J. Schmoll, L. Hack, and J. Gwyer, 1993, *Physical Therapy*, *73*(2), pp. 88–97.

Weber (as cited in Crotty, 1998) suggested that understanding social phenomena can be adequate information for research, but there are specific methodologies that should be used for rigorous investigation. The three methodologies are symbolic interactionism, phenomenology, and hermeneutics. This study used the methodology of phenomenology because of the interest in how the study participants interpreted their lived experiences. Crotty (1998) stated that one must put aside any existing

understanding of a phenomenon and revisit the immediate experience in order to allow new meanings to emerge or to allow former meanings to be enhanced.

After an extensive search of interpretivism studies between the years of 2009 and 2013, there were 34 existing articles. Of these 34 articles, only one study applied interpretivism as a theoretical framework similar to this study. Tay, Ang, and Hegney (2012) used interpretivism as the theoretical paradigm to examine the lived experiences of Singaporean nurses and the communication with their inpatient oncology patients. The qualitative study interviewed ten nurses about factors that may have affected communication with their patients. The data was then transcribed verbatim and thematically analyzed (Tay, Ang, & Hegney, 2012). Although their study applied interpretivism and qualitative interviews in the same manner that this study proposes, the study did not focus on the experiences of faith leaders with breast health interventions.

The conceptual perspective of interpretivism was the best framework for this study because of the nature to understand the human experience of a social phenomenon. More specifically, this study used interpretivism in order to understand the experiences of faith leaders whose congregations have participated in Worship in Pink. Additionally, interpretivism applied phenomenology as a method to investigate human experiences (Patton, 2002). This study used phenomenology in order to understand the faith leaders lived experiences. Interpretivism related to the research questions in that both questions addressed the experiences of the participants. In addition, one question addressed the social context, or social interaction, that may have influenced the human experience.

Research Related in Content and Methodology

The purpose of this section was to discuss the research related to both content and methodology. More specifically, this section included faith leaders' perspectives on using breast health interventions in the African American community. The literature pertaining to this specific topic was limited. Therefore, the lack of studies available supported the need to investigate faith leaders' perspectives in this dissertation study.

Faith Leaders' Perspectives on Faith-Based Breast Health Interventions

Although faith-based interventions have been widely research, the perspectives of faith leaders who play a vital role in these interventions are minimal. After an extensive search, there were only two recently published articles that were related to faith leaders' perspectives in the African American community. A study by Nunn et al. (2012) included 38 faith leaders in Philadelphia who participated in focus groups and interviews address the disparity of HIV in the community. The researchers also examined the roles of faith-based institutions in HIV prevention. Researchers asked faith leaders to elaborate on the barriers to engaging faith leaders in HIV prevention. Faith leaders were also asked to provide suggestions as to how the African American faith community can improve HIV prevention and reduce the disparities of HIV in the community (Nunn et al., 2012). The themes from the study revealed that some of the barriers to addressing HIV include discussing extramarital sex and condom use in the pulpit, lack of appropriate educational material for a church audience, and the controversy around homosexuality (Nunn et al., 2012).

The study by Nunn et al. (2012) is very valuable to the literature focusing on faith-based leaders addressing the disparity of HIV. However, this study was not related to faith-based breast health interventions. To date, there is only one published study addressing the topic of faith leaders' perspectives on breast health interventions. This definitely shows the gap in literature specifically addressing the perspectives, roles, and experiences of faith leaders who implement faith-based breast health interventions in African American churches. Rodriguez et al. (2009) examined the components assessed by faith leaders and lay health coordinators. The researchers on various topics including role in intervention and community partner engagement (Rodriguez et al., 2009) interviewed twelve community African American community leaders, four pastors and eight lay health coordinators from churches in Baltimore. The pastors described their role as a holistic approach, to not only preach the "word of God." but to engage in research and promote health. The lay health coordinator described their role as being responsible for linking project information to the church by way of the pastor (Rodriguez et al., 2009). In regards to community partner engagement, the pastors and lay health coordinators saw the value in continuing faith-based health promotion in churches. They also found it important for healthcare professionals and medical experts to provide health information (Rodriguez et al, 2009).

The investigators of the study identified themes based on a content analysis of the transcribed interviews. Two dominant themes emerged from the interviews with pastors and lay health coordinators (LHC). The pastoral theme was a commitment to holistic pastoring which focused on not only the spirit, the mind, and the body. The LHC theme

was the collaboration among the community between researchers. This theme more specifically showed the role of the LHC as a community liaison. The findings reveal that lay health coordinators are an important resource for the pastors, participants and researchers and that the community- based participatory research approach is effective in promoting interventions in the African American community (Rodriguez et al., 2009).

The study by Rodriguez et al. (2009) did provide a qualitative exploration of faith leaders and lay health leaders experience with participating in the faith-based intervention and collaborating with a community organization. However, the investigators did not explore the sole perspective and the experiences of faith leaders whose churches implement breast health interventions. This important dynamic needed to be explored because of the important role that faith leaders have in promoting breast cancer awareness in the African American church (Austin & Harris, 2011; Nickerson & Potter, 2008). This dissertation contributed to the literature by gaining insight from faith leaders on their roles and experiences with supporting and promoting breast cancer awareness. Understanding the attitudes and beliefs, as well as the perspective of faith leaders' implementing breast health interventions is important to inform community partners and health organizations how to approach the design of breast health interventions targeting the African American church.

Summary

The role of faith leaders in health promotion to the African American community is important because of the respect and trust they have in the community (Butler-Ajibade et al., 2012). More specifically, the role faith leaders have in breast health interventions

have shown to be encouraging in promoting breast cancer awareness among African American women (Holt et al., 2008; Northington et al., 2011). Although current literature shows highlights faith-based and breast health interventions being used in African American places of worship, the literature does not provide information on the views or experiences of the faith leaders who participate in such interventions. In order to develop and implement more culturally effective interventions, it was important to understand the perspectives of faith leaders whose churches implemented breast health interventions. This study contributed to the gap in literature by seeking to gain an understanding of the experiences faith leaders have with faith-based breast health interventions targeting African Americans. The purpose of Chapter 2 was to provide an overview of the current literature related to content, methodology, and content combined with methodology that will specifically include the role of faith leaders in the African American community, the conceptual framework interpretivism, and perspectives of faith leaders on implementing breast health interventions targeting African American women. Chapter 3 provides details of the methodology that was used to explore faith leaders' experiences.

Chapter 3: Research Method

Introduction

The purpose of the qualitative phenomenological study was to understand the perspectives of faith leaders who implemented breast health interventions in their churches. The purpose of Chapter 3 was to provide the details of the methodology. This chapter includes systematic details of how this study was conducted. Additionally, the rationale for the phenomenological approach, the role of the researcher, and the credibility of the study are addressed.

Research Design and Rationale

Qualitative research is summarized as the attempt to understand and make sense of a phenomenon from the perspective of the participant (Merriam, 2002). Qualitative research depends heavily on the understanding or interpretation of individuals or groups in a specific social or human setting (Creswell, 2009). Merriam (2002) stated qualitative research has several key characteristics. The first characteristic is that the researcher aims to understand people's views about their experiences. The researcher being the primary instrument to collect and analyze data (Merriam, 2002) characterizes qualitative research. An additional characteristic of qualitative research is that it is inductive, meaning that the researcher collects data in order to build theory based on observations and understanding a phenomenon. Lastly, Merriam characterizes qualitative research as being richly descriptive in the form of words and direct quotes from documents, field notes, and interviews.

In this study, qualitative methods were most appropriate because of the need to gain an understanding of the participants' experiences through open-ended questions. Open-ended questions can be used during in-depth interviews. In-depth interviews are useful to gain detailed information about a person's experiences (Boyce & Neale, 2006). This study sought to understand the experiences of faith leaders whose churches or places of worship participate in the faith-based breast health intervention, Worship in Pink. The semistructured interview questions elicited responses to address the research questions about the faith leaders' experiences and roles. Therefore, based on the means for data collection and data analysis, qualitative methods were used to address the research questions.

Research Tradition: Phenomenology

As described by Creswell (2013), phenomenology is the common lived experiences of a concept or a phenomenon. The primary emphasis of phenomenology is to focus on what all participants have in common, as they experience a phenomenon (Creswell, 2013). Phenomenology can refer to a philosophy, an inquiry paradigm, an interpretive theory, a social science analysis perspective, qualitative tradition, or research methods (Patton, 2002).

German philosopher Husserl, according to Patton (2002), first used the philosophy of phenomenology. Husserl defined phenomenology as the study of how people describe things and experience them through their senses. Husserl also assumed that the only way to understand an experience is to investigate the perceptions and meanings within one's conscious awareness (Patton, 2002). Simply put, a person cannot

reflect on a lived experience while living through the experience. Instead, the phenomenological reflection must be retrospective (Creswell, 2013).

There are two primary approaches to phenomenology: hermeneutical phenomenology and transcendental phenomenology (Creswell, 2013). Van Manen (as cited in Creswell, 2013) described hermeneutical phenomenology as research that focuses on the lived experiences as well as the texts or hermeneutics of life. Van Manen also suggested that phenomenology is not only the description of experiences, but also the researcher's interpretation of those experiences (Creswell, 2013). Contrarily, transcendental phenomenology focuses less on the researcher interpretations and more on the participants' descriptions of their lived experiences. Moustakas's (1994) approach to transcendental phenomenology focuses on the concept of bracketing. Bracketing, a concept originally used by Husserl, allows a researcher to set aside his or her personal experiences and to focus on the new perspective provided by those who experienced the phenomenon (Creswell, 2013). In this study, I used the transcendental phenomenology approach to understand the perspectives and experiences of the faith leader Worship in Pink participants.

Phenomenology was the most appropriate qualitative research approach to address the study purpose and research questions. According to Moustakas (1994), the type of research problem best addressed by phenomenology is one that seeks to understand the common experiences shared by several individuals. This particular study sought to gain an understanding of the faith leaders' experience as participants in the

Worship in in Pink program. Although this study aimed to gain an understanding of faith leaders, this dissertation only used one form of qualitative data, in-depth interviews.

Research Questions

According to Moustakas (1994), research participants should be asked two general questions: What have you experienced with the phenomenon? What situations or contexts have affected or influenced your experience with the phenomenon? Creswell (2013) noted that the researcher could inquire additional questions. However, the two general questions can provided the researcher with a more descriptive explanation about the participants' experiences (Creswell, 2013). Based on Moustakas's procedural steps in phenomenological research, the research questions for this particular study were as follows:

1. What are faith leaders' experiences with implementing Worship in Pink to promote breast cancer awareness?
2. What are faith leaders' perspectives, attitudes, and beliefs on using breast health interventions to promote awareness?

The subquestion that was also addressed was as follows:

1. What situations have influenced faith leaders' experiences with implementing Worship in Pink in their congregations?

Phenomenology Protocol

Moustakas's (1994) transcendental phenomenology approach has detailed steps and guidelines to obtain participant descriptions of their lived experiences. First, the researcher must decide if the research problem would be addressed best by

phenomenology. Creswell (2013) suggested that phenomenology is the best approach if it is important to understand experiences in order to create or change policies. In this study, it was important to understand the faith leader experiences with the faith-based intervention in order to improve the programs and policies on faith-based partnerships with health organizations. Next, a phenomenon of interest needs to be determined. The phenomenon in this study was the faith leaders who participated in Worship in Pink.

