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Breast Cancer, Mana'olana/Hope, and the Experience of Native Hawaiian Women

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Walden University
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Dissertation Submitted in Partial Fulfillment
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Abstract

Breast cancer is one of the leading causes of morbidity and mortality among women. A diagnosis of cancer is a stressful event that requires an individual to adapt to new stressors. The purpose of this qualitative study was to better understand the perceptions of mana’olana/hope and living with breast cancer among Native Hawaiian women. The conceptual framework of this phenomenological study was positive psychology. Data collection included in-depth interviews with 5 Native Hawaiian women who had been diagnosed with breast cancer. Data coding and analysis resulted in identification of 8 themes. The themes included: (a) mana’olana /hope is the essence of my being, (b) family strengthens me and gave me mana’olana/hope, (c) my relationship with God and Jesus promoted mana’olana/hope in me, (d) my religious affiliation promoted mana’olana/hope in me, (e) the cancer support group promoted mana’olana/hope in me, (f) the cancer treatment team promoted mana’olana/hope in me, (g) treatment options; Allopathic, Osteopathic, Naturopathic, Alternative medicine, and herbal remedies promoted mana’olana/hope in me, and (h) nature’s beauty and the arts promoted mana’olana/hope in me. Results may be used by health psychologists, cancer treatment practitioners, and the field of biobehavioral oncology to support and improve the well-being and health outcomes of women diagnosed with breast cancer.

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Dedication

To the brave women and men who have who have been diagnosed with breast cancer and the women who participated in this study who made this study possible.

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I first want to thank God for the perseverance! A dissertation study requires great grace to complete, and certainly I am in awe of how God continued to supply this grace. To the women who participated in this study who so willingly shared their journey to open a window into what a breast cancer diagnosis can mean to a woman and how mana'olana (hope) was experienced in their journey. Mahalo! To my dear family, Tony, Kristyn, Luc, Bill, and Angie, thank you for your encouragement, love, and support. To Dr. Meali'inani Duarte-Hernandez and Dr. Sandor Hernandez Morales for their support as cooperative partners. To Jane Pang, RN, PHN, and the Pacific Islander Health Partnership (PIHP) for their generosity to be a cooperative partner. Mahalo! To Msgr. Joe McDonnell, Father John Govan, S.J., and Father Rene Laurentin for their spiritual leadership. To Mother Kathleen and Sister Clara, thank you. To Dr. Ellen Levine, Dr. Martha Giles, and Dr. Stephen Rice, thank you for your academic wisdom, expertise, and support! It was a journey I will never forget! To Dr. Janine Siegel, thank you! To my mother and father, Mary Ann and Hilbert Dillenburg, thank you for your love. To Mike and Claire, Steve and Joyce, Rick and Liz, Deb, John and Jill, Rich and Vicki, and Ann and John, thank you for your encouragement. To Bonnie Rogers, thank you. To Lynn McHose, thank you for your unwavering prayers! To the prayer warriors at Holy Family Catholic Church in Washington State, thank you! To Cindy and Randy Jensen, Joe and Diane Cortese, thank you for your prayers. To Mark and Dana Dillenburg for hosting me

during my residencies, thank you! To all of the breast cancer patients, including my sister Liz who did not survive her diagnosis of breast cancer, and the many hospice patients I have been privileged to walk with on their journey; I pray that someday we will see an end to the scourge of breast cancer.

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Chapter 1: Introduction to the Study

In this chapter, I outline the background, problem statement, purpose of the study, nature of the study, research questions, conceptual framework, definitions of the terms, scope and delimitations, assumptions, limitations, and the significance of the study. The purpose of this phenomenological study was to qualitatively explore the lived experience of mana'olana/hope in Native Hawaiian women who had been diagnosed with breast cancer. Because breast cancer can be a terminal illness, a diagnosis of breast cancer and the prospect of treatment present a serious psychological and physiological challenge for an individual. The main concerns include the fear of ill effects of adjuvant therapy, not living to see their children grow up, inability to function within the work environment, loss of friendships, and premature death. There are "frequently reported psychosocial phenomena during the cancer experience that may include increased anxiety, depressed mood, social disruption, and sleep and fatigue-associated disruption" (Antoni, 2013, p. 88 see also Ganz, Desmond, Leedham et al., 2002; Stanton, 2006).

Antoni (2013) observed that psychosocial intervention can improve psychological and physiological adaptation indicators in cancer patients. In this study, I examined the role of mana'olana/hope in Native Hawaiian women who are diagnosed with breast cancer. *Hope* has been defined as "a reciprocally derived sense of successful agency (goal-directed determination) and pathways (planning of ways to meet goals)" (Brouwer, Meijer, Weekers, & Baneke, 2008 p. 310). Within the Native Hawaiian culture, hope is associated with the relationship an individual has with his or her church family known as *hoahanau* (fictive kin; Ka’opua, 2013. *Mana’olana* is defined as having hope or expectation (Wight & Racoma, 2005). Women find enduring relationships with trusted friends in their church family where they can share sensitive issues such as the diagnosis of a life-threatening diagnosis of breast cancer and receive the encouragement and fostering of hopefulness (Ka’opua et al., 2008). Holistic health (ola pono) includes the concepts of “spiritual, physical, and relational harmony (lokahi triad),” which are central to the Native Hawaiian approach to health and health issues (Ka’opua et al., 2008, p. 7). Mana’olana within the Hawaiian culture fits into the spiritual centeredness of the Native Hawaiian family. Ka’opua et al. (2008) discussed the relevance of each family member in participating in the care of a family member diagnosed with an illness. There is one person whose role is to encourage the member diagnosed with an illness.

Researchers have noted that with hope, individuals tend to have more positive attitudes along with the belief that they can attain their goals while having greater self-esteem (Brouwer et al., 2008). Based on the collective approach toward illness in the Native Hawaiian culture, an individual may take on the role to encourage the individual in the course of his or her illness (Ka’opua et al., 2008). The motivational component of hope is used to initiate and sustain the process of achieving a goal, which is the agency component. The perceived ability to find the successful paths to the goal are referred to as the pathways component (Rajandram et al., 2011). Hope has been defined as a state of positive expectation despite real-world evidence to the contrary; the hopeful individual perceives a sense of well-being, competence, and meaning in life (Miller, 1986).

There may also be a positive expectation with real-world evidence of a positive outcome. Hope can be of benefit to individuals diagnosed with breast cancer and can be integrated into the individual care plan to provide for more positive health outcomes (Carver et al., 2005). Smart-Richman et al. (2005) examined the relationship between positive emotions and health and found that higher levels of hope were associated with reduced likelihood of having or developing a disease. The authors examined hope and curiosity in individuals with diagnoses of hypertension, diabetes mellitus, or a respiratory tract infection. The data were reviewed over a 2-year period from 1,041 patient records. Smart-Richman et al. found that individuals who are hopeful tended to have more positive attitudes along with the belief that they can attain their goals while having greater self-esteem as well as better physical and mental health. Although researchers have studied women diagnosed with breast cancer in many ethnic groups and their view of hope as it relates to their journey with breast cancer, the purpose of the current study was to understand the perception of mana'olana/hope among Native Hawaiian women.

"Hope is associated with positive features of coping with cancer" (Rajandram et al., 2011, p. 2). The ability to be hopeful may be beneficial in coping with breast cancer and the perception of how hope has been promoted during the treatment process, which is important for all practitioners to understand. Based on the most recent statistics, Native Hawaiian women tend to be diagnosed in the late stages of breast cancer and have a higher mortality rate (Santos et al., 2001). Native Hawaiian women have the highest cancer incidence rate (463.6) of all minorities in Hawai'i (American Cancer Society

[ACS], 2015). There is a belief among Native Hawaiian women that a diagnosis of cancer is an immediate death sentence, which impedes hopefulness (Ka'opua et al., 2008). There is also distrust of conventional, Western health care, which results in underutilization of health services (Ka'opua et al., 2008).

The focus of my study was how Native Hawaiian women perceived that mana'olana/hope may or may not have been used in managing their breast cancer diagnosis. Findings may support the collective approach to helping a family member diagnosed with breast cancer within the Native Hawaiian culture, and may allow practitioners to engage the family in understanding the role of mana'olana/hope in promoting the health of their family member.

Background

The ACS (2015) predicted that in 2015, 231,840 women in the United States would be diagnosed with breast cancer and 40,290 women would die of the disease. The ACS also predicted that in 2015 there would be 1,140 new cases of breast cancer diagnosed in the state of Hawai'i with 130 deaths resulting. In addition, one in eight women would be diagnosed with breast cancer in their lifetime (Horner et al., 2009). The cost of cancer in 2009 was $216.6 billion (National Institute of Health [NIH], 2014). Breast cancer accounts for 14% of all new cancers and 6.8% of all cancer mortality in the United States (National Institute of Health [NIH], 2014). The standard of care for women diagnosed with breast cancer is partial mastectomy or double mastectomy (removal of a breast or both breasts) or a lumpectomy (removal of the cancerous mass within the breast) possibly followed by chemotherapy, radiation, and/or hormonal therapy (Fauci et al., 1998). Current therapies are more capable of targeting the cancer, which helps to reduce the negative side effects and damages less of the surrounding healthy tissue (Longo et al., 2012).

Native Hawaiian/Pacific Islanders are 30% more likely to be diagnosed with cancer compared to non-Hispanic Whites (U.S. Department of Health and Human Services Office of Minority Health, 2015). Native Hawaiian incidence for breast cancer is 175.8 per 100,000 (U.S. Department of Health and Human Services Office of Minority Health, 2015). As a group, Pacific Islander women are twice as likely to be diagnosed with breast cancer at late stages in contrast to non-Hispanic Whites (Marshall, Ziogas, & Anton-Culver, 2008). This may contribute to the higher mortality rate among this ethnic group (Ka'opua et al., 2008). The focus of this study was to learn more about how hope is involved in the experience of Native Hawaiian women in their breast cancer diagnosis. Mokuau and Braun (2007) noted that within the Hawaiian culture spirituality is a source of support and strength. How a woman experiences her journey with breast cancer will differ from person to person. One woman may use religion, while another may connect with family and friends for support. Hope may also be used within this experience (Seligman, 2006). The purpose of the current study was to examine how Native Hawaiian women perceived hope and used hope in their journey with breast cancer. Hope can help a woman come to terms emotionally with the diagnosis of breast cancer (Carver et al., 2005). With a diagnosis of breast cancer, a woman is faced with a life-changing event in which she will determine the course of her life based on the expertise of the clinicians who will direct her care plan and the support of trusted family and friends. However, even with this support, it is the woman who chooses whether she is hopeful.

Carver et al. (2005) studied the role of hope in terms of adjustment, immune function, and disease outcome in women diagnosed with breast cancer. In their study hope was related to higher levels of quality of life (QOL) both at diagnosis and after treatment has ended (Carver et al., 2005). A hopeful person can develop a persevering spirit to reduce stress that impacts his or her immune system, which can increase the QOL in the person (Seligman, 2006). Although the diagnosis of breast cancer is a stressful event and can be overwhelming for a woman, the experience of going through diagnosis and treatment for breast cancer may result in positive benefits for women in terms of their outlook on life (Carver & Antoni, 2004). Women who experience cancer may experience a “renewed sense of purpose” or “a change in life priorities” that otherwise may not have occurred (Carver & Antoni, 2004, p. 595). To my knowledge, there have been few studies that have addressed the experiences of Hawaiian women diagnosed with breast cancer who have used mana’olana/hope in their journey.

Individuals who have a cancer diagnosis experience both adverse and positive emotional changes due to the diagnosis and resulting treatment (Urcuyo, Boyers, Carver, & Antoni, 2005). Miller (1986) characterized hope as a state of good expectation despite real-world evidence to the contrary. The individual perceives a sense of well-being, competence, and meaning in life. Snyder, Lehman, Kluck, and Monsson (2006) noted that the generalized perceptions by individuals indicated that the individual who is more optimistic will believe any event he or she encounters will result in a much more positive outcome. The connection between the psychological state and the health status of the person underscores the importance of psychological interventions to address both the preventative and curative aspects of physiological disease. Snyder et al. emphasized that the focus of the dispositional optimism model is on the common opinion of the possible outcomes so that the individual who is optimistic will believe that there will be a much more positive outcome. Miller indicated that hope accomplishes this same goal within the person who is hopeful so that whether the outcome is expected to be positive or may be negative, the optimistic person will believe it will have a positive value regardless of what is indicated.

Problem Statement

Although extensive data have been accumulated regarding the positive impact of hope in the general population of individuals diagnosed with breast cancer, little is known about the lived experiences of breast cancer and mana'olana/hope in the Native Hawaiian population. The rationale for studying mana'olana/hope in this population was to understand the view of mana'olana/hope in Native Hawaiian women diagnosed with breast cancer and how this compares to other studied populations. With a life-threatening illness people can fall into despair, which can lead to a fatalistic view that nothing can be done and it is inevitable that they will die (Ka'opua et al., 2008). Because the ability to have hope in the face of a serious life-threatening diagnosis may result in improved health outcomes, it was important to understand the perception of hope among Native Hawaiian women diagnosed with breast cancer and how hope might be related to health outcomes (see Carver & Antoni, 2004).

Purpose of the Study

The purpose of the study was to explore how Native Hawaiian women perceived they had used mana’olana/hope in their journey with a breast cancer diagnosis. This information contributed to the understanding of how mana’olana/hope impacts a woman’s journey through a life-threatening diagnosis of breast cancer. This research may be important in developing interventions that can promote mana’olana/hope and improve health outcomes.

Nature of the Study

I conducted a qualitative study to better understand the perceptions of Native Hawaiian women who had been diagnosed with breast cancer. Qualitative research allows for a greater focus on the lived experience of the participants (Creswell, 2009). Qualitative research is more focused on the interviews and observations with a review of literature than quantitative research, which uses more structured instruments. The participants were recruited through a flyer posted at a health center on Hawai’i and through the Pacific Islander Health Partnership (PIHP) located in Santa Ana, California. I provided my phone number so prospective participants could contact me by a predetermined date so I could screen them for the study. If participants expressed an interest in the study, I set an appointment to review the consent form and answer any questions they had. Once participants signed the consent form, I conducted an interview that took 1 to 2 hours. The participants were also asked to complete a demographics sheet (Appendix D).

Research Question

The research question for this study was as follows: What is the lived experience of mana'olana/hope in Native Hawaiian women diagnosed with breast cancer?

1. How do Native Hawaiian women diagnosed with breast cancer perceive mana'olana/hope?
2. Where do Native Hawaiian women believe that mana'olana/hope has been promoted in their journey with breast cancer?
3. Why is the lived experience of mana'olana/hope in Native Hawaiian women who have been diagnosed with breast cancer important to them in their journey?

Conceptual Framework

The conceptual framework of this study was positive psychology. Positive psychology is the scientific study of what makes life most worth living (Peterson, 2008). It is further defined as the scientific study of an individual's well-being, which is defined by happiness, love, enthusiasm, unique individuality, and a sense of purpose (Seligman, 2008). The strengths and character of the individual are a primary factor. The theoretical foundation of positive psychology was based on classical conditioning by Pavlov (McCurdy & Swanger, 2005). Seligman (1972) explored the concept of classical conditioning with his experiment on the behavior of dogs. Seligman noted that of the three groups of dogs included (those that were shocked with no means of escape, those that were shocked with means of escape, and those that were left alone), none of the dogs in the group that could escape gave up whereas six of the eight dogs in the helpless group sat in the shuttlebox and gave up (Seligman, 2006).

There is an opportunity for a similar response by a woman as she enters her treatment plan where she may experience pain and suffering through surgery, chemotherapy, and radiation therapy. A woman may feel a sense of hopelessness resulting from a perceived inability to escape. Positive psychology evolved from the theory of learned helplessness, which included the three dimensions of a person's explanatory style: (a) permanence, (b) pervasiveness, and (c) personalization (Seligman, 2006). People who believe that bad events will always happen have a permanent pessimistic explanatory style while people who think that bad things happen from time to time have an optimistic explanatory style. Seligman (2006) discussed personalization by noting that if an individual feels that a bad event is entirely his or her fault, he or she is displaying a pessimistic explanatory style; if an individual believes the effect is due to events or people outside of his or her control, he or she is displaying an optimistic explanatory style. Pessimists believe only bad things will happen as their first assumption; whereas optimists assume the challenges they encounter are temporary setbacks (Seligman, 2006).

Within the theoretical framework of positive psychology, Peterson and Seligman (2004) identified five factors for consideration: (a) strength of restraint, (b) intellectual strength, (c) interpersonal strength, (d) emotional strength, and (e) theological strength. In this study, I allowed for any of these strengths to be a point of consideration. The purpose of positive psychology is to understand how to move away from the focus of repairing the worst things in an individual's life to building on the positive qualities. Positive psychology addresses "well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present)" (Seligman & Csikszentmihalyi, 2000, p. 5). At the individual level, positive psychology is about individual traits including "the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom" (Seligman & Csikszentmihalyi, 2000, p. 5). At the group level, positive psychology is about "civic virtues, and the institutions that move individuals toward better citizenship; responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic" (Seligman & Csikszentmihalyi, 2000, p. 5).

For Csikszentimihalyi (2000) the revelation was initially in reading the works of Jung and Freud and finding the discipline of psychology that inspired a desire to look further; decades later, Maslow and Rogers furthered the field of psychology with their humanistic approach (Seligman & Csikszentmihalyi, 2000, p. 7). The key aspect of the practice of psychology is to understand that "as psychologists researchers do not simply look to the pathology, weakness or damage of the individual but researchers further look to their strengths and virtue" (Seligman & Csikszentmihalyi, 2000, p. 7). How do researchers strengthen the individual based upon the strengths they may already possess? Within the context of women who are diagnosed with breast cancer the question that was asked is how researchers strengthen these women in light of the strengths they already possess?

Definitions of Terms

The terms that were used within the context of this study are defined as follows:

Breast cancer: A specific type of cancer that originates in the breast tissue (Kasper et al., 2004).

Cancer treatment: The medical treatment plan developed to care for an individual who is diagnosed with cancer (Kasper et al., 2004).

Emotion regulation: The extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish goals (Thompson, 1994).

Hope: A positive disposition to whatever the outcome may be, to create an image of gladness in anticipation of the end result (Snyder et al., 2006).

Life-threatening illness: An illness that can cause death prematurely (Lenton, Stallard, Lewis, & Mastroyannopousou, 2001).

Mana'olana: The word meaning hope and expectation in the Hawaiian language (Wight & Racoma, 2005).

Native Hawaiian women: Indigenous people of the Hawaiian Islands (Ka’opua et al., 2008).

Positive psychology: “A science of positive subjective experience, positive individual traits, and positive institutions” (Seligman & Csikszentmihalyi, 2000, p. 5); the scientific study of what makes life most worth living (Peterson, 2008).

Quality of life: “The degree to which a person enjoys the important possibilities of his or her life. Possibilities result from the opportunities and limitations each person has in his or her life and reflect the interaction of personal and environmental factors” (Quality of Life Research Unit, University of Toronto, 2015, para. 4).

Scope and Delimitations

This study was limited to 15 Native Hawaiian women with breast cancer, and the results are specific to these five Native Hawaiian women but may or may not be applicable to other breast cancer survivors. The minimum age of participants was 18 years. The time of diagnosis was within the last 10 years. Age, breast cancer diagnosis within the last 10 years, no other cancer experience. and Native Hawaiian ethnicity were self-identified by participants.

The study included only women who spoke English so I could understand their interview responses. An interpreter was not be used because the main purpose of a phenomenological study is to transcribe and analyze the data as it is collected within the framework of the study. In a phenomenological study, only one researcher collects, analyzes, and interprets the data (Singleton & Straits, 2005). I did not focus on other factors such as stage of cancer at diagnosis, prognosis, family support systems, and family dynamics. The one factor that was consistent in all of the participants was their perspective of how and where hope was fostered within their journey of a diagnosis of breast cancer.