Once the phenomenon is determined, the researcher must describe any general assumptions and bracket out any personal experiences (Creswell, 2013). In this study, my preconceived notions and experiences as the researcher were listed before participants were interviewed. Next, data must be collected and may be done through in-depth or multiple interviews. Creswell (2013) recommended to interview between five and 25 individuals who have experienced the phenomenon. For this dissertation, I sought to interview 10 to 15 faith leaders who participated in Worship in Pink at least 2 years including the year 2013.

Once the in-depth interviews have taken place and the two general questions have been addressed, then a phenomenological data analysis must be conducted. Moustakas (1994) suggested that researchers review the data from the two overarching questions through transcriptions and highlight any significant descriptions or quotes. Moustakas referred to this step as *horizonalization*. After this step has occurred, the significant statements are developed into themes, also called *clusters of meaning* (Creswell, 2013). These themes are then used to write a textural description of the participants' experience

as well as a structural description about the context or situations that affected how the participants experienced the phenomenon.

Moustakas (1994) included an additional step that allows researchers to write about their personal experiences with the phenomenon as well as situations that influenced the researcher's experience. For the sake of this dissertation study, I did not add any personal experiences, but focused more on the experiences of the participants. The last step in the phenomenological procedure is to take the textual and structural descriptions and write a summary that represents the essence of the phenomenon. In the dissertation study, a descriptive passage was written to discuss the essence of the phenomenon. This step is important in that it allows the reader to take away from the phenomenology that he or she truly understands what it is like to experience the phenomenon (Creswell, 2013).

Role of the Researcher

In most qualitative research, the researcher is the primary data collection instrument (Creswell, 2007). As the researcher of this dissertation study, I had 5 years of professional experience with planning, implementing, and evaluating health programs. More specifically, I had previously worked as a faith-based program coordinator for Susan G. Komen Foundation of Greater Atlanta. The responsibilities of a faith-based program coordinator included promoting a faith-based breast health intervention to churches, synagogues, and mosques in the metropolitan area of Atlanta, Georgia. The experience of working with faith-based organizations and interventions was beneficial because it helped me establish rapport while conducting interviews with faith leaders.

However, because the study participants were recruited from Susan G. Komen's Worship in Pink program, there was potential for researcher bias. Potential bias was removed by not allowing myself to directly work with or implement Worship in Pink. This also ensured that there were no direct relationships with any other the study participants. Additionally, I used bracketing to describe any personal experiences with the phenomenon before conducting the interviews.

Methodology

Participant Selection Logic

A criterion purposive sample was used in this study. Participants were selected through criterion purposive sampling because of the need to represent specific characteristics of a population (Ritchie & Lewis, 2003). The logic for using the criterion purposive sample was to interview faith leaders of African American places of worship who participated in Worship in Pink. Faith leaders from churches, synagogues, and mosques in the metropolitan Atlanta area were invited to participate in this study.

The criteria of the study included faith leaders of primarily African American places of worship who participated in Worship in Pink at least 2 years since 2013. This criterion was selected because this specific group of people would be able to provide in-depth information about their experiences as a returning participating organization. Additionally, including the year 2013 and beyond would ensure participants would not have any recall bias or issues with remembering what happened during the programs. I recruited the participants by way of an e-mailed recruitment flyer (See Appendix B) to all

2013 Worship in Pink participants. Worship in Pink participants who were interested in volunteering for the study contacted me to schedule an interview.

In qualitative research, there is no specific rule for selecting a sample size. It ultimately depends on the type of information that is being researched as well as the sampling method being used. Patton (2002) stated that the sample size depends on what is being researched, why it is being researched, how the results will be used, and what resources are available for the study. Creswell (2013) suggested that a general rule for sample size selection in qualitative research is to study a few individuals, but collect extensive research about each individual. In phenomenological research, it is recommended that researchers interview between five and 25 individuals (Creswell, 2013; Polkinghorne, 1989). Lincoln and Guba (1985) suggested that a researcher would achieve an adequate sample selection once there is redundancy in the participant responses. The relationship between sample size and saturation in purposive sampling occurs when a sufficient sample size is determined by redundancy in information or where there is no new information emerging from the sample (Lincoln & Guba, 1985). In this study, I aimed to recruit five to 10 participants. The correct sample size was achieved once there was saturation or redundancy in participant responses.

Instrumentation

Interview Design

This study used open-ended interviews to understand the perspectives of faith leaders on implementing breast health interventions in churches. According to Singleton and Straits (2005), open-ended interviews provide the opportunity for participants to

share their experiences in their own words. Additionally, interviews allow a researcher to gain a greater understanding of the phenomenon. The interview questions were also semistructured to allow the participants to elaborate on their responses. Semistructured interviews typically have more freedom in meeting specific objectives in comparison to structured interviews. However, primary questions were created prior to the interview and only specific subtopics were explored (See Appendix A for subtopics; Singleton & Straits, 2005). Developing sound questions for the interview may be the most important step in the interview design (Turner, 2010). McNamara (2009) suggested that (a) the wording of questions should be open-ended, (b) questions should be neutral without the use of persuasive or judgmental language, (c) questions should be asked one at a time, and (d) questions should be clearly worded. I created an interview protocol with eight open-ended semistructured questions following these suggestions.

In addition to each semistructured question, follow- up probes were created. In order to keep participants focused with the responses, the questions were structured so there was no misunderstanding of the question. However, in some instances participants may not necessarily answer the question being asked. Therefore, using follow-up probes allowed participants to provide a more detailed response. I used follow-up probes such as "tell me more" or "I don't understand" in order to elicit similar responses from each participant.

In order to establish sufficiency of the interview guide, the research followed the protocol suggested by Creswell (2013). There are several steps suggested for conducting qualitative interviews. One key step is to design and use an interview protocol or

interview guide (Creswell, 2013). The interview guide should be four to five pages in length with space to write responses and include five to seven open-ended questions. Additionally, there should be an icebreaker question at the beginning of the interview followed by four to five subquestions of the study's research questions (Creswell, 2009). An important factor in establishing sufficiency in the interview guide is to develop interview questions that are ultimately subquestions of the study (Creswell, 2013). Each of these questions should be framed in a way the participants can understand.

The interview questions selected for this study answered the overarching research questions regarding faith leaders' experiences with implementing Worship in Pink and what faith leaders' perspectives, attitudes, and beliefs were on using breast health interventions to promote awareness. The first question was an icebreaker question that invited the participant to open up and talk (Creswell, 2013). Questions 4, 6, 7, and 8 addressed the first research question about the faith leaders' experiences with implementing Worship in Pink. Essentially these questions sought to understand each faith leader's experiences with the collaborating organization, the resources provided by the organization, as well as the positive experiences and those experiences that could be improved. Questions 2 and 3 addressed the second research question about the attitudes towards and beliefs about the breast health intervention. Question 5 addressed roles of the faith leaders and social influences and expectations of the program.

Semistructured Interview Guide

1. Could you describe your role as a faith leader?
2. Could you describe your reasons for participating in Worship in Pink?

3. Could you describe your expectations for your congregation participating in Worship in Pink?
4. Could you share your experiences in partnering with Susan G. Komen Atlanta for Worship in Pink?
5. Could you describe your role as a faith leader participating in Worship in Pink?

Prompts:

- What types of activities have you participated in?
- What worked well?
- What could be improved?
- Have you received any feedback from members of your church about Worship in Pink?

6. What were your experiences with available resources for Worship in Pink?

   Prompts:

   - Tell me about the people resources available to implement Worship in Pink.
   - Tell me about the material resources available to implement Worship in Pink.

7. Could you share your thoughts on what worked well with the Worship in Pink program?
8. Could you share your thoughts on what could be improved with the Worship in Pink program?

Pilot Test

Content validity is used to address how well the questions developed to define a construct or phenomenon provide an accurate sample of all questions that could possibly measure the construct or phenomenon of interest (Kimberlin & Winterstein, 2008). Statistically there is no way to measure content validity. Instead, content validity usually depends on the judgment of experts in the field (Kimberlain & Winterstein, 2008).

An expert panel did not measure or test the content validity of this study's interview guide. Instead, the semistructured interview questions were tested during a pilot study phase. Pilot testing is an important part of interview preparation because it helps to determine if questions have flaws, limitations or weaknesses (Turner, 2010). The pilot test is also helpful in refining the wording of questions (Punch, 2003). Additionally, the responses from the pilot study are used to ensure that the items in the interview guide are sufficient in number and detail to address the research questions. It is recommended to conduct pilot testing as soon as interview questions have been drafted (Singleton & Straits, 2005).

Upon receiving approving from the Institutional Review Board (IRB) of Walden University on June 5, 2014, the researcher conducted a pilot study of the interview questions with the first participants of the study. The remaining participants' responses were used in the actual study. The pilot testing was used to see how well the questions were understood by the participants and to assure that interview protocol was valid enough to measure exactly what it is designed to measure. The responses were used to

help revise questions into the final drafts that were used during the actual study. The changes to the original semistructured interview questions were noted.

Procedures for Recruitment, Participation, and Data Collection

In order to gain access to the participants, the researcher first contacted the Greater Atlanta Affiliate of Susan G. Komen Foundation and the program coordinator of Worship in Pink. The researcher asked for permission to conduct the study with faith leaders who implemented the intervention in 2013 and years prior**.** Upon receiving approval from program coordinator, the researcher e-mailed a Letter of Cooperation and a web-based participant recruitment flyer to the coordinator. The program coordinator e-mailed the recruitment flyer to all faith leaders of African American churches, synagogues, and mosques inviting them to participate in the study. Once the researcher received responses from faith leaders willing to participate, the researcher e-mailed informed consent forms to the participants. Lastly, the researcher selected participants based on the established criterion and scheduled interviews with faith leaders who agreed to participate. An e-mail confirmation was sent to participants after interviews were scheduled.

The researcher submitted a second round of electronic recruitment flyers as an attempt to gain an adequate number of study participants. Faith leaders were reminded that participation was voluntary and that they could exit the study at any time. Additionally, each participant was informed of a follow-up procedure to confirm that the researcher's summary did or did not reflect the participants' views, feelings, and experiences. After all interviews were conducted, the researcher transcribed the

interviews and provided a preliminary summary for the interview participants to review for member checking. Member checking allows the interviewee to provide feedback on the researcher's interpretation of the interview. The process is typically conducted after the interviews have been transcribed. Once all interpretations were reviewed with the participant, they were allowed to exit the study.

Data Analysis Plan

A phenomenological data analysis was conducted after all interviews were complete. The researcher began the process of horizonalization by reviewing all transcribed interviews and highlighting any significant quotes or responses that addressed the research questions. Next, the significant quotes and responses were developed into themes. A textural description about the participants' experience and structural description about the situations that influenced the participants' experiences was written as a part of the data analysis. The researcher investigated negative or discrepant cases by considering all cases that may be an outlier to the primary themes. Any discrepant or negative cases were accounted for and reported in order to reflect a range of variation in the data.