Assumptions

I assumed that all participants honestly self-identified as Kanaka Maoli's (Native Hawaiians), as having been diagnosed with breast cancer within the past 10 years, and as having no other cancer experience. I also assumed the women were honest in their interview responses. Finally, I assumed that 15 would be sufficient to achieve data saturation.

Limitations

The limitations of this study were that only Native Hawaiian women diagnosed with breast cancer at any stage in the past 10 years prior to the interview were included in this study. Males with breast cancer were not included. Participants were limited to any age over 18 and of Kanaka Maoli's (Native Hawaiians) ethnicity. It is possible that some women identified as Native Hawaiian when they were from a different ethnic group. Other forms of cancer were not included within this study, and therefore the results are not generalizable to other types of cancer. It is possible that some women had other forms of cancer that they did not self-disclose. Within the context of a qualitative study there can be inherent limitations to data as it is assumed that the participants are able to reflect on their own experiences and effectively communicate these thoughts (Polkinghorn, 2005).

Significance of the Study

Hope can affect health and patient outcomes (Carver & Antoni, 2005). Women who experience hope as part of their journey with breast cancer may have better health outcomes. Study findings may motivate cancer centers to implement programs within their treatment plans that promote mana’olana/hope resulting in more positive health outcomes for their patients. These programs may also be designed to include family members who are also impacted by the diagnosis. Further research can be conducted to address how programs that promote hope to family members may not only impact their well-being but also their loved ones diagnosed with breast cancer. Findings may promote positive social change both individually and collectively in the Native Hawaiian culture by leading to the development of interventions that promote mana’olana/hope, which may increase healing.

Researchers indicated a need for health psychologists to learn how they can foster and promote mana’olana/hope within the treatment of women diagnosed with breast cancer (Carver et al., 2005). Therefore, it is important that health psychologists understand the impact and the perception of mana’olana/hope as it relates to Native Hawaiian women presented with a life-threatening diagnosis of breast cancer. The answers to the research questions in this study provided a greater understanding of the research problem and offered scientists the opportunity to conduct further research to empower individuals affected by breast cancer to enjoy the benefits that may arise as a result of the research. This may be through the creation of new therapies, increasing longevity, or improved well-being.

Summary

The increased awareness of the role of hope in individuals diagnosed with a life-threatening illness by health care workers and scientists has brought increased attention to the relationship between states of health and positive psychological attitudes. There is a body of research on the relationship between being hopeful and health outcomes (Carver et al., 2005). In this study, I furthered this body of research by studying Native Hawaiian women diagnosed with breast cancer and their perception of hope. The goal of this research was to better understand how Native Hawaiian women who have been diagnosed with breast cancer perceived mana’olana/hope in their journey with breast cancer. In Chapter 2, I explore the relevant literature concerning positive psychology, spirituality and religiosity, Hawaiian culture, hope and spirituality, mana’olana in the Hawaiian culture, hope and emotion regulations (ER), hope and cancer centers, spiritually based resources (SBR), quality of life (QOL), and how hope has the potential to improve the health outcomes of Native Hawaiian women diagnosed with breast cancer. I conclude this chapter with a review of the methodology of phenomenology.

Chapter 2: Literature Review

In Chapter 2, I explore the relevant literature concerning positive psychology, spirituality and religiosity, Hawaiian culture, hope and spirituality, Mana'olana in the Hawaiian culture, hope and emotion regulations (ER), hope and cancer centers, spiritually based resources (SBR), quality of life (QOL), and how hope has the potential to improve the health outcomes of Native Hawaiian women diagnosed with breast cancer. I conclude this chapter with a discussion of the selected methodology of phenomenology.

Search Strategy

I searched a variety of peer-reviewed sources on this topic including PsycARTICLES, EBSCO, Medline, and peer-reviewed journals such as *The Journal of Positive Psychology*, *Journal of Health Psychology*, *Journal of Oncology Practice*, *Journal of the National Cancer Institute*, *Psycho-Oncology*, *California Journal of Health Promotion*, *Journal of Religion and Spirituality in Social Work: Social Thought*, and *Lancet*. Other Web-based sources used for this study were the American Cancer Society, National Cancer Society, National Institutes of Health, and American Psychological Association. The key words included *breast cancer*, *positive psychology*, *hope*, *emotion regulation*, *quality of life*, *mana'olana*, *coping*, *Native Hawaiian women*, *spirituality*, *religiosity*, and *spiritually based resources*.

Breast Cancer

Breast cancer arises due to the uncontrolled growth of abnormal breast cells that ultimately spreads and impacts organs and other bodily functions and renders these ineffective. These tumors can become very large if untreated (Fauci et al., 1998). *Staging* is a term to describe the growth of the initial tumor and how it has spread to other parts of the body such as the liver, lymph nodes, or brain (American Cancer Society [ACS], 2014). Currently breast cancer is the most common cancer in women, and it occurs most commonly in women who are of European descent. However, mortality is higher among African American women (ACS, 2014). From 2006 to 2010, breast cancer incidence rates remained stable (ACS, 2014). Breast cancer risk factors include being overweight or obese, postmenopausal, alcohol intake, taking progestin and or estrogen, lack of physical exercise, long term use of tobacco, family history of breast cancer, and mutated BRCA1 or BRCA 2 genes (ACS, 2014). The ACS (2015) predicted that in 2015 231,840 women in the United States would be diagnosed with breast cancer and 40,290 women would die of the disease. The ASC (2015) also predicted that in 2015 there would be 1,140 new cases of breast cancer diagnosed in the state of Hawai'i. In 2016, 57,740 cancer diagnoses were expected among Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs). The three most commonly diagnosed cancers were breast (34%), thyroid (10%), and lung (9%) (Torre et al., 2016).

Theoretical Framework

I used positive psychology as the theoretical framework for the study. Because hope is considered by positive psychologists to be a source of strength within this theoretical framework, it was relevant to study how hope impacts a woman's journey with breast cancer. The meaning of hope in illness has been reviewed in a variety of fields including medicine. False hope in the case of a patient diagnosis that is terminal where a physician continues to support a patient’s hopefulness has been seen to be a “paternalistic violation of a patient’s autonomy” (Picnelli et al., 2015, p. 492). Picnelli et al. (2015) acknowledged that:

> There can be many theoretical approaches used to assess hope in individuals in a psycho-oncological setting. However, as hope is a multidimensional construct there is no consensus on which is the best module for representing the multidimensional structure of hope” (p.492).

Yong, Han, and Puchalski (2008) conducted a study using qualitative interviews as proposed in this study to assess the spiritual needs of Korean patients with cancer. In the current study, I explored the experiences of Native Hawaiian women and the need for mana’olana in their journey with breast cancer. Antoni (2013) considered the role of psychosocial improvements in the care of individuals diagnosed with breast cancer and recognized the need for continued efforts by researchers in this field.

> Currently improvements in psychological adaptation (decreased negative affect and social disruption and increased positive affect and quality of life) have been linked to an improved physiological profile during and after treatment, which may increase the odds for disease-free survival in some cancers (Antoni, 2013, p. 15).

Understanding the perception of how mana’olana/hope has been involved in a woman’s journey with breast cancer may help to better understand this psychosocial component.

Seligman is considered a champion of the field of positive psychology (Robbins, 2008). Seligman realized the importance of looking into the soul and caring for and increasing the strengths of the individual and protecting the individual against his or her limitations. The power of such an idea is not to be understated. For many years psychologists focused on the illness perspective of the individual. They diagnosed the pathology and set about to find a means to remedy this pathology. Psychological disorders in the modern era have resulted from phenomena such as cyber bullying, divorce, death of a loved one, sexual abuse, and human trafficking. There is a need to address these problems and find solutions to help individuals solve or reduce the stressors (Seligman & Csikszentimihalyi, 2000).

Positive psychology has a role in addressing this issue. “Positive psychology practitioners can help identify and nurture individual strengths thus helping individuals to build upon these strengths while diminishing the emphasis on the pathology” (Seligman & Csikszentimihalyi, 2000, p. 5). A woman diagnosed with breast cancer may have a particular vulnerability toward feeling helpless in the face of a life-limiting diagnosis. If there is a means to increase the strengths she already possesses and promote hopefulness, this would be aligned with what Seligman asserted positive psychology could contribute toward health and well-being by promoting a sense of hope and optimism toward the future (Seligman & Csikszentimihalyi, 2000).

Prior to World War II, the profession of psychology was focused on three missions: curing mental diseases, helping people make their lives more fulfilling and productive, and recognizing and cultivating high talent (Seligman & Csikszentimihalyi, 2000). At the subjective level, this includes a sense of satisfaction with the past, a sense of hope and optimism for the future and good process, and happiness in the present" (Seligman & Csikszentimihalyi, 2000, p. 5). "When looking at the individual level optimism addresses the individual's positive traits noting his or her ability to love others, have a vocation, and demonstrate the virtues of courage, forgiveness and other attributes unique to the human condition" (Seligman & Csikszentimihalyi, 2000 p. 5).

At the unit level this is represented by the sense of community the individual has and how he or she represents these same positive traits by demonstrating the ability to love others, having a vocation, and demonstrating the virtues of courage and forgiveness through the actions he or she engages in by supporting the broader society he or she lives in (Seligman & Csikszentmihalyi, 2000).

Seligman and Csikszentimihalyi (2000) recognized the early work in positive psychology and more specifically the contributions from Terman's studies on giftedness as well as Watson's work on effective parenting. Csikszentmihalyi initially recognized the need for positive psychology during World War II (Seligman & Csikszentmihalyi, 2000). Csikszentmihalyi found that it was the adults he had considered to be resilient and strong who were in fact much weaker and disillusioned in the face of war and without their normal social supports such as their jobs, money, and friendships they had enjoyed (Seligman & Csikszentmihalyi, 2000). In light of this he also saw that it was the unexpected adults who had none of the marks of what one would consider to be successful in life but rose to the occasion by being more hopeful than the individuals he initially thought would be. This caused Csikszentimihalyi to ask the following question: "What foundation of power were these people drawing on?" (Seligman & Csikszentimihalyi, 2000, p. 6).

Csikszentimihalyi was influenced by Maslow and the hierarchy of needs along with Rogers's humanistic approach. One to the key aspects of positive psychology is to understand that "as psychologist researchers one does not simply look to the pathology, weakness or damage of the individual but as researchers one further looks to their strengths and virtue" (Seligman & Csikszentmihalyi, 2000, p. 7). Peterson and Seligman (2004) identified five factors for consideration: (a) strength of restraint, (b) intellectual strength, (c) interpersonal strength, (d) emotional strength, and (e) theological strength. How women perceive the emotional strength of hope in relationship to their diagnosis and treatment of breast cancer might allow them to improve their quality of life while experiencing a life-limiting disease. Native Hawaiian women gain theological strength by using spiritually based resources (SBR), which are the practices, beliefs, and values founded in a relationship with a sacred source such as God, a higher power, or whomever or however the person chooses to believe in a divine being (Pergament, 1997).

Seligman and Csikszentmihalyi (2000) observed that the "social sciences had been operating from a deficit-based perspective in what researchers and practitioners had been primarily concerned with what goes wrong in human affairs and how to remedy problems and ameliorate dysfunction" (Rao & Donaldson, 2015, p. 271). "Positive psychology is a young field having only been in existence for the past 18 years" (Rao & Donaldson, 2015, p. 271). "The focus of positive psychology is more on the recognition of the value of concentrating on the positive aspects of the human person" (Rao & Donaldson, 2015, p. 271). This underpins the rationale for using this theoretical basis when inquiring how hope has influenced the journey of Native Hawaiian women diagnosed with breast cancer.

It is also important to consider the Rao and Donaldson (2015) claimed that, "positive psychology research has not sufficiently explored issues faced by underrepresented populations such as women" (p. 272). This research offered the opportunity to both explore an issue facing women and even to go a step further by investigating this within an ethnic group of women who have rarely been studied in this context, if at all.

Therefore, as positive psychology has been described as a science that uses an interpretive lens to find out "what works, what is right, and what is improving" (Sheldon & King, 2001, p. 216). Using this framework of positive psychological research and strengths-driven evaluation by noting empowerment practices can provide a fresh and new perspective on the strengths of these women and the opportunities they perceived to promote hopefulness and how this impacted upon them in their journey with breast cancer (Rao & Donaldson, 2015).

Casellas-Grau, Font, and Vives (2013) noted within their research that in general the positive therapies they included in their review did have the ability to enhance quality of life (QOL), well-being, post-traumatic growth (PTG), hope, meaning, happiness, optimism, life satisfaction, and benefit finding in women with breast cancer. However, they recognized that not all of the patients were capable of developing a positive coping style. As a result the authors indicated that positive psychology many not be universally effective. Positive psychology was found to have an effect in women who have the ability to develop a positive coping style (Casellas-Grau et al., 2013).

Spirituality and Religiosity

Puchalski et al. (2009) defined spirituality as, "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred (p. 687). Spirituality from a broader perspective denotes the value of relationship. Uch (2016) noted that there is a greater separation between religion and spirituality that did not exist 50 years ago. Cultural scientists have found in Europe that atheism has continued to spread. However, in Germany they have noted that 19% of the population is highly religious (Uch, 2016). A new survey of 35,000 adults in the United States indicated a modest decline in rates of practice and belief in the percentages of individuals who, "say they believe in God, pray daily and regularly go to church or other religious services"(Smith, 2015, p.3). The share of Americans who say they are absolutely certain God exists has dropped more sharply, from 71% in 2007 to 63% in 2014. Americans who are religiously affiliated remain as observant as before (Smith, 2015). Courses on spirituality and health are now being offered to medical students. Research outcomes have demonstrated the association between religious and/or spiritual beliefs and values and healthcare outcomes. These outcomes include, “coping with illness, overall quality of life, recovery from surgery or depression, and positive reframing of a difficult clinical situation. Surveys also demonstrated that patients would like their spirituality to be addressed in their medical care” (Puchalski, 2013, p. 492). Within the context of the Native Hawaiian culture, “practicing one’s spirituality (ho’omana) was stated as a fundamental conviction and tantamount to well-being” (Ka’apua, 2008). Key to this discussion is that Native Hawaiians view their church as a place of “spiritual piko” (umbilical connection to spirituality and family traditions) recognizing from their viewpoint that the church is a “safe haven” or “home” (Ka’opua, 2008.p.6). While there are many different spiritual perspectives from Buddhism to Judaism, to Catholicism to Agnosticism one can assume that spirituality does not necessarily mean there is a religious affiliation based on the spirituality of an individual.

Uch (2016) further explained that there may be confusion with spirituality and the study known as parapsychology, altered states of consciousness or spiritism. Spirituality has two dimensions depicting the vertical dimension that allows for the capacity for self-transcendence and the horizontal dimension of closeness to “contemporaries and nature” (Uch, 2016, p.5). Within the phenomenon of spirituality there are dimensions considered essential which include, “(a).Search for meaning and capacity for self-transcendence, (b). Bonding with a higher power, (c). Self-acceptance and self-development, (d). Positive social relationships, (e). Intense experience of beauty and sanctity of nature, (f). Mindfulness, meditation and other experiences" (Uch, 2016, p.5).

It was proposed that, "the nature of 'God' may take many forms and essentially is whatever an individual takes to be of highest value in his/her life" (Dyson, Cobb, & Forman, 1997, p 1183). We can view spirituality within the context of the program of Alcoholics Anonymous and the 'higher power' referred to within the program. This 'higher power' is based on the individual beliefs held by the participants who may or may not reflect a 'higher power' of their religious doctrine (A.A., 2016).

Religiosity is a broad and challenging concept to define. First there is the lack of certainty and precision of language as noted in the English language. As we explore the meaning we see colloquially, in Roget's Thesaurus (Lewis, 1978), religiosity is found to be one and the same with such terms as holiness, religiousness, faith, orthodoxy, belief, piousness, and devotion. These meanings reflect what studies of religiosity would term as scope of religiosity, rather than terms that correspond to religiosity. An additional reason for this intricacy is that, "current interest in the concept of religiosity crosses several academic disciplines, each approaching religiosity from different vantage points, and few consulting one another. For example, a theologian would address religiosity from the viewpoint of faith (Groome & Corso, 1999), while religious educators could focus on orthodoxy and belief. Psychologists might choose to address the dimensions of devotion, holiness, and piousness, whereas sociologists would consider the concept of religiosity to include church membership, church attendance, belief acceptance, doctrinal knowledge, and living the faith. This use of different terms across academic disciplines to identify what could be thought of as like dimensions of religiosity makes it difficult to discuss without an explicit definition from the viewpoint of religious education and the application of that knowledge to the lived experience"(Holdcroft, 1999, pp. 89 – 91).

An expansion of the literature indicates that religious involvement is positively related to improved health and longevity. Positive health outcomes have been correlated to religious involvement that include lower incidence of cardiovascular disease, hypertension, cancer, healthier immune systems, reduced hospital stays, and reduced risk of death. One explanation for these positive effects is that religion influences behaviors, which in turn affect health outcomes. Regular religious attendance has been shown to correlate with a broad range of health behaviors including preventive care use, vitamin use, exercise, never smoking or drinking, higher rates of physical activity, and seatbelt use (Homan & Boyatzis, 2010).

Culture, Hope and Health

This study focused on Native Hawaiian women who are diagnosed with breast cancer and the role of mana'olana/hope within their culture as relative to their journey with breast cancer**.** "All human behavior is culturally informed. Yet no other variable used in health research is so poorly define and untested as culture" (Dressler et al, 2005; Hruschka, 2009); (Singer et al., 2016, p, 1). Significant strides have been made in the last 15 years to develop "consensus on the use of race and ethnicity as variables in health research, but, no consensus exist across health-focused disciplines on what culture is and why it should be used in health research” (Singer et al., 2016, p. 2). Culture is most often “operationalized with superficial, simplistic, and crude measures such as dichotomous nominal variables based ostensibly on race (e.g. African American, non-Hispanic white, Japanese) or singular, stereotypical beliefs (sociocentric, fatalism or familismo) “(Singer et al., 2016, p. 2). Culture is then dropped from further analysis due to the findings being inconclusive or by contributing a negligible explanatory weight to the variance of health outcomes. Such practice then has missed the opportunity to see the implication of culture on health. The “ultimate goal of health behavior science is to translate this knowledge into effective interventions that would improve the well-being of all populations, locally and globally,” (Singer et al., 2016, p. 2). The “lack of attention to culture takes on heightened significance for the science of health behavior” (Singer et al., 2016, p. 2). The “mono-cultural lens” by which the social and behavioral fields interpret health outcomes offers researchers’ an opportunity to expand their view of culture. Singer et al., (2016) offers a consensus definition of culture, “The consensus definition of culture differentiates between what culture ‘is’ and what culture ‘does.’ What culture is: Culture is an internalized and shared schema or framework that is used by group (or subgroup) members as a refracted lens to ‘see’ reality, and in which both the individual and the collective experience the world. This framework is created by, exists in, and adapts to the cognitive, emotional and material resources and constraints of the group’s ecologic system to ensure the survival and well-being of its members, and to provide individual and communal meaning for and in life (Hartigan, 2010; Kagaway-Singer, 1993). This framework also shapes and is shaped by the forms and institutions developed by its members to structure their world (Bronfenbrenner,1994). What culture does: Culture is an essential pan-human process for survival and well being that enables us to interpret the worlds in which we live through beliefs, attitudes, practices, and spiritual and emotional explanations that we use to create norms of ways of being in social institutions that codify these norms. Together, these cultural tools enable group members to make sense of their world and to find meaning in and for life by providing a sense of safety and well-being, integrity, and belonging as a contributing member of one's social network" (Kagawa-Singer et al., 2010; Singer et al., 2016, p.6-7). Recognizing the lack of understanding of culture and the concurrence of scientists on the definition of culture this research will add to the body of literature on the cultural element of Native Hawaiian women and health and how mana'olana/hope may or may not have a role in their journey.

Hawaiian Culture, Hope, and Spirituality

The Hawaiian culture is family centered and unified with deference to all of the members who make up the family including those who are recognized as fictive kin known as *hoahanau* (Ka`opua et al., 2008). Therefore the collectivist relations are important to the Native Hawaiian way of life.