The data for this study was analyzed using the QSR International's NVivo10 Qualitative Data Analysis Software program (NVivo10 QSR International, 2013). Using a database helped to store, organize, and code the data. Additionally it allowed the researcher to organize all data such as notes, narratives, and other documents (Baxter & Jack, 2008). This software package was helpful in finding patterns within the collected data as well as storing the coded information directly into NVivo10 (NVivo10 QSR

International, 2013).The primary advantage to using the NVivo10 software was its capability of storing and organizing any qualitative data including interview notes and audio recordings (NVivo10 QSR International, 2013).

The following steps were used:

1. Step 1. Recording the interview: The researcher audio recorded the interviews using a digital recording device. Additionally, the researcher took copious field notes using pen and paper. The field notes were then scanned into a PDF document. All of the audio files along with the field notes were imported in to NVivo10.
2. Step 2. Transcription: The researcher then transcribed the digitally recorded interviews verbatim in NVivo10 under the transcription mode. The transcribed interviews were then saved as a Microsoft Word document and e-mailed to each respective participant for member checking.
3. Step 3. Themes and Categories: Nodes, which are organized labels, were predetermined using a node classification system for each topic in the interview guide. Each node was coded by highlighting relative key phrases and sentences from the transcriptions. Then a query was run for each node which included direct transcribed quotes from each participant. These queries were analyzed for themes. Textural and structural descriptions were also provided written.
4. Step 4. Essential invariant structure: The researcher has written a summary of thecommon experiences or the overall essence of the phenomenon

(Moustakas, 1994).

Issues of Trustworthiness

Trustworthiness, quality, and credibility can be perceived as synonymous in qualitative research. These terms are also used to describe the "staying power" of validation standards and evaluation in research (Creswell, 2007). Trustworthiness is the extent in which one can be confident in the study's findings. Furthermore, trustworthiness is the parallel of reliability, objectivity, and validity that exists in traditional quantitative research (Lincoln & Guba, 1985). Trustworthiness is ensured by using three criteria: credibility, transferability, dependability, and confirmability.

Credibility can be ensured by employing elements of inquiry. These three elements include using rigorous methods, ensuring research credibility, and having a philosophical belief in the qualitative research (Patton, 2002). Rigorous methods include observing, interviewing, and document collecting as well as producing top quality data that is carefully analyzed. Additionally, the use of triangulation, peer debriefing, member checking, and negative case analysis, insures credibility. The research can establish credibility by presenting training, experience, and any researcher bias (Patton, 2002). Lastly, having a philosophical belief means to fully understand qualitative methods, inductive analysis, and purposeful sampling.

Transferability is the ability for findings to be applied to other research based on comparable contexts. If conditions are similar enough to make findings applicable then the study is transferable (Lincoln & Guba, 1985). One action used to insure transferability is to use thick description. This means that procedures, context, and

participants are described in a sufficient amount of detail to allow others to determine the similarity and recreate research findings (Lincoln & Guba, 1985).

Dependability is insured when factors of instability and change are accounted for in the natural setting. Confirmability is the ability to document any possible sources or bias, including the researcher as the instrument (Lincoln & Guba, 1995). The use of an audit trail helps to ensure both dependability and confirmability. More specifically, of raw data, process documentation, methodological process notes, reflexive notes and instrument development are included in an audit trail (Lincoln & Guba, 1985). In this study, the researcher established an audit trail by making the interview notes as well as the pilot test responses available for the dissertation committee to review.

As part of the rigorous methods, trustworthiness was established by building a rapport with those participants being interviewed. Credibility was established by recognizing any preconceived notions or bias. Additionally, the use of member checking minimized researcher bias. The researcher provided the complete interpretations of the interviews to the participant. These ensured that the interpretations were accurate and ensured the true value of the data (Creswell, 2007). Member checking allows participants to clarify any of the researcher's interpretations and provide additional feedback (Cohen & Crabtree, 2006). Rich, thick description of the faith leaders' experiences ensured transferability. Dependability and confirmability was ensured by piloting the researcher developed interview guide.

Ethical Procedures

The researcher requested permission to conduct the proposed research from the Walden IRB before conducting the study. The IRB process confirmed that this research would fulfill ethical standards of Walden University (Approval No. 06-05-14-0063947, expiring June 4, 2015). Additionally, IRB approval shows the official assessment that the potential risks of the study are not greater than the potential benefits. Once the researcher received proposal approval and IRB approval with the approval number, the researcher began study recruitment. The researcher provided informed consent forms to each participant before the interviews begin. The inform consent described the purpose of the study which was to understand the experiences of faith leaders who implement breast health interventions in their places of worship. Additionally, the informed consent explained the procedures of the study. These procedures included a scheduled 60-minute interview about the faith leaders' experiences with Worship in Pink and a follow-up member checking session.

Participants were reassured that all of their information would remain confidential and anonymous. Anonymity was guaranteed by removing personal identifiers in order to keep responses anonymous. Additionally, the names of the participants were not used in any documentation of interviews, transcriptions, or data analysis procedures. Participants received information in their consent form of a university research contact if they would like to discuss research concerns with another individual. In addition, the consent document informed the interviewee that participation is voluntary. This meant there would not be any pressure to participate and participants could withdraw from the study

at any time without being penalized. There were no other ethical issues, such as conflict of interest, because the researcher did not have any personal relationships with any of the research participants. Data will be stored electronically on a password protected Sky Drive for a period of at least five years, as required by the university.

Summary

The purpose of this chapter was to provide the methodology of the study. This chapter included the rationale for methodology, role of the researcher, selection of participants, data analysis, and study credibility were included in this chapter. Phenomenology was used to elicit descriptive data from faith leaders about their experiences with breast health interventions implemented in their churches. Understanding the experiences of faith leaders on implementing breast health interventions is important informing health organizations, health educators, and other faith leaders on how to approach, develop, and implement breast cancer awareness interventions in the African American community. Additionally, the findings of this study include recommendations for future research that will need to be conducted in regards to this topic. Chapter 4 includes the results of the interviews conducted to address the research question. More specifically, Chapter 4 includes a description of how data was collected as well as systems that were used for tracking data, themes and patterns.

Chapter 4: Results

Introduction

The purpose of this study was to understand the perspectives of faith leaders who implemented Worship in Pink, a breast health intervention, in their places of worship. Phenomenology was used to provide an in-depth description of the experiences of these faith leaders. The results of this study answered two overarching questions: What have you experienced with the phenomenon? What situations or contexts have affected or influenced your experience with the phenomenon? More specifically, the research questions were as follows:

1. What are faith leaders' experiences with implementing Worship in Pink to promote breast cancer awareness?
2. What are faith leaders' perspectives, attitudes, and beliefs on using breast health interventions to promote awareness?

The subquestion that was addressed is as follows:

1. What situations have influenced faith leaders' experiences with implementing Worship in Pink in their congregations?

This chapter includes detailed sections about the pilot study, setting, participant demographics, data collection, data analysis, results, and chapter summary.

Pilot Study

In order to ensure that the interview questions and protocol adequately addressed the research questions, a pilot study was conducted. Two participants who met the same selection criteria of the research study participated in the pilot study. Each pilot

participant met in a private location to engage in the interview protocol that was originally designed for the research study. I followed the interview guide exactly as designed by using the precise wording of the questions and asking each question in its original order. Additionally, the pilot study was audio recorded using the recording device intended for the research study. Each pilot interview was allotted the same 60 minutes that was designated for each research interview. During that time, the participant was encouraged to ask for elaboration or explanation of questions that needed more clarification.

After each pilot interview, the participant was allowed to provide feedback during member checking. During this process, each participant received their interview transcript and reviewed it for accuracy. Member checking also provided the opportunity for pilot participants to share if they thought there was anything else that should be added to address the research questions. The pilot study indicated that the questions were sufficient to answer the research questions in the 60 minutes designated for the interview.

Setting

Each interview was conducted in a private location to ensure that the participants' responses remained confidential. Additionally, each participant was allowed to select a location and a date that was convenient to meet. Originally, library locations with private study rooms in Cobb and Fulton counties were designated as meeting sites for the research interview. However, because of several logistical issues with some of the participants the interviews were conducted at various sites. Three of the interviews were conducted at the participants' offices, one of the interviews was conducted in the study

area of a public library in Clayton County, and one of the interviews was conducted via teleconference. Because all of the locations were private, I did not collect site agreements. Each interview site provided a relaxed setting to engage in open-ended dialogue pertaining to the research questions. There were no major distractions or difficulties during any of the interview sessions.

Demographics

Seventy-four previous participants of Worship in Pink were invited to participate in the research study. Of the total number invited, 18 responded to the recruitment invitation and seven agreed to participate in the study. Two of the seven individuals participated in the pilot study and five were included in the research study. All of the participants were African American women who identified themselves as being of the Christian faith and who had participated in Worship in Pink at least 2 years. The role of the faith leaders and the sizes of the congregations varied among the research participants. See Table 1 for specific demographics.

Table 1

Study Participant Demographics

Identifier	Role	Religious Affiliation	Number of Years	Congregation Size
FL1	Women's' Ministry Coordinator	Pentecostal	5+	500-1000
FL2	Community Outreach	COGIC	2	100-250
FL3	Pastor	Nondenominational	2	100-250
FL4	Associate Pastor	Methodist	3	100-250
FL5	Women's Ministry Director	Nondenominational	3	250-500

Data Collection

All five research participants received an e-mail invitation to participate in the study. Once faith leaders scheduled their interview times and locations with me, they received an electronic informed consent form to complete and return during the interview. Each participant met for a scheduled 60-minute interview at his or her desired location. Four of the participants met for in-person interviews and one participant interview took place via teleconference. Before the interview began, I reviewed the informed consent and study information with each interviewee. Once the participant gave written and verbal consent to participate in the study, the recording began. I used the Olympus WS-802 digital voice recorder to record all face-to-face interviews. The telephonic interview was recorded using FreeConferenceCall.com. Each interview session lasted between 30 and 60 minutes depending on the amount of details each

participant provided during each response. The recording was stopped at the end of each interview and I provided details on the next steps with the study.

After each interview was conducted, I transcribed the audio recordings. The transcriptions were then sent to their respective research participant for member checking. Member checking took place electronically and allowed each interviewee to view any comments that were transcribed from the interviews. It also gave each participant a chance to clarify any of the statements that were made during the interview sessions.

During the data collection, there were a few slight variations from the proposal. The first change was the original location. I had proposed to conduct the interviews at each faith leader's place of worship. However, in order to meet IRB standards with the need for individual site agreements, it was recommended that the location of the interviews be moved to a public location, like a public library, so that letters of cooperation would not even be necessary. Therefore, the face-to-face interviews were all conducted at public venues that had private meeting spaces. The second deviation from the proposal was the method of interviewing. I had intended to conduct each interview in person. However, one of the participants had to reschedule several times due to logistical barriers. In order to allow this participant to remain in the study, arrangements were made to conduct the interview on the telephone. Before this interview took place, a form was submitted for approval to the IRB noting a change in procedure. Although there were slight changes to the original research protocol, these changes did not affect the interview questions. There were not any unusual circumstances during the data collection.