Spirituality is central to Hawaiian culture. Native Hawaiian women find that they are supported through their practice of religion and spirituality along with their family members (Mokuau & Braun, 2007). This is important to recognize for health practitioners as many Native Hawaiians fear the western modality of medical practice.

Pacific Islander and Asian women experience one of the lowest incidence and mortality rates among all of the U.S. 50 states (ACS, 2015). However, within the state of Hawai'i the leading cause of death for women is cancer of the breast, lung and uterine ('Imi Hale' Native Hawaiian Cancer Fact Sheet, 2010). From a cultural perspective it is thought by many that a cancer diagnosis will automatically be a terminal diagnosis which may partially explain why Native Hawaiian women are diagnosed with breast cancer in the later stages and have a higher mortality rate than other ethnic groups living in Hawai'i ('Imi Hale, 2010). The authors further suggest that there may be a cultural conflict in the lack of utilization of conventional health services (Ka`opua et al., 2008). With the strong sense of spirituality expressed among the Native Hawaiian population there is a theme known as *kakou* (meaning us) that is indicative of the Native Hawaiian way of coping, which is oriented to the family collectively and to the entire families well-being (Ka`opua, Mitschke, & Kloezeman, 2008). Therefore the impact of a diagnosis of breast cancer does not occur in isolation with the woman who has received the diagnosis but rather to the entire family affecting all of their well-being (Ka`opua, Mitschke, & Kloezeman, 2008). In the Native Hawaiian culture health is defined as *ola pono,* which is an optimal state of wellness that occurs when there is harmony in three primary interrelated life domains referred to as the *lokahi* (harmony) triangle. The *lokahi* is comprised of: a) the physical world, b) human relations emphasizing unity in the family collective of blood-related ('*ohana)* and fictive kin *(hoahanau),* and *c*) spirituality emphasizing accord with God *(Ke Akua),* ancestral spirits *(na'aumakua)* or other forms of life that are held sacred (Blaisdell, 1989). In addition there is a mutuality in all relationships that guides the behavior of care giving and resource stewardship known as *pono* (moral of mutuality in all relationships). The failure to do or be pono (i.e. take moral action) at any one point of this triangle may be the cause of a physical ailment (Ka`opua, Mitschke, & Kloezeman, 2008).

This idea may also lead Native Hawaiian women to nondisclosure of their disease if they are concerned that others may think they have failed to do *pono, meaning to take moral action*. One means of coping through spirituality and religious traditions is exemplified in service to others that is relative to the *lokahi* triangle which may be more unique to the Native Hawaiian culture than other ethnic groups (Ka`opua, Mitschke, & Kloezeman, 2008). In this practice it is through serving others that one finds meaning. Native Hawaiians also practice what is known as *ho`oponopono*, which as a spiritually grounded family discussion that traditionally takes place prior to medical treatments. This *ho`oponopono* will include, (a) family prayer, (b) procedures for pooling the family's spiritual and emotional strengths, (c) assignment of individual responsibility with the family collective, and (d) discernment of the meaning of illness to each family member, as well as to the collective (Blaisdell, 1989). These practices may be in conflict with Western allopathic medicine practitioners' focus on the biomedicially-oriented practice of care that approaches disease as a series of observable physical and biomedical processes which one can observe in physical symptoms, and provides minimal attention to the spiritual and relational elements of the disease (Ka`opua, Mitschke, & Kloezeman, 2008). Biomedically-oriented practice of care is practiced within the biomedical model and defined as**: "**1. a conceptual model of illness that excludes psychological and social factors and includes only biologic factors in an attempt to understand a person's medical illness or disorder" (Stedmans, 2006, p. 2). Researchers in the area of Hawaiian health suggest that the role of spirituality and the collectivist relations are important considerations in the provision of care in contemporary society (Ka`opua, Mitschke, & Kloezeman, 2008).

Mana'olana in the Hawaiian Culture

Mana'olana is the Hawaiian word for hope or expectation (Wight & Racoma, 2005). In the intervention entitled, Ka Lei Mana'olana (KLM) which is Hawaiian for "The Lei of Hope" Ka'opua, Soon, Ward, & Braun (2011) researched the "feasibility of delivering a church-based, breast cancer screening intervention tailored on the cultural strengths of rural dwelling Hawaiians" (p. 3). The author emphasized the roles spirituality and religion hold within the lives of Native Hawaiians. Mana'olana is central to the spirituality of the Native Hawaiian people (Ka'opua et al., 2011). Native Hawaiian families approach the diagnosis of a disease in one of their family members in a collective manner, which is based on the spiritual discussion known as *ho`oponopono* and includes: (a) family prayer, (b) procedures for pooling the family's spiritual and emotional strengths, (c) assignment of individual responsibility with the family collective, and (d) discernment of the meaning of illness to each family member, as well as to the collective (Blaisdell, 1989). Within the Native Hawaiian culture it is important to approach and recognize the "*kakou* (us, we, the collective), *Kuleana* (responsibility) and *aloha kekahi I kekahi* (loving each other)" (Ka'opua, 2008; Ka'opua et al., 2008, p. 278).

Hope, Emotion Regulation, and Coping Strategies

Clinicians have praised the benefits of working through emotions attendant on stressful or traumatic experiences (e.g., Horwitz, 1976; Kubler-Ross, 1969; Stanton et al., 2000). Patients who experience a diagnosis of cancer will often face a variety of emotions and feelings of disbelief and uncertainty. A number of patients report a significant interruption of their psychosocial well-being (Peh et al., 2016). Peh et al. (2016) noted that while there are studies that have examined the protective psychological factors such as hope and emotion regulation (ER) the researchers studied how hope and ER may relate to the psychosocial outcomes of patients newly diagnosed with cancer. ER strategies such as cognitive reappraisal and expressive suppression have been most extensively studied. "Reappraisal is a cognitive antecedent-focused strategy that occurs before emotion is fully elicited while suppression is a behavioral response-focused strategy that occurs after emotion is elicited" (Peh et al., 2016, p. 1956). Reappraisal is when the individual changes the way he or she thinks about an emotion eliciting situation thereby changing the emotional impact of the situation. This strategy has resulted in improved psychosocial outcomes while suppression has resulted in worse psychosocial outcomes (Peh et al., 2016). The authors suggest that while there are no investigations on the role of reappraisal on well-being in patients with cancer, "few have investigated the role of suppression and similar coping constructs have been examined and have yielded similar findings" (Peh et al., 2016, p. 1956). Hope which is defined as a trait-like and "a positive motivational state that is based on interactively derived sense of successful (a) agency (goal-directed energy) and (b) pathways (planning to meet goals). "Hope theory views emotion as driven by specific and historical goal outcomes influencing and/or informing hopeful thinking through feedback processes during goal pursuit" (Peh et al., 2016, p. 1956). Based upon this frame of thinking the authors suggested that, "goal-directed cognitions such as hopeful thinking may provide insight into possible pathways leading to adaptive reappraisal based on regulatory goals" (Peh et al., 2016, p. 1956). Consistent with predictions, Peh et al. found that hope and reappraisal were positively related to life satisfaction and negatively related to negative affectivity. Higher levels of hope and reappraisal were associated with greater well-being in individuals, which indicates the potential for further research in these areas of hope and ER within the area of cancer diagnosis and treatment. Hopeful thinking and reappraisal as a strategy may provide protective psychological components that may be beneficial to the individual diagnosed with cancer, particularly within the context of a new diagnosis (Peh, et al, 2016).

Smart-Richman et al. (2005) examined the relationship between positive emotions and health and found that higher levels of hope were associated with reduced likelihood of having or developing a disease. The authors examined whether or not the two positive emotions of hope and curiosity in individuals were related to outcome in diagnoses of hypertension, diabetes mellitus, or a respiratory tract infection. The data were reviewed over a 2-year period from 1,041 patient records. Hope in individuals diagnosed with cancer has been found to negatively correlate with anxiety and depression (Rajandram, Ho, Samman, Chan, McGrath, & Zwahlen, 2011).

Hope is defined as a positive motivational state that comprises two components which are the agency and pathway components. The motivational component of hope is used to be able to initiate and sustain the process toward achieving a goal which is the agency component. The perceived ability in finding the successful paths to the goal are what we refer to as the pathways component (Rajandram, Ho, Samman, Chan, McGrath, & Zwahlen, 2011). It is a state of positive expectation despite real world evidence to the contrary; the hopeful individual perceives a sense of well-being, competence, and meaning in life (Miller, 1986). Individuals who are hopeful tend to have more positive attitudes along with the belief that they can attain their goals while having greater self-esteem (Brouwer et al., 2008). Researchers have found that individuals who are high in hope are able to be more effective in producing alternative routes (pathways) to their goals while enjoying a better sense of confidence. Those individuals who are high in hope will be more determined in the pursuit of their goals while sensing more positive active-feelings about pursuing future goals (Rand & Cheavens, 2009). The people who have low levels of hope will experience more negative and passive feelings about future goals. These individuals do not have the level of determination that high hope individuals experience (Snyder, 2006).

People who are hopeful tend to have better coping skills, are flexible, and more competent overall (Roesche & Vaughn, 2006). Hope is one of many factors that may be explored in women with breast cancer. However, it is important to recognize what Seligman and Csikszentmihalyi (2000) have suggested regarding positive psychology and how this encompasses an individual's hope for the future. For a woman with breast cancer this can mean looking at what is within her life other than the diagnosis of breast cancer. The woman is not the disease and the focus may be to bring her to the realization of the love she has within her life, the courage she has demonstrated with perseverance, and the ability she has to embrace the many other aspects of her life while being optimistic about the future and hopeful for what is yet to come. All of these may be in spite of the initial reaction to the trauma of a diagnosis that may be life limiting which may involve reactions of shock, panic and possibly despair. With time the ability to recognize that one is not defined by the disease may help the woman to emerge from the diagnosis and embrace more fully who they are beyond the diagnosis.