Data Analysis

Bracketing

Before data collection began, it was important for me to list any potential bias, which includes attitudes, beliefs, and perceptions about breast cancer awareness and Worship in Pink. This step is referred to as bracketing in transcendental phenomenology. Bracketing any preconceived notions on this topic allowed me to have a fresh view on the perspective of each study participant. One preconceived bias that I had prior to the study was that Worship in Pink was overall a positive experience for the faith leaders and the congregations who participated. However, removing this bias during the interaction with the research participants made it possible to engage in open dialogue and truly understand the experiences, positive and negative, of each faith leader. Because the preconceptions were bracketed before the data collection, there was no researcher bias transferred over during the data analysis.

Importing Material into NVivo10

After all of the interviews had been conducted, I imported the audio files into NVivo10. Each interview was labeled by the participants' last name and placed in its own file. Next, each interview was transcribed verbatim using the transcription mode in NVivo10. Once each transcription was complete, I saved it as a Word document for the member-checking portion of the study. Each study participant received his or her transcribed interviews via e-mail to review for accuracy. If the transcription was accurate, the interviewee returned it with a signature of approval. If changes or clarifications were needed, the participants returned the transcription with a detailed explanation of what

edits were needed along with their signature. Once all of the transcriptions were returned, member checking was complete and the study participant could exit the study.

Horizontalization

After the completion of member checking, nodes were created. A node is a category filled with references about a particular person, place, or theme (NVivo10 QSR International, 2013). The nodes in this data analysis were created based on topics addressed during the interviews. There were two types of nodes established: parent nodes and child nodes. Parent nodes consist of a general topic, while child nodes are specific topics listed below the parent node. There were a total of seven parent nodes and five child nodes. Once the nodes were generated, each transcribed interview was meticulously coded and categorized in the appropriate node. More specifically, each interview transcription was read line for line. Any phrase or sentence that was related to a node was selected, highlighted, and added to the existing node.

Table 2

List of Nodes

Nodes
1. Role
2. Reasons
3. Partnership
4. Program Role
5. Program Activities
5a. Feedback
5b. Highlights
5c. Improvements
6. Expectations
7. Resources
7a. Materials
7b. People

In order to identify themes, coding queries were run on each node. The coding query was helpful in exploring patterns and finding connections between topics and participants in the study. As the coding query was run on each node, I manually coded key words and common text that was found in each participant's transcribed interview. More specifically, a query was run to identify if every node included a response from each participant. If there was a node that was missing a response from a study participant, I reviewed participant transcripts that were not included in the node. Reviewing the data in the transcripts several times ensured that the coding was extensive and the nodes were inclusive of all applicable information. This process allowed me to examine the data from different angles, which is known as horizontalization(Creswell, 2009). Once the horizontalization was complete, I then analyzed data and allowed themes to emerge.

Themes

The findings of this qualitative study produced three themes and one subtheme to address the research questions. These themes emerged because of combing through the interview responses of each research participant. As every interview response was reviewed, I began to understand the perspectives of the faith leaders who implemented Worship in Pink. Although the experiences of each faith leader varied, some common themes were seen among all participants. The three themes were relationship with organization, increased awareness, and resources. The one subtheme was impact on community. Each theme and subtheme is explained in more detail later in this chapter.

Discrepant cases. During the data collection process, it was evident that each faith leader's experience with implementing Worship in Pink was indeed different. However, even with the varied responses, common themes were able to emerge. As to be expected, there were instances where contradictory statements appeared within the body of data that was collected. These instances are called discrepant cases. Analyzing discrepant cases in this study required seeking ideas and responses that did not align with the majority of the responses in the data. The discrepant cases in this study have the potential to expand the themes that emerged during the data analysis and are further explained later in the chapter with each theme.

Evidence of Trustworthiness

Credibility

Credibility ensures that the research findings provide an accurate reflection of the participants' experiences (Lincoln & Guba, 1985). In this study, first writing down any

preconceived notions before the interviews and following up with participants during member checking established. Before the research interviews began, the researcher used the process of bracketing to express any bias that may have existed. After the interviews, faith leaders were asked to participate in member checking. The member checking process helped solidify credibility by allowing the research participants to provide feedback on their responses. Each member had the opportunity to read his or her personal interview transcript for accuracy. Once the researcher transcribed the interviews, an electronic copy was e-mailed to the respective participant. The participants were asked to review the transcription thoroughly for accuracy. After the transcriptions were reviewed, the participants were asked to e-mail the transcription along with their signature back to the researcher. Of the five total participants, three of them wanted to provide clarification on their responses. All of the participants were able to clarify statements that were difficult to transcribe from the recording. Additionally, they were all able to keep a copy of the transcriptions for their personal records.

Transferability

Transferability is the ability for the study results to be applicable in similar contexts (Lincoln & Guba, 1985). More specifically, transferability ensures that findings can be applied to a similar group and or setting, African American female faith leaders who have implemented a breast health intervention. This means that although study results could be applicable to a certain group, the results cannot be generalized to a general population. In this study, transferability was achieved by providing rich, thick description on the methodology as well as the findings of the study. Since this study used

criterion sampling to understand the perspectives and experiences of a specific sample group, there may be a challenge to apply the research findings in another setting and others may see this as a study limitation. The sample of the study included African American faith leaders who implemented a breast health intervention in their particular places of worship. Therefore, the results would be transferable to a similar population that meets the same criterion.

Dependability

Although the criterion selection may have been a limitation for transferability, it was actually a strength for dependability. Dependability was ensured by gathering details from a specific group who experienced the phenomenon being researched in this study. Additionally, dependability was reached by interviewing enough participants whose responses ultimately provided saturation in the data. This means that after so many interviews, the responses became redundant and reached a consensus.

Other methods in this study also contributed to the dependability. Piloting the interview questions before the study and following up with member checking guaranteed that there would be consistency with the responses. In both instances with the pilot study and member checking, the researcher made the necessary changes to the interview guide or the transcribed interview responses. The feedback from the pilot and research participants contributed to the dependability of this study.

Confirmability

The use of an audit trail supported confirmability in this study. The audit trail ensured that data, results, interpretations, and recommendations were all uniformed and

consistent. Every article of data that was collected including, the pilot study, the audio recorded interviews, transcripts, and researcher notes will be saved for a minimum of five years and will be accessible for review if needed.

Results

The purpose of this qualitative study was to understand the faith leaders' experiences with breast health interventions in their places of worship. In order to gain insight on this phenomenon, there were two primary research question and one subquestion. Research Question 1 (R1): What are faith leaders' experiences with implementing Worship in Pink to promote breast cancer awareness? Research Question 2 (R2): What are faith leaders' perspectives, attitudes, and beliefs on using breast health interventions to promote awareness? Subquestion 1 (R1a): What situations have influenced faith leaders' experiences with implementing Worship in Pink in their congregations?

The results of an extensive literature review and the consideration of the conceptual framework of interpretivism framed each research. Additionally, an interview guide was developed (See Appendix A for interview guide) in order to fully understand and capture the experiences of faith leaders whose congregations participated in the faith-based breast health intervention.

The researcher meticulously reviewed all of the interview responses during data analysis. Additionally, all relevant statements were highlighted and categorized under the appropriate codes. Much of the coded interview responses were consistent among the

research among the study participants for each research question. This section addresses each research question with highlighted responses from each research participant.

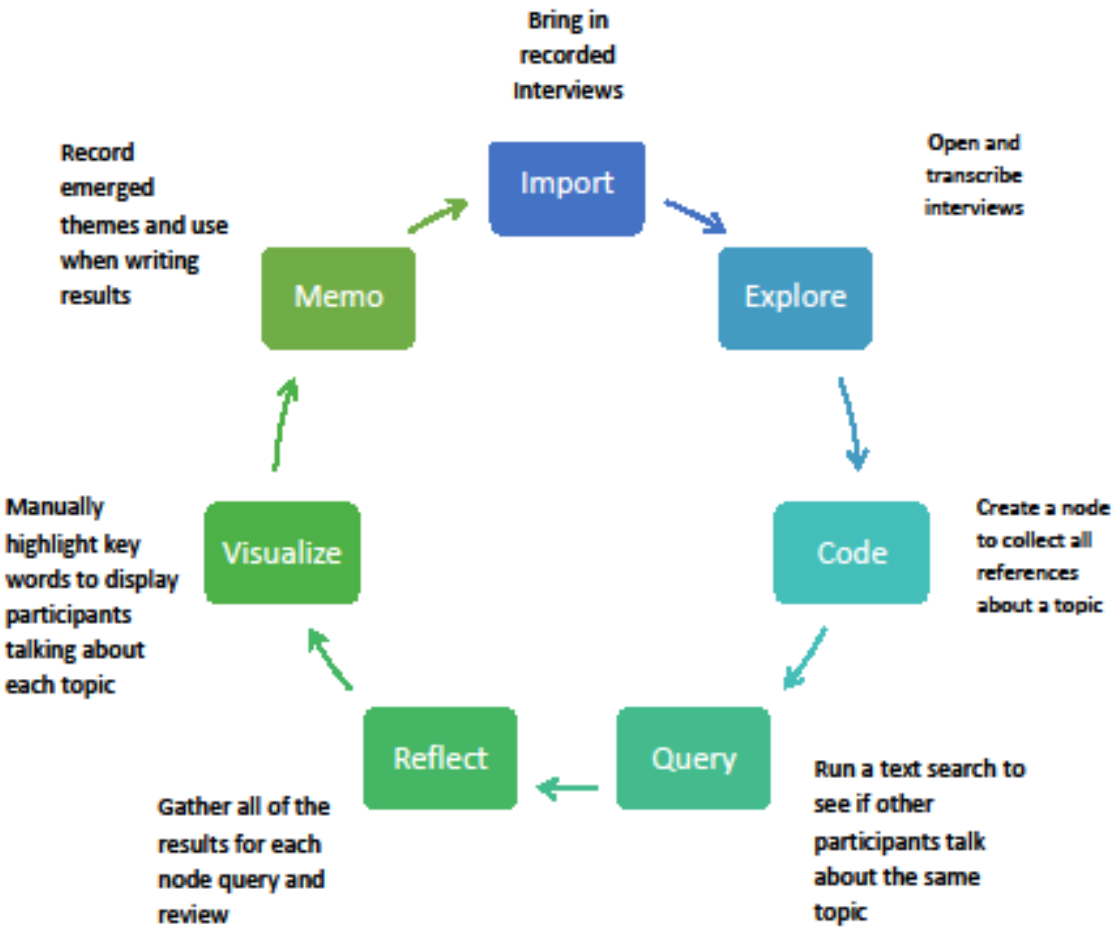

Figure 2. Qualitative data reduction. Adapted from NVivo10, 2015.

Research Question 1 (R1)

What are faith leaders' experiences with implementing Worship in Pink to promote breast cancer awareness?

Several interview questions were relevant to this research question. Interview questions four; five, seven, and eight all had responses from the study participants that addressed the research question. The following nodes were created because of the

interview questions: partnership, program role, activities, highlights, and improvements. The partnership, activities, highlights, and improvements nodes were the most prevalent with all five participants having responses categorized under these nodes. The program role node had responses from three of the five research participants.

For the sake of confidentiality, the researcher identified the study participants as FL1 – FL5. The researcher listed each study participant response that corresponded to R1 and organized each response based on which participant made the statement. More specifically, every response was labeled with the interview question number (Q1 – Q8) and the node number (1 – 7; example 7:5b for question 7 and node 5b- highlights). The participant responses that were related to R1 are presented below.

Partnership

FL1. I do appreciate the opportunity, there's usual a kick off kind of meeting. There are usually good opportunity for the organizations that are participating to share umm what's worked what has not worked (Q4:3)

FL2. It's been excellent. Once we were given the contact information, we called uhh...the return response was really fast. They made it convenient for us to pick up the materials. The one thing I did like they gave us the option of if we wanted to make a donation or not. Most places won't give you resources unless you do make a donation. But they wanted the information out there (Q4:3)

FL3. They've been very impactful at getting laws passed and you know participating in the needs of women...you know at the level that they needed to be

implemented. So I'm just elated that they are an organization and have that level of power and following that things like that can happen (Q4:3).

FL4. But Komen for the Cure was instrumental in it getting started and their providing the packages was an immense help. And when I spoke with them and they said they would provide the packages I just need to pick em up. It was just a wonderful reception into the community. But at the inception of ,they would contact people and find out how we could begin this process of relationships. You know, I ....uh...their leadership and staff has always been really good in the partnership. (Q4:3)

Program Role

FL2. I think my main role was if I could go out and get as much knowledge as possible to share that knowledge. uh... that was probably the best thing (Q5:4)

FL3. I've devised a custom seminar, I have a way in which I support women just even in talking with them, if they've been newly diagnosed (Q5:4)

FL4. I had to be the main leader for developing it... making sure that everything was in place to you... uh...you know...making sure packets were picked up...making sure the ribbons were available....you know ..Uh...I basically taken the leadership for it (Q5:4)

Activities

FL1. Everybody will wear pink. We do have a committee of people to pass out the materials. Part of the service usually two presenters who will get up and talk about their experiences or a medical person who talks about uh... making sure you have your annual mammograms and things of that nature (Q5:5)

FL2. We did the mother-daughter brunch and we included the breast awareness and Worship in Pink. We had never done Worship in Pink so we did the Sunday where everyone wore pink, they wore their breast pin, and they wore their breast cancer pin. And that is also how we were able to raise our donations is by everybody got those little bags that they gave us and made a donation with that bags and we were able to use that as a gift for them making a donation (Q5:5).

FL3. We have done pink Sundays on that Sunday in other words where we actually sold or you know had a benefit where we made pink Sundays ice cream Sundays available... So those funds go to those types of activities. And people participate in that. Um...um...we disseminate information which enlightens folks (Q5:5)

FL4. We had an alter call uh...where everyone who either had cancer or were experience that diagnosis came at a special time at the altar. Even if they didn't have pink, we got the ribbons and cut them and put them in the shape of the breast cancer ribbon. And everybody was able to participate that way (Q5:5).

FL5. We ask all of our choir members, all of our umm....ministry of health staff, our pastor and his wife to uh...wear pink to serve as a visual cue for people to get screened and umm... and that's worked really well. We also have a ceremony as a part of that day umm...to remember those in our church that we've lost to breast cancer. And we have people in the church who have survived as breast cancer survivors we also highlight them during that day and allow them to tell their story (Q5:5).

Highlights

FL1. Uh... I think the high points were umm...hmm... having the worship experience included in the midst of the discussions on health and mammograms (Q7: 5b).

FL2. That women who had never done breast umm... breast test on themselves were now doing breast test on themselves. In a sense they took responsibility for their own health... that's what we were trying to get across is you take responsibility for your own health (Q7: 5b).

FL3. And what we do with those funds is to help a woman who may need help household utilities or you know gas, just buying gas or pay someone to transport a child. One thing that I love about it is that it makes the men in the church aware. Um....and they too will ask questions now. When men would typically not say anything (Q7: 5b).

FL5. I think what's useful about Worship in Pink is that it engages a community of people who are most impacted by umm...by a disease, and most impacted that they are generally treated later. And religious organizations and we know that in the south and in Georgia particularly around the Atlanta metropolitan area, there are a lots of religious organizations with large African American populations. So I really like that; I like that about it (Q7: 5b).

Improvements

FL1. Yeah, something that people...that’s more tactile. Hands...uh...hearing... uh...more than just reading. Reading is always a barrier for people with literacy issues. And always more resources affordable or free uh... access... a whole sheet maybe of just resources so we don't have to search as much.

FL2. If I had to improve anything, I think we were kind of behind the curb on getting the information. The only way we knew Worship in Pink existed was another church. I really didn't any commercials. You see the commercials with the race, you see commercials with fundraisers, but I didn't see any commercials about worshiping in Pink (Q8:5c).

FL3. So my thing is address the quality of life type issues and things that African Americans face when they're trying to understand the disease and umm... All I'm saying is that if we put something different that is going to address some of the other issues, then they may be prone....more prone to read it and say you know what I read that in a Komen brochure (Q8:5c).

FL4. I guess the only thing I've considered in the times umm...sharing a little bit more about men with breast cancer. Uh...I know of course we focus on the women, but a little bit more intentionality with the men. Uh...maybe about a month...to previous e-mail contacts. I don't want to be mean, but the way I had to get back to them, I had to find an old e-mail to get in contact with them. (Q8:5c).

FL5. And so one thing I would suggest is providing resources that would help people or help faith leaders uh...resources for counseling or handle a situation like that. Like how to handle the sensitivity around, around the topic that may occur. Umm...I think another thing that could be improved is...like I said just...some form of... making sure the churches get together (Q8:5c).

Research Question 2 (R2)

What are faith leaders' perspectives, attitudes, and beliefs on using breast health interventions to promote breast cancer awareness?

There were two interview questions that corresponded with research question two. In addition, two nodes were used as categories to code the responses. The following nodes corresponded to research question 2 (R2): reasons and expectations. Interview responses from every participant, denoted as FL1 – FL5, were found during the data analysis. Many of the responses that were relevant to R2 are provided below:

Reasons

FL2. Uh....it really made people aware of breast cancer and on that Sunday one of the requirements is that following week, everyone has to commit to another woman in their church that they would get a breast exam (Q2:2).

FL3. Well I believe that everybody or people for the most part need something or someone to relate to. And that's I've always shared my story when I minister, when I sing. I do share portions of my story. And of course, we know that Black church is where...or the church is where you can find people congregated. You know you can get more than 25 or 30 people at one time and you can share information, uh this is where I think they're in a place of vulnerability. They're in a place where they position themselves to listen and to receive. So I think it's a good platform to be able to share information that's related to a person's body or related to a medical condition or whatever (Q2:2).

FL4. So I always related to the women's struggles whether it's health or anything else. And in the midst of seeing the crisis of women who had to deal with breast cancer,

and I've met so many, and the struggles of chemo and radiation and everything at the church I decided there needed to be something as a preventative measure. As well as something to uh...help people who are in the process of going through the cancer experience.

FL5. At the time, I think I wanted to do umm...just increase people's awareness about breast cancer. And how to treat it, how to recognize it, how to self- test for it.

Expectations

FL1. Two things that I wanted the congregation to gain was a more comfortable level of discussion.

FL2. Well we wanted not just the women to get involved, we wanted the men to get involved. To make men aware that me do get breast cancer as well. There are several women in our church that have dealt with breast cancer. And so we wanted other women to really understand their story as well as men who have wives that dealing with that. So it's like we want to be that support for them as well (Q3:6).

FL5. Umm...so, my expectation is that we would have at least one of our services dedicated to Worship in Pink. Meaning we'd either serve refreshments umm...after service I'd have the senior pastor of our church make an announcement about it and advocate for women to get screened for it. Uh...we also...and I think an expectation is that we have a lot of our health staff pass out materials on breast cancer umm...and how to get treated umm...particularly people who do not have insurance. So that was our expectation (Q3:6).

Research Subquestion 1a (R1a)

What situations have influence faith leaders' experiences with Worship in Pink?

There was primarily one interview question that was relevant to address this research question. Interview question six inquired about the experiences faith leaders had with their available resources for Worship in Pink. The parent node, resources, with the two child nodes, people resources and material resources, were used to categorize responses to this interview question. All five participants provided responses that were categorized under each child node. The participant responses that were related to R1a are presented below.

People Resources

FL1. We do have a committee of people to pass out the materials. Uh... every year it's either survivors or families. Last year we had the members of all of the fraternities and sororities in the church... to pass out the materials as a kind of a community service to get more people involved (Q6:7b).

FL2. Oh yeah we bring in an MD or an OBGYN to come in and be our presenter for the day. Umm...we also bring in umm...what is he...he might be...I believe he is an internal medicine...we brought in an internal medicine doctor to talk to our males (Q6:7b).

FL3. … there be another woman because I've asked other women to stand with me who have encountered breast cancer or if it was a sister or something like that. It hasn't just been me, but other women who have been impacted by the disease umm.... (Q6:7b)

FL4. Ushers are responsible for making sure everyone gets them. The brochures that are handed out...uh...they usually hand those out. Our administrative assistant is responsible for printing out the uh...uh... brochures and everything that needs to go out in addition to what Komen provides. To make sure that everyone is aware of it in advance it goes on our website it goes in our announcements...uh...in the worship bulletin. She's responsible for that worship bulletin (Q6:7b).

FL5. We have a planning committee that's in place. And so...umm, that's been okay. I mean in order to pass out the resources that we...you know getting the announcement out to our ministry helps. That hasn't been...that hasn't been hard at all. I think people resources are fine (Q6:7b).

Material Resources

FL1. Uh... I don't think we have enough good materials. We get the same materials every year In the little pink package from Komen. Which is good we have something to give to people, but I don't think people are looking into the materials because they know it's going to be the same thing. Uh...we try to always have in addition to the Komen handouts we have uh...we spend maybe a day or so before making ribbons (Q6:7b).

FL2. It was very informative on any age level could pretty much understand. Very informative an easy read, there was no huge medical terminology that uh... people couldn't even say (Q6:7a).

FL3. I think they have great resources...and I know it's tough, you know to make it fit for everybody. I mean that's key of course you know, people just want to see people

who look like them. So you can't spend your money on, you know, so much umm...printing of umm...brochures that have pictures of African American women on them or whatever. But umm...I think uh...what may help is to address really some of the issues that...African Americans face with the disease. Maybe addressing some of those things more than just the average statistical stuff (Q6:7a).

FL4. I think they covered every question that people could have (Q6:7a)

FL5. I thought the resources were adequate. Umm...on the website they provided several...so like if you wanna do flyers or umm...power points, you know the logo is made available. Normally what we do in addition to the brochures is we pass out I think it's Este Lauder usually gives away a lot of pink ribbon pins. So we've gotten those from them before from makeup counters and passed those out with the brochures (Q6:7a).