Hope and Cancer Centers

Cancer centers mainly practice within the allopathic tradition of medicine which is focused on treating the disease which is biomedically focused though change is beginning to take place. The biomedical orientation tends to center on disease as something that is observed from both a physical and biomedical processes perspective. It provides nominal attention to the spiritual and relational aspects of disease (Bannerman, Burton, & Ch'en, 1983). "The biomedical model of health care, or modern Western medicine, emphasizes a reductionistic approach that focuses on the physical and objective basis of disease. With the help of groundbreaking medical research and life-saving surgical procedures, modern Western medicine has been successful in treating the right-hand side of the spectrum. Its inadequacy, however, lies in how it tends to the left-hand side of the spectrum – the maintenance of health and promotion of wellness – seen in part by the tremendous number of patients who have turned to alternative methods because of dissatisfaction with current care." (Hui, 2015, para. 2). As a result of this more narrowly focused approach to healing and breast cancer through conventional western medicine, there is the opportunity for new healing modalities to be introduced within the area of cancer treatment. It is a form of eastern medicine working with western medicine in an attempt to provide the best medicine one can offer to a woman diagnosed with breast cancer. This approach would be inclusive of western medicine (Allopathic), alternative and complementary medicine (CAM) and integrative medicine (IM). Traditionally, CAM is looked at as the use of nonwestern medicine modalities such as acupressure, acupuncture, nutritional supplementation, and Chinese medicine. CAM is the use of other healing modalities rather than using western medicine (Allopathic) (National Center for Complementary and Alternative Medicine, 2015). NCCAM (2015) further differentiates CAM from IM by stating that, "Many Americans—more than 30 percent of adults and about 12 percent of children—use health care approaches developed outside of mainstream Western, or conventional, medicine. When describing these approaches, people often use "alternative" and "complementary" interchangeably, but the two terms refer to different concepts: (a) If a non-mainstream practice is used together with conventional medicine, it’s considered “complementary”, (b)) If a non-mainstream practice is used in place of conventional medicine, it’s considered “alternative” (NCCAM, 2015, para 4). Integrative medicine as discussed by NCCAM (2015) is a means by which conventional and complementary approaches are brought together in a coordinated way.

Additionally, IM is defined as “the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing” (Academic Consortium for Integrative Medicine & Health, 2015). What is different between CAM and IM is that IM looks to integrate using all modalities and focuses more on which will be the most effective in healing the patient so therefore the western medicine (Allopathic) is included within this modality. For example, “an integrative medicine practitioner is often a doctor with a Doctor of Medicine (MD) degree, Doctor of Osteopathic Medicine (DO) degree, or Doctor of Naturopathic Medicine (ND) degree, or nurse practitioner who emphasizes a whole-person approach and patient-centered care, and utilizes both conventional medicine and nonconventional medicine to optimize the patient’s health and healing process” (Wang, 2011).

Spirituality Based Resources (SBR)

Researchers established that Native Hawaiian women with breast cancer found that religion and spirituality were important sources of support, not only for the survivors but for their family members, to help them cope with individual emotions, trials and responsibilities (Mokuau & Braun, 2007). Spiritually based resources (SBR) are the core beliefs, values, and practices that are based in a holy and sacred foundation that is represented as God, a Higher Power, or however the individual envisions the divine being" (Pergament, 1997). The findings that SBR have the ability to help one cope have furthered the research on the use of religion as a stress mediator. Based on this perspective, coping and religiosity are both meaning centered processes that involve looking for purpose and significance in life events (Pergament, 1997). Within the native Hawaiian culture SBR is used. Consideration of SBR is important as we develop health interventions for Native Hawaiians, as their tradition of health is very holistic and spiritual (Ka'opua et al., 2010). The "integrative nature of Hawaiian health practices is reflected in the ho`oponopono, or spiritually grounded family discussion traditionally conducted prior to medicinal treatments. For example, ho`oponopono includes: (a) family prayer, (b) procedures for pooling the family's spiritual and emotional strengths, (c) assignment of individual responsibility within the family collective, and (d) discernment of the meaning of illness to each family member, as well as to the collective" (Ka`opua et al., 2010, p. 278). Hawaiian churches are historically comprised of churches that were started by the Calvinist missionaries in the 19th century. These Calvinist churches are now a part of the Association of Hawaiian Evangelical Churches (AHEC; Ka`opua et al., 2010).

Quality of Life

Quality of life (QOL) is a “model of quality of life proposed that integrates objective and subjective indicators, a broad range of life domains, and individual values” (Felce & Perry 1995, p. 51). QOL has both short term and long-term aspects. There is a large body of research on QOL that includes studies of the emotional, physical, spiritual, and psychological well-being of women who have experienced a diagnosis of cancer (Carver, Smith, Petronis, & Antoni, 2006). There is evidence that “psychosocial variables play a major role in predicting emotional aspects of long-term QOL, just as they do in the shorter term.” (Carver, Smith, Petronis, & Antoni, 2006, p. 750). The women with cancer who had lower social support and personal resources experienced greater distress than those women who had greater personal resources and social support (Carver et al., 2006). However, disease and demographic variables played a very little role and the medical variables played no role in predicting the emotional aspects of long-term QOL (Carver et al., 2006).

“Health related quality of life is now considered an important endpoint in cancer clinical trials” (Pareskevi, 2012, p. 7). Assessing the quality of life in cancer patients could contribute to improved treatment by informing health practitioners so that they can include this information on QOL in how they design the treatment care plan (Montazeri, 2008). Studying quality of life can further indicate the directions needed for more efficient treatment of cancer patients. Among the quality of life studies among cancer patients, breast cancer has received the most attention. This may be due to the fact that, the number of women with breast cancer is increasing or the lobbying for this area of research is significant. However, early detection and treatment of breast cancer have improved and survivors now live longer. Therefore studying quality of life is critically important particularly with Native Hawaiian women diagnosed with breast cancer. Reviewing SBR, hope, and QOL within the Native Hawaiian culture is important as Native Hawaiian women are diagnosed in later stages and have a higher mortality rate (Ka'opua et al., 2010)).

To reiterate, Native Hawaiian women are hesitant to use Western health services that includes treatment related to cancer prevention and control. This cultural view may contribute to the conflict of thought between the Hawaiian cultural view and the traditional allopathic view of health (Blaisdell, 1989). The Hawaiian cultural view of health is inclusive of the concepts of physical, spiritual and relational harmony known as the "lokahi triad", which is not included within the practice of allopathic medicine therefore adding to their skepticism of western medicine (Ka'opua, 2008, p. 7). Skepticism exists in the Native Hawaiian culture due to "cultural dissonance" and the failure of allopathic health practices being capable of demonstrating an adequate understanding of the cultural norms and barriers involved in the enactment of behavioral changes. As a result, many of these well intentioned efforts to promote health and wellness have been perceived by the Native Hawaiian community as being a "cultural imposition" resulting in resentment from the community (Ka'opua, 2008, p. 4) Breast cancer affects a woman's identity and for women who have had a surgery, radiation and chemotherapy this is vitally important (Montazeri, 2008). Additionally, it is important to recognize that breast cancer does not happen in isolation but with family members, friends, and co-workers who are also impacted by their relationship to the woman diagnosed with breast cancer. Women are vital members of society who play important roles as mothers, wives, sisters, and daughters within the family. Women are the emotional pulse of the family and whatever impacts upon them will have an emotional impact upon the family as well (Montazeri, 2008).

In a study of breast cancer survivors (Yoo, Aviv, Levine, Ewing, & Au, 2010) looking back at their experiences when first diagnosed with cancer, self-disclosing of the illness was done at a time that an important decision was about to be made regarding the treatment needed. There is the additional burden that the individual diagnosed may feel when family members are told and how they may feel they need to help manage others' worry in addition to protecting and soothing others while educating and instructing them (Yoo et al., 2010). This may be further complicated in the Native Hawaiian culture as the family is included within the process of decision-making which may force disclosure earlier than the woman is prepared emotionally to do (Mokuau & Braun, 2007).

Within the field of psychosocial oncology research the researchers have indicated that the spiritual connection, Hawaiian customs and family support are central to sustaining the Native Hawaiian cancer survivors and therefore indicated in being an essential part of the care plan for Native Hawaiian women. (Look & Braun, 1995). When we look at the area of *pono* within the Native Hawaiian culture, this may be implicated within the nondisclosure and resistance to seeking earlier medical care as there is concern that they will be looked upon as not having done their moral responsibility (Ka'opua et al., 2008). In the case of this study the area of pono was not implicated.

Methodology

The last area reviewed is that of qualitative research methodology with a focus on phenomenological research. Phenomenological research is used to explore a phenomenon or concept. The phenomenological method is used to explain the "meaning of the lived experiences for several individuals about a concept or the phenomenon" (Creswell, 1998, p. 51). Phenomenological research enables researchers to have a glimpse inside the reality of the lived experience and have a better understanding of the phenomenon being studied.

In this particular phenomenological study I have explored the lived breast cancer experience of Native Hawaiian women and the phenomenon of mana'olana/hope. The interviews were reviewed for emergent themes related to the use of hope as a coping mechanism. How SBR supported hope as a coping mechanism and where participants found other sources which promoted hope and greater QOL will be discussed in greater detail within the interviews. The results of this qualitative study have added to the research that is relevant to hope as a coping mechanism and phenomenon for Native Hawaiian women diagnosed with breast cancer.

Summary

In Chapter 2 I have reviewed for the reader the theoretical framework of positive psychology. I have discussed what hope is and how it may be relevant to women diagnosed with breast cancer. A review of the Hawaiian Culture and the important customs and rituals was studied noting how these cultural norms may impact upon a woman diagnosed with breast cancer. The role of cancer centers and how they promote hope was examined further. A discussion of Integrative Medicine (IM) and Complementary and Alternative Medicine (CAM) further defined what these terms mean and how this form of medicine is practiced. Spiritually Based Resources (SBR) were reviewed and a discussion of how this may be relevant to Native Hawaiian women followed drawing on the research of various authors. Quality of Life was analyzed through the writings of several authors asking how this may have a role in the life of women diagnosed with breast cancer both within the course of their treatment and as survivors of breast cancer. The chapter ended with a discussion of the methodology of phenomenology and how this choice of design was appropriate for this selected study. Montazeri (2008) encouraged researchers to conduct more studies in these areas. As more research is conducted in this area it is becoming more evident that a positive outlook is an important factor that contributes to the overall disease outcome.