Themes

Because of the analyzed coded responses, three themes and one subtheme emerged. After the interview responses were categorized under nodes, coding queries were run to search for patterns in the data. Although the responses and experiences varied among the research participants, the themes were evident for each participant. These themes were not only seen across participants, but also across multiple the interview questions.

Theme 1: Relationship with Susan G. Komen

The faith leaders who participated in this study mostly agreed that they appreciated Susan G. Komen for their role with bringing Worship in Pink to the faith community. All of the research participants were repeat participants in Worship in Pink

and have been collaborating with the organization at least two years. They made it known their appreciation for the resources provided as well as the kick off meeting for Worship in Pink. Some of the detailed responses were provided below.

FL1. So that ongoing partnership is also key is important after the event. So it, you have to bring in you know what works to get through that gate. What's already a natural typical fit for the church is not a natural fit for community nonprofits. So you got to nail these two in together. I do appreciate the opportunity, there's usual a kick off kind of meeting. There are usually good opportunity for the organizations that are participating to share umm what's worked what has not worked.

FL4. You know, I ...uh...their leadership and staff has always been really good in the partnership. They've been strong in breast cancer, but it encourages faith leaders to be aware. Not just the breast cancer, but other health issues especially in the African American community.

FL5. Uh...they've also have stayed in contact with me through the years from my initial contact with them to remind me when opportunities come, come get the resources.

The majority of the study participants who expressed their thoughts on their partnership with Susan G. Komen were appreciative for the resources they provided for Worship in Pink. The pickup locations for the materials were also mentioned on several occasions throughout the various interviews. Some examples about the pickup location include, “They made it convenient for us to pick up the materials”, “And when I spoke with them and they said they would provide the packages I just need to pick em up”. Based on the various responses, it appears that the availability of the resources provided

by Komen is valued as an important aspect to their ongoing relationship. In other words, one of the reasons the faith leaders have collaborated with Susan G. Komen is because of the free information about breast cancer awareness that they provided.

Subtheme 1: Impact on the Community

Interestingly, as many of the study participants shared their experiences with Susan G. Komen, a very common statement was made in regards to the organization's impact. Although the participants were appreciative of the partnership with Susan G. Komen, there were questions about what the next steps would be to make a greater impact on the community. Various responses are provided below:

FL1. To be able to do something more community wide and to have some support after the event. To do more in depth work or more counseling or access to a counselor after someone has been diagnosed.

FL2. Uh...to see more health fairs in the low-income communities that run by the Susan Komen program. With the health fairs uh...definitely be able to get the exams on site. Because one of the biggest things that we found when dealing with that community is if they're there whatever you gotta do, you have to do it right there. Becasue to sign up and say come back....that ain't gonna happen. So whatever you do has to be done right then.

FL3. So I would like to know, you know, what is the impact within their organization as to doing this for, you know, year after year after year?

FL5. I wish there was some way, and I don't know if Komen would facilitate this, but I just wish there was some way for us to make a bigger impact. Sometimes I just

wonder what the next step is. So, if there is anything in the community we can do umm...through the faith organizations and coordinated by Susan G. Komen where we have, I don't know, some type of coalition of these churches to come together to do something larger to impact breast cancer.

There was a consensus around the notion that Susan G. Komen could be instrumental in doing more in addition to increasing breast cancer awareness. There were several suggestions on how Komen could make a larger impact in the community. The recommendations included providing financial assistance or grants for programs, connecting churches to leverage intellectual resources in the community, and providing health fairs in the community. In regards to financial assistance, it was suggested that Komen provide resources and/or training to African American churches on how to write grants for programs that would be more effective and reach more individuals. Additionally, faith leaders suggested the idea of Komen facilitating a coalition of churches in an area in order to provide services beyond breast cancer awareness. Lastly, faith leaders would like to see Komen orchestrate health fairs with mammography screenings on site in low-income communities. Although the suggestions varied, they all led to ideas that would ultimately have a greater impact in the African American community.

Theme 2: Increasing Awareness Through Open Discussion

The previous subtheme focused on making an impact outside of awareness. However, all of the faith leaders also valued the act of increasing awareness. The idea of increasing awareness was expressed in various ways by the participants. More

specifically, this meant providing a comfortable environment for everyone to engage in dialogue about preventative measures. Some of the detailed responses regarding awareness are included below:

FL1. Two things that I wanted the congregation to gain was a more comfortable level of discussion. Uh particularly since the congregation is both male and female.... And usually during Worship in Pink Sundays, men are there as well as women. And whenever you start talking about a breast, half the room starts snickering. So, well really 90% of the room becomes uncomfortable and half the room starts snickering and feeling erotic. So how can we uhh... manage that?

FL2. Uh...it really made people aware of breast cancer and on that Sunday one of the requirements is that following week, everyone has to commit to another woman in their church that they would get a breast exam.

FL2. Well we wanted not just the women to get involved, we wanted the men to get involved. To make men aware that me do get breast cancer as well. There are several women in our church that have dealt with breast cancer. And so we wanted other women to really understand their story as well as men who have wives that dealing with that.

FL3. You know you can get more than 25 or 30 people at one time and you can share information, uh this is where I think they're in a place of vulnerability. They're in a place where they position themselves to listen and to receive. So I think it's a good platform to be able to share information that's related to a person's body or related to a medical condition or whatever. People always said they enjoyed it and it also makes the

men aware. One thing that I love about it is that it makes the men in the church aware. Um...and they too will ask questions now.

FL4. And in the midst of seeing the crisis of women who had to deal with breast cancer, and I've met so many, and the struggles of chemo and radiation and everything at the church I decided there needed to be something as a preventative measure.

FL5. At the time, I think I wanted to do umm...just increase people's awareness about breast cancer. And how to treat it, how to recognize it, how to self-test for it.

Although the faith leaders shared different perspectives on their reasons and expectations for implementing Worship in Pink, they all ultimately mentioned ways to ensure awareness in their communities. One notion was to increase awareness among not only women but men also. The concept of awareness among men was mentioned frequently throughout the study and seemed to be valued. An additional perspective on awareness, included how it would information would be conveyed. There were mentions of sharing personal stories and information and providing accountability by committing to preventative screenings with other women in their churches or place of worship. The takeaway point was to provide a platform where individuals can feel comfortable engaging in conversations about breast cancer and ultimately receive life-saving information.

Theme 3: Resources and Communication

One of the previous themes mentioned how much the faith leaders valued the resources provided by Susan G. Komen Atlanta. This was deemed as an important part of the reason why faith leaders continue to collaborate with Komen through Worship in

Pink. However, the faith leaders consistently expressed improving communications and resources over a number of interviews. This is one perspective that could not be ignored because of the importance of continuing the collaboration between Susan G. Komen and faith-based organizations in the African American community. Some examples of faith leaders' views on resources and communications are shared below.

FL1. Uh... I don't think we have enough good materials. We get the same materials every year in the 'lil pink package from Komen. Which is good we have something to give to people, but I don't think people are looking into the materials because they know it's going to be the same thing. And always more resources affordable or free uh... access... a whole sheet maybe of just resources so we don't have to search as much. We have to struggle every year to try to figure out how to get mammograms to people who can't afford them, ride to treatments. And these are things churches can do, but it's also things community groups can help churches do.

FL2. If I had to improve anything, I think we were kinda behind the curb on getting the information. The only way we knew Worship in Pink existed was another church. I really didn't see any commercials. You see the commercials with the race, you see commercials with fundraisers, but I didn't see any commercials about worshiping in Pink. If there's going to be changes or additional events that geared around faith-based that it's gotten out to the community or in the uh.... we mostly deal with low income communities so if it's not on a flyer or television or...that they watch....never going to see it.

FL3. So if they have other resources or information that addresses issues that African Americans face, I think placing that information in there would help people or even draw them to...to pay attention to those documents. Because right now it's almost...you can pick it up and know what it's gonna say.... And umm...I think maybe changing the language a little bit will certainly help. It will certainly help and fitting to what African American women are facing. What are they dealing with when they're diagnosed? Uh...or what are they dealing with even when they are trying to do things to prevent it?

FL4. So maybe if they keep a listing in their database and just send messages out. It doesn't have to be a month, maybe any of the time when they are preparing coming up to the time of Worship in Pink. The faith leaders...if they can...I'd say three months out. That would be helpful as a reminder. Because those who aren't very intentional about it in the church are those who may have changed in their leadership in the church...they can get word to where we are.

FL5. Where we had a couple of survivors who not wanna participate in the day because it reminded them of the huge challenge they went through having to survive breast cancer. And so one thing I would suggest is providing resources that would help people or help faith leaders uh...resources for counseling or handle a situation like that. Like how to handle the sensitivity around, around the topic that may occur.

The faith leaders addressed resources and communications in several different ways. In regards to resources most of the participants agreed that the current literature should be amended to be more relevant and culturally appropriate for African Americans.

More specifically, provide information about the barriers African Americans face as well as some solutions to address those barriers. Faith leaders also mentioned to include directories for various services that would benefit an individual who needs a screening or who has been diagnosed with breast cancer. Study participants suggested additional resources should include information on how to deal with challenges encountered during Worship in Pink, a directory for guest speakers, and culturally relevant media resources.

The topic of communications with the African American community as well as the faith leaders implementing Worship in Pink was addressed. One participant stated, "If we want stuff out in the community, we just can't advertise on 102.5.We also need to advertise on 103 and 104...the stations that they listen to. So if we advertise on hip-hop...we advertise on whatever as long as we can get the word out." This suggestion may be helpful in not only having more faith-based organizations in participate in Worship in Pink, but more African Americans informed about the event. In addition to improving communication in the community, some faith leaders also would like to see improvement in the way Komen communicates with participating churches. More specifically, communicate with faith leaders more frequently about planning and feedback about the program.

Discrepant Cases/Nonconforming Data

This study aimed to gain insight of faith leaders' perspectives from very descriptive responses to structured interview questions. All five research participants were faith leaders in African American communities who participated in Worship in Pink. Although each participant gave different accounts of their experience(s) with the

breast health intervention, several themes were found to be true among all of the participants. However, even with a consistency among themes, there were instances when responses to individual interview questions were not congruent. One example is when asked interview question number three about expectations, there were no consistent responses from the participants. There were various responses given about the faith leaders' expectations with Worship in Pink. Therefore, when these responses were coded, it was hard to get meaningful data from this interview question. However, there were very few instances of these types of nonconforming data, which means it did not affect the results of the study.

Summary

The purpose of this study was to understand faith leaders' perspectives on and experiences with the breast health intervention, Worship in Pink. The results presented in this chapter represent the descriptive responses to the interview that have been analyzed into themes. Additionally, the responses to the interview questions provided answers to the research questions. In regards to what the faith leaders' experiences were with implementing Worship in Pink (RQ1), they included having a strong partnership with Susan G. Komen Atlanta with a desire to make a larger impact on the community. The question of the faith leaders' perspectives, attitudes, and beliefs on using breast health interventions to promote breast cancer awareness (RQ2) was addressed by expressing the importance to increase awareness through open dialogue and comfortable settings. Lastly, the question about the situations that influenced the faith leaders' experiences (R1a) was answered through detailed descriptions about the resources and communications provided

by Susan G. Komen.

Chapter 5 provides a concise summary of the research findings and an interpretation the findings in comparison to the literature review and the conceptual framework. The limitations, recommendations, and implications are also discussed in the following chapter. Lastly, the key essence of the study has been provided as the conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Breast cancer continues to be the mostly commonly diagnosed cancer among African American women. Not only are African American diagnoses occurring more frequently, but they are also occurring at later and aggressive stages (American Cancer Society, 2013). Previous research has shown that faith-based communities can address health disparities through culturally appropriate interventions (Austin & Harris, 2011; Butler-Ajibade et al., 2012; Corbie-Smith et al., 2010; Parrill & Roberts Kennedy, 2011).

The purpose of this phenomenological study was to understand the perspectives faith leaders have on implementing breast health interventions in their places of worship. More specifically, this study focused on faith leaders who participated in Worship in Pink, a breast health intervention created by Susan G. Komen Atlanta. This study was qualitative in nature and used the phenomenological approach to gain insight on the experiences of faith leaders in African American churches. Semistructured interview questions were used to elicit responses that were analyzed for themes. The key findings included the importance of the partnership between the faith leaders and Komen Atlanta, increasing awareness through open dialogue and the improvement of resources and communication provided.

Interpretation of Findings

The findings of this study were a result of interpretivism as the conceptual framework (Crotty, 1998). Interpretivism was not used to explain a phenomenon or test a theory, but instead it was used to understand each faith leaders' experiences with

Worship in Pink. Although each participant's experience was unique, they all led to consistent themes. The three themes and one subtheme have been interpreted based solely on the shared experiences of the faith leaders.

Theme 1: Relationship with Susan G. Komen

Each research participant expressed her appreciation for the partnership and collaboration with Komen Atlanta. The responses in regards to their appreciation varied for each faith leader, but were mostly related to the resources provided by the organization. This theme was actually similar to and confirmed findings from two studies. Northington et al. (2011) studied faith-based programs use, which included faith-based organizations, community groups, and state agencies to improve breast health through preventative measures and resources. The findings of the study showed that churches in the community and other organizations formed an ongoing partnership. Additionally, a primary theme that emerged was the importance of community involvement (Northington et al., 2011). More specifically, similar to the findings in this study, Northington et al. found that faith leaders and nonprofits are important players in community involvement.

A study by Rodriguez et al. (2009) focused on the role of faith leaders with faith-based breast health interventions. The researchers investigated the experiences of faith leaders and lay health coordinators in regards to collaborating with a community organization and implementing a breast health intervention. Similar to the theme of this current study and the previously mentioned study, Northington et al. found a theme related to collaboration among the community and researchers. However, the theme from

the previously mentioned study differs in that it focuses on lay health coordinators serve as a liaison between the church and the researchers.

Subtheme 1: Impact on the Community

A majority of faith leaders agreed that although they were grateful for the partnership with Komen, they believed that Komen could help make a larger impact in the community outside of Worship in Pink. This subtheme is one that is newly discovered and was not seen in the literature review. Faith leaders suggested various ways for Komen Atlanta to make a greater impact in addition to increasing breast cancer awareness. A few of these suggestions included providing community health fairs throughout the year, educating churches on how to acquire funding for their programs, and forming coalitions with other churches in the community. The study by Northington et al. (2011) revealed a similar finding that in addition to awareness being raised in the community, there was an ongoing relationship among the faith leaders and organizations who participated in the intervention. However, there was no specific indication if this continued partnership made a greater impact outside of the intervention that was implemented. Therefore, the findings in this study extend on the findings of the current literature.

Theme 2: Increasing Awareness Through Open Discussion

Throughout the interviews, faith leaders mentioned the topic of awareness. More specifically, the notion of increasing awareness by providing a comfortable environment was consistent. This theme emerged as a response to why the faith leaders participated and what were their expectations for Worship in Pink. There were several thoughts on

how to ensure that open discussion could promoted increased awareness. A few of these suggestions included fostering an environment that is comfortable for both men and women. Some of the faith leaders in the study discussed the importance of sharing information that was relatable and in a way that congregation would positively receive it.

Austin and Harris (2011) revealed a similar theme in their study regarding the role of the church in the African American community. It was stated that the Black church has the potential to provide an environment that promotes empowerment and taking charge of their health (Austin & Harris, 2011). It was also noted that the Black church is unique in that because the members share the same spiritual beliefs they also have a mutual trust (Austin & Harris, 2011). This dissertation study confirmed the perception of the faith leaders' thoughts about participants being in a place of vulnerability in order to receive information about health and their bodies.

Theme 3: Resources and Communications

All of the faith leaders in the study provided varied feedback regarding the resources and communication provided by Komen Atlanta. The consensus was that each participant appreciated the free materials provided for Worship in Pink. However, there was a consistent theme regarding improvement of the resources and communications. The responses ultimately addressed the research question about the context and situations that influenced their experiences with Worship in Pink. Although the faith leaders stated that the general materials were good resources, most of them agreed that Komen Atlanta could add more resources that are culturally relevant. More specifically, most of the faith leaders suggested providing additional information that would include a resource

directory, tangible items such as pink ribbons, and pamphlets that are relatable to African American women.

In addition, participants of the study also mentioned improving the communications with not only the faith community, but also the general population. This means the organization should be intentional about staying in contact with participating churches as well as increase the advertisement of Worship in Pink in the African American community.

Currently, the literature is limited in regards to improving resources and communications related to faith-based breast health interventions. Therefore, this theme extends the knowledge and contributes to the literature about this subject matter. This finding has the potential to be very useful for other organizations with similar interventions.

Limitations

One limitation of the study was that of criterion purposive sampling. The participants selected for this study represented specific characteristics to address the research questions. That sample included faith leaders of African American churches in metropolitan Atlanta who participated in Worship in Pink since 2013. Because the sample was so selective, the results cannot be generalized and are therefore not transferable. However, the purpose of this study was not to generalize or create a theory. Instead, the purpose was to understand the experiences of the faith leaders. Therefore, this limitation is permissible due to the nature of the study to elicit rich description about a phenomenon.

Another limitation was the reduction of the sample size. For this study, I had originally proposed to interview between 10 and 15 participants. However, due to the lack of interest from faith leaders to participate and the number of dropouts, I reduced the sample size to five. In qualitative research, the current sample size is reached once responses become redundant. Also, in phenomenological studies sample size can range between five and 25 participants (Creswell, 2013). As the five participants were able to provide rich descriptions in their individual responses, the limitation of sample size was addressed.

The last limitation of the study was that not all of the interviews were conducted in person. Four of the five participants were able to meet in person for their scheduled interview. However, because of scheduling and logistical conflicts, one of the participant's interviews took place on the telephone. Although the participant provided a very detailed account of her experience with Worship in Pink, I could not observe facial expressions or body language during the interview. Therefore, I could not establish a rapport with the faith leader during the interview. However, even with this limitation, the findings of the study were not skewed or affected by the one telephone interview.

Recommendations

This study was conducted to better understand the perspectives of African American faith leaders whose churches participated in Worship in Pink. The findings of this study showed the experiences of faith leaders from primarily African American churches in the metropolitan Atlanta area. Because I selected the participants based on

specific criteria, the findings cannot be generalized and are not transferable to a different population. Additionally, even though all faith leaders who participated in Worship in Pink were invited to participate, only faith leaders from churches who practiced Christianity were included in the study. One recommendation for future studies is to recruit faith leaders of all religious backgrounds to participate in the study. This would ensure that all religious faiths are considered when gaining insight on their experiences with faith-based breast health interventions similar to Worship in Pink. By including more religious backgrounds, other topics such as cultural sensitivity can be addressed.

Another recommendation would be to include a larger sample size. In qualitative research, an adequate sample size is determined when participant responses are saturated and become repetitive. Although redundancy was achieved with participant responses in this study, it would have been ideal to have more research participants in order to provide thick, rich description about the lived experiences of the faith leaders. In addition, based on one of the limitations of this study, it is recommended to ensure that all interviews are conducted in person. By conducting all of the interviews face to face, the researcher can observe the participants' facial expressions and body language during their responses. The observations can then be used to determine if the participant understood the interview questions.

Implications

Positive Social Change

Breast cancer continues to be the most diagnosed cancer and the second most common cause of mortality among African American women. Although breast cancer

awareness interventions have become more common, Black women are still being diagnosed at later stages with more aggressive forms of cancer (American Cancer Society, 2013). The Black church and faith leaders have historically been instrumental in promoting health in their communities. However, research is limited in the area of faith-based breast health interventions targeting African American women. In order to increase awareness and make larger impact among this demographic, public health organizations and nonprofits should collaborate with faith leaders to implement culturally relevant interventions in places of worship.

The social change implications from this study include information that will be useful for health educators, public health organizations, faith leaders, policy makers, and researchers who are interested in developing breast health interventions that are culturally appropriate for the African American community. Additionally, long-term social implications include increased partnerships between the faith community, public health, and nonprofit organizations as well as increased awareness among African American women.

In regards to methodological implications for future research, this phenomenological study aimed to gain insight on the experiences of faith leaders by using open-ended interview questions. The results from this qualitative approach will contribute to the gap in literature due to the fact that prior researchers had not explored fully the perspectives of faith leaders who have implemented breast health interventions in their places of worship. Additionally, the findings from this study provide recommendations for practice to public health organizations, nonprofit organizations, and

researchers who have intentions to implement similar faith-based programs in the African American community. Some of the ways the findings will be disseminated include providing an executive summary to the faith leaders who participated as well as the program manager of Worship in Pink. Additionally, the study results will be presented at professional conferences and submitted to be published in health education and faith-based journals.

Conclusion

The breast cancer 5-year survival rates in African American women are disproportionately lower than the survival rates of White women in the United States (American Cancer Society, 2013). Late stage diagnosis, lower participation with scheduling mammograms, and lack of follow up after screenings were causes that attributed to this trend (American Cancer Society, 2013). The faith community, because of its role and prominence among African American women, can best address these barriers.

Although each participant shared different experiences with the faith-based breast health intervention, these experiences all led to the same key points. The themes and subtheme from this study revealed that partnerships between faith leaders and health organizations are important in order to increase awareness and make a large impact in the community. Additionally, it is important for health organizations, nonprofits, and researchers who desire to develop breast health interventions to ensure the resources are culturally relevant and that there is a clear line of communication with the target community.

As breast cancer becomes more prevalent, the literature on breast health interventions will continue to expand. This study contributed to the current literature by providing a rich description of the perceptions African American faith leaders have on implementing these interventions in the congregations. This detailed description can be useful for public policy makers and program developers aiming to increase breast cancer awareness among African American women on a local, state, and national level.