In Chapter 3 I have described the methodology that was used in this study to understand further the setting, sample, data collection procedure, data analysis, and ethical considerations.

Chapter 3: Research Method

In this chapter, I outline the methodology used in this study including the research question, setting and sample, sample size, instrumentation and materials, data collection and analysis, and ethical considerations. The purpose of this phenomenological study was to study the lived experience of mana’olana/hope in Native Hawaiian women who have been diagnosed with breast cancer.

Research Question

The research question for the purpose of this study was as follows: What is the lived experience of mana’olana/hope in Native Hawaiian women diagnosed with breast cancer?

1. How do Native Hawaiian women diagnosed with breast cancer perceive mana’olana/hope?
2. Where do Native Hawaiian women believe that mana’olana/hope has been promoted in their journey with breast cancer?
3. Why is the lived experience of mana’olana/hope in Native Hawaiian women who have been diagnosed with breast cancer important to them in their journey?

Research Design and Rationale

A qualitative method was used to complete this study. A qualitative researcher incorporates a holistic view and provides detailed views of the participants (Creswell, 1998). The phenomenological tradition is a method that addresses the lived experience of the individual with respect to a phenomenon or concept (Creswell, 1998). Phenomenology is based on the idea that people will differ in their perception and understanding of how situations present themselves within their circumstances and consciousness (Groenewald, 2004). When using the phenomenological approach, the researcher is searching for the meaning of the experience through the perception of the individuals who have experienced the phenomenon (Creswell, 1998). In the current study, the Native Hawaiian women's lived experience of mana'olana/hope in their experience of breast cancer was analyzed for themes.

The phenomenological design was used to allow the participants to give their personal narrative of their lived experience with mana'olana/hope during breast cancer. As Creswell (1998) noted, the phenomenological method is used to describe the "meaning of the lived experience for several individuals about a concept or the phenomenon" (p. 51). An in-depth interview was used to ask the same set of questions to each of the participants to maintain as much consistency as possible. The other qualitative design I looked at was ethnography, which is the examination of a culture. However, the purpose of this study was not to focus on the culture in a holistic view but rather to understand the Native Hawaiian women's experience of mana'olana in their breast cancer journey and what helped them to experience hope in their journey (see Creswell, 1998). Other qualitative designs such as narrative, case study, and grounded theory were considered. Although each offered opportunities, they were not consistent with the purpose of the study, which was understanding the experience of hope in Native Hawaiian women coping with breast cancer.

Role of the Researcher

A significant element of phenomenological research is the role of the researcher. The researcher is central in that he or she is the instrument to collect, interpret, and analyze the data (Merriam, 2001). The researcher guides the tone of voice when asking questions can influence the participant's responses (Leedy & Ormrod, 2005). It is important for the researcher to consider why he or she is conducting the study and what personal interest he or she has in the study. My primary interest in this study was that my sister, who was a medical practitioner, died of breast cancer in 2003. In addition, I have been an executive director of a hospice and a medical student in a surgery rotation where there were many breast cancer patients. As a medical student in surgery, I saw patients weekly for their postsurgical follow-up appointments at the breast cancer clinic. I felt a personal social responsibility to investigate other means to help women diagnosed with breast cancer fight this disease. According to Patton (2015), researchers who are conducting a qualitative study include their personal interest, personal perspective, and training. My background in medicine and in hospice may have biased my perspective. I may have thought that hope would be beneficial and there may have been a participant who did not agree. I had to be mindful to not interject my personal views during the interviews.

Methodology

Participation Selection Logic

The population was sampled through a health center on the island of Hawai’i and the Pacific Islander Health Partnership (PIHP) in Southern California and consisted of Native Hawaiian women who had been diagnosed with breast cancer in the last 10 years. The doctors at the health center in the state of Hawai’i provided me with a signed letter of cooperation giving me permission to conduct this study at their center (Appendix A). The PIHP also provided me with a signed letter of cooperation giving me permission to conduct this study at their center (Appendix B). The first three participants were recruited through a flyer posted at the health center on Hawai’i, which included a set of screening questions for potential participants to answer (Appendix C). The last two participants were recruited through the PIHP and were invited at a cancer support meeting to participate. To be eligible for this study the participant needed to (a) have had a breast cancer diagnosis during the past 10 years, (b) be at any point in the continuum of care, (c) be able to speak and write English, (d) be 18 years of age or older, and (e) be Native Hawaiian. Prior to the interviews, I reviewed the consent form that indicated the study purpose and design, and I offered participants time to ask any questions they may have had so they would be fully informed. I asked each participant if she had any concerns or questions and whether she wished to participate. If she wished to participate, she was asked to sign the informed consent. I also asked participants to answer a set of demographic questions (Appendix D). A qualitative interview was conducted using the same interview questions (Appendix E) for each participant to answer. The interviews were held by phone and at the offices of the PIHP. Each interview lasted 23 to 76 minutes. Interviews were conducted in English and were recorded. The open-ended questions were designed by me to understand the role of mana'olana/hope in helping women to cope with the diagnosis, treatment, and survivorship of breast cancer. The audiotapes were transcribed by me. Lists of therapists were provided to any participant who felt emotionally distraught as a result of the interview (Appendix G).

Interview Questions

1. How do you define mana'olana in your own life experience?
2. Can you share with me anything you have specifically done since you were diagnosed with breast cancer to help you cope?
3. Do you practice any type of spirituality or have a religious affliation? Can you tell me more about this?
4. Do you feel the prayers of others for you, or other spirituazl types of support have helped you? If so, how?
5. How do you believe mana'olana has helped you in your journey with a cancer diagnosis?
6. Has your cancer treatment program promoted mana'olana while treating you? If so, how?
7. Have your family and/or friends promoted mana'olana? If so, how?
8. Has spirituality promoted mana'olana? If so, how?

9. Has anything within your lifestyle and environment promoted mana'olana?

Instrumentation

I collected the data using in-depth qualitative interviews based on the interview questions designed for this study. Each interview was digitally recorded as I interviewed each of the participants.

Sample Size

For this phenomenological study, I recruited five Native Hawaiian women who had received a breast cancer diagnosis within the last 10 years. Saturation was reached by the fifth interview. The intended sample of 15 was initially selected based on Smith and Osborn's (2003) suggestion that:

> There is no right answer to the question of sample size. Phenomenological studies have been published with samples of one, four, nine and fifteen. As a rough guide, we suggest five or six as a reasonable sample size…this provides enough cases to examine similarities and differences between participants but not so many that one is in danger of being overwhelmed by the amount of data generated (p. 54).

Data Analysis

The interview guide consisted of nine questions. Each question was related to the perception of how the women have coped in their journey with cancer and how mana'olana/hope may or may not have been a part of this process. I used NVivo qualitative data analysis software to organize and interpret the data collected from the participants in the study (see Hayes, Tesar, & Zuraw, 2003). NVivo is a qualitative research software program that is designed to identify patterns in the data (Leedy & Ormrod, 2005). The data were categorized based on the similarity of responses and were coded within this framework to identify recurring themes and relationships in the participants’ responses.

I analyzed the data based on Creswell’s (2009 guidelines using the following recommendations:

1. Identify statements that relate to the topic. The researcher separates relevant from irrelevant information in the interview and then breaks the relevant information into small segments (e.g., phrases or sentences) that each reflect a single, specific thought.
2. Group statements into “meaning units” (Leedy & Ormrod, 2001, p. 154). The researcher groups the segments into categories that reflect the various aspects (meanings) of the phenomenon as it is experienced (Leedy & Ormrod, 2001).
3. Seek divergent perspectives. The researcher examines and considers the various ways in which different people experience the phenomenon.
4. Construct a composite. The researcher uses the various meanings identified to develop an overall description of the phenomenon as people typically experience it (Leedy & Ormrod, 2001).

I reviewed the participant’s responses and determined whether the women used mana’olana/hope as a coping mechanism and where and how the woman perceived this mana’olana/hope was fostered. The type of saturation that I looked for was when it became evident after learning much from the interviews and patterns that emerged that there was really nothing new (Bertaux, 1981).

Issues of Trustworthiness

Validity is the degree to which we have confidence in the exactness of our conclusions. The steps to ensure the validity of a study that is phenomenological included the participants' agreement of the accuracy and truthfulness of interpretation in the participant's responses. This was accomplished within the interview process by the researcher who clarified with the participant if there were words or statements that seemed unclear when first stated, or later if asked by the participant to clarify. I examined alternative meanings and avoided preconceived assumptions as much as possible by being aware of potential sources of bias. The interviews were coded into a hierarchical set of nodes based on the interview questions. The reliability in a qualitative study is that which refers to the repeatability of the interpretation of the data, meaning that if another researcher were to perform the same study there would be generally the same realm of responses gathered (Davies & Hughes, 2014. The validity and reliability is based upon trusted phenomenologists such as Creswell (1998) and others who have provided guidelines that were strictly adhered to. At the conclusion of each interview with a participant I read back the interview notes to be sure there was accuracy in them and allowed them to correct these at this time. Leedy and Ormrod (2005) note that there are nine criteria to be used to evaluate a qualitative study which are; (a) usefulness, (b) consensus, (c) persuasiveness, (d) coherence, (e) completeness, (f) open-mindedness, (g) rigor, (h) explicitness of assumptions and biases, and (i) purposefulness of which all of these were taken into account for this study.

Leedy and Ormrod (2001) observed the following about phenomenological research interviews, “The researcher listens closely as participants describe their everyday experiences related to the phenomenon and must be alert for subtle yet meaningful cues in participants’ expressions, questions, and occasional sidetracks. A typical interview looks more like an informal conversation, with the participant doing most of the talking and the researcher doing most of the listening” (p. 153).

Ethical Procedures

The ethical considerations were reviewed here and again within the IRB process. The Walden University IRB was petitioned to approve this research study. The IRB number for this study is 02-15-17-0040002. In addition, I have participated in the National Institutes of Health (NIH) web-based training course, “Protecting Human Research Participants”, in order to understand my ethical responsibility toward protecting the individuals who participated in my study (see Appendix F).