References

American Cancer Society. (2011). Breast cancer facts & figures 2011-2012. Retrieved from http://www.cancer.org/Research/CancerFactsFigures/BreastCancerFactsFigures/breast-cancer-facts-and-figures-2011-2012

American Cancer Society. (2013). *Breast cancer facts & figures 2013 – 2014*. Retrieved from http://www.cancer.org/acs/groups/content/@epidemiologysurveilance/documents/document/acspc-036921.pdf

Austin, S. & Harris, G. (2011). Addressing health disparities: the role of an African American health ministry. *Social Work in Public Health*, *26*. doi:10.1080/10911350902987078

Bailey, E. J., Erwin, D. O., & Belin, P. (2000). Using cultural beliefs and patterns to improve mammography utilization among African-American women: The Witness Project. *Journal of the National Medical Association, 92,* 136-142.

Baruth, M., Wilcox, S., Laken, M., Bopp, M., & Saunders, R. (2008). Implementation of a faith-based physical activity intervention: Insights from church health directors. *Journal of community health*, *33*(5), 304-312. doi:10.1007/s10900-008-9098-4

Boyce, C., & Neale, P. (2006). *Conducting in-depth interviews: A guide for designing and conducting in-depth interviews for evaluation input*. Watertown, MA: Pathfinder International.

Butler-Ajibade, P., Booth, W., & Burwell, C. (2012). Partnering with the Black church:

recipe for promoting heart health in the stroke belt. *The ABNF Journal*.

Chagpar, A. B., Polk Jr., H. C., & McMasters, K. M. (2008). Racial trends in mammography rates: A population-based study. *Surgery, 144*(3), 467-472. doi:10.1016/j.surg.2008.05.006

Conway-Phillips, R., & Millon-Underwood, S. (2009). Breast cancer screening behaviors of African American women: A comprehensive review, analysis, and critique of nursing research. *ABNF Journal*, *20*(4), 97-101.

Corbie-Smith, G., Goldmon, M., Isler, M.R., Washington, C., Ammerman, A., Green, M., & Bunton, A. (2010). Partnerships in health disparities research and the roles of pastors of Black churches: potential conflict, synergy, and expectations. *Journal of National Medical Association*, *102*(9).

Cohen, D. & Crabtree, B. (2006). Qualitative research guidelines project. Retrieved from http://www.qualres.org/HomeMemb-3696.html

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed). Thousand Oaks, CA: Sage Publications.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Crotty, M. (1998). *The foundations of social research: meaning and perspective the research process*. London, United Kingdom: Sage.

Frank, D., & Grubbs, L. (2008). A faith-based screening/education program for diabetes, CVD, and stroke in rural African Americans. *Journal of the Association of Black Nursing Faculty, 19(3),* 96-101.

Holt, C. L., Lee, C., & Wright, K. (2008). A spiritually based approach to breast cancer awareness: cognitive response analysis of communication effectiveness. *Health Communication, 23,* 13–22. doi:10.1080/10410230701626919

Klassen, A. C., Smith, K. C., Shariff-Marco, S., & Juon, S. (2008). International journal for equity in a healthy mistrust : How worldview relates to attitudes about breast cancer screening in a cross-sectional survey of low-income women. *International Journal for Equity in Health, 19*, 1-20. doi:10.1186/1475-9276-7-5

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Merriam, S. B. (2002). *Qualitative research in practice: examples for practice and analysis* (1st ed.). San Francisco, CA: Josey-Bass Publication.

McNamara, C. (2009). General guidelines for conducting interviews. Retrieved from http://managementhelp.org/evaluatn/intrview.htm

McQueen, A., Kreuter, M. W., Kalesan, B., & Alcaraz, K.I. (2011). Understanding narrative effects: the impact of breast cancer survivor stories on message processing, attitudes, beliefs among African American women. *Health Psychology*, *30*(6). doi:10.1037/a0025395

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA; Sage.

Nickerson, M. & Potter, P. (2008). Teaching breast self-examination through pantomime: a unique approach to community outreach. *Clinical Journal of Oncology Nursing*, 13(3).doi:10.1188/09cjon.301-304

Northington, L., Martin, T., Walker, J., Williams, P., Lofton, S., Cooper, J., . . . Keller, S. D. (2011). Integrated community education model: Breast health awareness to

impact late-stage breast cancer. *Clinical Journal of Oncology Nursing*, *15*(4), 387-392. doi:10.1188/11.CJON.387-392

Nunn, A., Cornwall, A., Chute, N., Sanders, J., Thomas, G., James, G., . . . Flanigan, T. (2012). Keeping the faith: African American faith leaders' perspectives and recommendations for reducing racial disparities in HIV/AIDS infection. *PLoS ONE*, *7*(5), e36172. doi:10.1371/journal.pone.0036172

NVivo10 QSR International. (2013). *NVivo10: Getting started*. http://download.qsrinternational.com/Document/NVivo10/NVivo10-Getting-Started-Guide.pdf

Parrill, R. & Roberts Kennedy, B. (2011). Partnerships for health in the African American community: moving toward community-based participatory research. *Journal of Cultural Diversity*, 18(4):150-4.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Peek, M. E., Savvad, J. V., & Markwardt, R. (2008). Fear, fatalism and breast cancer screening in low-income African-American women: The role of clinicians and the health care system. *Journal of General Internal Medicine*, *23*(11), 1847-1853.

Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology* (pp. 41-60). New York, NY: Platinum Press.

Purc-Stephenson, R. J., & Gorey, K. M. (2008). Lower adherence to screening mammography guidelines among ethnic minority women in America: A meta-

analytic review. *Preventive Medicine*, *46*(6), 479-488. doi:10.1016/j.ypmed.2008.01.001

Ritchie, J. & Lewis, J. (2003). *Qualitative research practice: a guide for social science students and researchers*. Thousand Oaks, CA: Sage.

Rodriguez, E. M., Bowie, J. V., Frattaroli, S., & Gielen, A. (2009). A qualitative exploration of the community partner experience in a faith-based breast cancer educational intervention. *Health education research*, *24*(5), 760-71. doi:10.1093/her/cyp010

Rogers, E. M. (2003). *Diffusion of innovations* (5th ed.). New York, NY: Free Press.

Rogers, E.M., Singhal, A., & Quinlan, M. (2003). Diffusion of innovations. In D.W. Stacks & M. B. Salwen. *An integrated approach to communication theory and research*. (2008) New York, NY: Routledge.

Shepard. K. F., Jensen, G. M., Schmoll, B.J., Hack, L., Gwyer, J. (1993). Alternative approaches to research in physical therapy: positivism and phenomenology. *Physical Therapy, 73*(2), 88–97.

Stacks, D.W. & Salwen, M. B. (2008). *An integrated approach to communication theory and research*. New York, NY: Routledge.

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.

Tay, L.H., Ang, E., & Hegney, D. (2012). Nurses' perceptions of the barriers in effective communication with inpatient cancer adults in Singapore. *Journal of Clinical Nursing*, *21*, 2647–2658, doi:10.1111/j.1365-2702.2011.03977.x

Thompson, H., Edwards, T., Erwin, D., Lee, S., Bovbjerg, D., Jandorf, L., & Littles, M.,.

(2009). Training lay health workers to promote post-treatment breast cancer surveillance in African American breast cancer survivors: development and implementation of a curriculum. *Journal of Cancer Education*, *24*(4), 267-274. doi:10.1080/08858190902973085

Trochim, W. M. K. & Donnelly, J.P. (2007). *The research methods knowledge* (3rd ed.). Mason, OH. Atomic Dog Publishing.

Turner, D. W. (2010) Qualitative interview design: a practical guide for novice investigators. *The Qualitative Report* 15 (3) May 2010 754-760 http://www.nova.edu/ssss/QR/QR15-3/qid.pdf.

Williamson, W., & Kautz, D. D. (2009). "Let's get moving: let's get praising": Promoting health and hope in an African American church. *The ABNF journal : Official Journal of the Association of Black Nursing Faculty in Higher Education, Inc.*, *20*(4), 102-5.

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.

Appendix A: Semistructured Interview Questions

1. Could you describe your role as a faith leader?
2. Could you describe your reasons for participating in Worship in Pink?
3. Could you describe your expectations for your congregation participating in Worship in Pink?
4. Could you share your experiences in partnering with Susan G. Komen Atlanta for Worship in Pink?
5. Could you describe your role as a faith leader participating in Worship in Pink?

Prompts:

- What types of activities have you participated in?
- What worked well?
- What could be improved?
- Have you received any feedback from members of your church about Worship in Pink?

6. What were your experiences with available resources for Worship in Pink?

Prompts:

a. Tell me about the people resources available to implement Worship in Pink.

b. Tell me about the material resources available to implement Worship in Pink.

7. Could you share your thoughts on what worked well with the Worship in Pink program?
8. Could you share your thoughts on what could be improved with the Worship in Pink program?

Appendix B: Recruitment Flyer

WALDEN UNIVERSITY
A higher degree. A higher purpose.

Marsha L. Marshall, MPH
PhD in Public Health Candidate
(478) 954-1143
marsha.thomas@waldenu.edu

Research Project Information

This is a research project designed to help us better understand the perspectives of faith leaders who supported, promoted, and participated in *Worship in Pink*. Participants of the *Worship in Pink Initiative* sponsored by Susan G. Komen Foundation Greater Atlanta Affiliate are invited to participate in this research study.

Who can participate?

Taking part in the research project is voluntary. You do not have to volunteer for the research project in order to participate in *Worship in Pink*. You must be faith leaders of worship centers with a majority African American congregation. Additionally, your faith organization must have participated in *Worship in Pink* between the years of 2011 and 2013.

What will I have to do in the research project?

If you agree to participate in the research project, you will take part in an interview with the primary researcher. This will take approximately 60 minutes.

What if I change my mind and do not want to be in the research project?

You are free to withdraw from the research project at any time. Your decision to withdraw from the project will not affect your participation in future *Worship in Pink Initiatives*.

What payment will receive for being in the research project?

Participants will not receive payment for participating in this research study; however participants will receive a final report of the overall research project results.

Will my responses be kept confidential?

All information obtained from the interviews will be completely confidential.

What are the benefits of being in the research project?

This study will provide faith leaders and organizations, such as Susan G. Komen, information about the perspectives faith leaders have about breast health awareness programs in their places of worship.

Who approved this research project?

Susan G. Komen Foundation of Greater Atlanta and the Institutional Review Board (IRB) of Walden University approved this study.

Who can I call or write if I have questions during the research project?

You may call or email the researcher at the above contact information.

Appendix C: Letter of Cooperation

Letter of Cooperation from a Susan G. Komen Foundation Greater Atlanta

Susan G. Komen for the Cure
Greater Atlanta Affiliate

May 1, 2014

Dear Marsha L. Marshall,

Based on my review of your research proposal, I give permission for you to conduct the study entitled *Understanding Faith Leaders' Perspectives on Breast Health Interventions in the Church* within the Greater Atlanta Affiliate of Susan G. Komen Foundation. As part of this study, I authorize you to recruit Worship in Pink participants with an electronic recruitment flyer. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include distributing research invitations (in the form an electronic recruitment flyer) on the researcher's behalf and allowing the researcher to conduct a post program evaluation on Survey Monkey. Susan G. Komen of Greater Atlanta reserves the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting.

I understand that the data collected will remain entirely confidential and will not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,
Outreach and Community Grants Manager
Susan G. Komen Greater Atlanta Affiliate

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).