To ensure the ethical protection of the individuals who participated in this study the informed consent was reviewed and explained highlighting the importance of confidentiality. I answered any and all questions that the individual asked prior to the signing of the informed consent. In our initial meeting I discussed with each participant the purpose of this research study, the length of time expected for their interview and the right for them to stop participating at any time in the course of the study.

The data has been stored in a locked box in my office at home. Any data on the computer I use has been password protected before being downloaded. During and after the study was concluded the downloaded data was stored and will continue to be stored in a locked box for 5 years. In the event there are emotional disturbances as a reaction to this study a list of therapists was provided to the participant to seek counseling (See Appendix G).

Summary

As with any study the goal of the researcher is to collect data that will provide a glimpse into the research questions. Once the datum was analyzed the answers to the research question in this study have provided for a greater understanding of the research problem and have offered scientists the opportunity to conduct further research. The procedure of data collection is important as this determines the quality of the data collected and whether it is representative of the population as a whole (Calumet, 2013). In Chapter 3 I have summarized the methodology that was used in this study including the research questions, setting and sample, sample size, instrumentation and materials, data collection and analysis, and ethical considerations. In Chapter 4 the data analyses and results will be presented.

Chapter 4: Results

The purpose of this study was to more fully understand the lived experience of Native Hawaiian women diagnosed with breast cancer in relation to mana’olana/hope. The findings that emerged from the data collection and analysis are presented in this chapter. I describe the setting, demographics, data collection, data analysis, evidence of trustworthiness, and results. I conclude with a summary.

A phenomenological method of inquiry was used to understand the lived experience of five women who had experienced a diagnosis of breast cancer. These women participated in interviews lasting 23 to 76 minutes and answered specific open-ended interview questions (Appendix E). The women who participated in these interviews were very open and engaged in discussing their journey with breast cancer. One of the participants experienced a sense of joy as she cried tears. She told me that these were tears of joy in being able to share her story. It was important to her that she was heard. Another participant indicated that as she shared her journey with breast cancer with me, it filled her with hope for what is coming. She sensed purpose and meaning in her life in a way that she said was wonderful. Four of the participants commented that sharing their journey with breast cancer had been very meaningful to them and had in some way renewed their sense of hope. This may have been in part due to their being able to verbalize what they had experienced in their journey and how hope had been vital to their living through this life experience. I was humbled to be invited to share this glimpse into each of their journeys with breast cancer.

The research question for the purpose of this study was as follows: What is the lived experience of mana’olana/hope in Native Hawaiian women diagnosed with breast cancer?

1. How do Native Hawaiian women diagnosed with breast cancer perceive mana’olana/hope?
2. Where do Native Hawaiian women believe that mana’olana/hope has been promoted in their journey with breast cancer?
3. Why is the lived experience of mana’olana/hope in Native Hawaiian women who have been diagnosed with breast cancer important to them in their journey?

Setting

Data for this study were collected in cooperation with the Eyeland EyeDoc Center in Hawai’i’ and the Pacific Islander Health Partnership (PIHP) in Santa Ana, California. Telephone interviews were conducted with three participants recruited through the Eyeland EyeDoc Center in Hawai’i. Face-to-face interviews were held with two participants at the office of the Pacific Islander Health Partnership in Santa Ana, California. The interviews lasted 23 to 76 minutes.

The first three participants were recruited through the Eyeland EyeDoc Center where the doctors posted the flyer I had prepared. Doctors also spoke at a local cancer support group where participants who were interested in the study could sign up so that I could follow-up with a phone call. In all three cases the women chose to be interviewed by telephone rather than face-to-face. The Pacific Islander Health Partnership (PIHP) became a cooperative partner when I called to extend an invitation to any of the Native Hawaiian women who may have wanted to participate in my study. I received an email from the director who had visited with the women who wished to participate. I then scheduled a time with the director to fly out to California to meet with and interview each of these women in person. Moustakas (1994) encouraged researchers to provide a comfortable setting for participants. In the telephone interviews, each participant was in her home setting. For the in-person interviews located at the PIHP office, staff provided refreshments and a private room that was nicely decorated that offered a relaxing and comfortable environment for the participants.

Demographics

The main demographic of the participants in this study was that of being a Native Hawaiian woman. The inclusion criteria were Native Hawaiian woman diagnosed with breast cancer in the last 10 years, English speaking, and 18 years of age and older. The exclusion criteria were women who were not Native Hawaiian woman diagnosed with breast cancer in the last 10 years, were under age 18 and, did not speak English.

Characteristics Relevant to the Study

The five participants were women from 47 to 74 years of age (*M* = 62). Each participant met the inclusion criteria, which were Native Hawaiian woman diagnosed with breast cancer in the last 10 years, English speaking, and 18 years of age and older.

The exclusion criteria were women who were not Native Hawaiian woman diagnosed with breast cancer in the last 10 years, under age 18 and, did not speak English.

Table 1

Demographics of Participants

Participant	gender	english speaking	siblings	religious affiliation/ name of affiliation
B1001	F	Y	5	Yes, Baptist
B2002	F	Y	6	Yes, Catholic
B3003	F	Y	5	Yes, Catholic
B4004	F	Y	10	Yes, Mormon
B5005	F	Y	2	Yes, Catholic

Mean Age 62 (Age range from 47 to 74 years)

Data Collection

The interviews were arranged though phone calls. The first participant wanted to complete the interview immediately, which I accommodated. The second and third indicated a convenient time to be interviewed, and I called each of them at these set times. The face-to face interviews were arranged by the director of the Pacific Islander Health Partnership and were set for one specific afternoon. I flew to California to interview each of these women at the Pacific Islander Health Partnership office in Santa Ana, California.

Each interview began with the reviewing and signing of the consent form. In the cases of the individuals who participated by phone conference, their verbal consent was recorded to indicate they agreed to participate in the study as indicated in the IRB documents. Next, the demographic information was collected from each participant. This information included participants’ birth date, self-identified gender, city of birth, English speaking status, siblings, number of siblings, religious affiliation, and name of religious affiliation. I recorded each of the five interviews digitally, which lasted between 23 and 76 minutes. The length of each interview varied by the amount of information the participant wished to share along with the details of events they felt were important to convey to me. During the interviews, I took notes and asked questions as needed to make sure I understood what they were saying.

Locations and Durations

The interviews were conducted either by phone face-to-face and lasted between 23 and 76. The average length was 42 minutes. Three of the interviews were by phone conference and two were face-to-face. The interviews were conducted from March 2017 through July 2017. The locations and durations of the interviews are shown in Table 2. Each participant had a single interview.

Table 2

Location and Description of Interviews

Participant	Date of	Location	Duration of Interview
B1001	03/30/17	Phone	41.50
B2002	04/07/17	Phone	1:16:.05
B3003	04//24/17	Phone	23.57
B4004	07/13/17	In-person	29:34
B5005	07/13/17	In-person	37:43

Variations From the Proposal

The final study did have one variation from the proposal. The addition of one more cooperative partner, the Pacific Islander Health Partnership (PIHP), was approved by the IRB after the initial three interviews. Because there were no additional women who wished to participate through The EyeDoc Eyeland Clinic on Hawai'i, it was necessary to find an additional cooperative partner. I was introduced to the PIHP as an option and proceeded to send a letter to the director. She requested the abstract of my study and agreed to visit with the women who met the criteria of my study to invite them to participate. As a result, I interviewed two additional women who met the inclusion criteria. It was evident after my fifth interview that I had no new information and had reached saturation. All of the interviews were recorded and stored in a locked safe in either my home or in the hotel safe in my hotel room. As noted in Chapter 3, the type of saturation I looked for was when it became evident that after studying the data there was nothing new emerging (see Bertaux, 1981). There were no unusual circumstances observed or noted.

Data Analysis

After the participants confirmed the accuracy of their individual transcripts according to my reading, I proceeded to digitally transfer the information into case nodes in NVivo11. As I listened multiple times to the recordings and reread the transcripts, I coded the data into a hierarchical set of nodes based on the interview questions. The process of transcribing and coding was tracked in NVivo11. I also tracked new themes in my notebook. The responses included information that was outside the scope of my research questions, including alternative treatments that promoted hope, nursing and medical staff experience at the cancer center, the role of spirituality in their lives, and other information. Each of these new pieces of data became a free node. I analyzed the data based on Creswell's (date) guidelines using the following recommendations:

1. Identify statements that relate to the topic. The researcher separates relevant from irrelevant information in the interview and then breaks the relevant information into small segments (e.g., phrases or sentences) that each reflect a single, specific thought.
2. Group statements into "meaning units." (Leedy & Ormrod, 2001, p. 154). The researcher groups the segments into categories that reflect the various

aspects ("meanings") of the phenomenon as it is experienced (Leedy & Ormrod, 2001, p. 154).

3. Seek divergent perspectives. The researcher examines and considers the various ways in which different people experience the phenomenon.
4. Construct a composite. The researcher uses the various meanings identified to develop an overall description of the phenomenon as people typically experience it. (Leedy & Ormrod, 2001).

I reviewed the participant's responses multiple times and determined how the women perceived mana'olana/ hope and where and how the women perceived this hope was fostered. The type of saturation that I looked for was when it became evident that after learning much from the interviews and patterns that had emerged that there was really nothing new (Bertaux, 1981).

Upon the completion of coding the information from the interviews into hierarchical nodes, I decided to explore word frequency in a Word Cloud which is available in the NVivo 11 qualitative software. The Word Cloud is designed through technology by the researcher and is a picture of the words spoken by the participant in the interview with the words sized according to how many times the word was used within the course of the interview. Therefore some words appear larger while others are smaller based on the usage of the word. It provides the researcher with a quick glimpse at what words are most used by the participant(s). While the Word Cloud was quite interesting to observe it did not appear to offer new themes but rather supported the themes that had already emerged. On rereading of the transcripts, and using NVivo11 I was able to add notes to the material coded that allowed me to further distinguish themes. In forming the tables, I was able to organize the results into meaningful units.

The analysis I have described was repeated multiple times. The data were categorized based on the similarity of responses and coded within this framework in order to define recurring themes and relationships in the participants' responses. While rereading the transcripts I noted any differences between where the participant had derived a sense of mana'olana/hope. Each review of the data provided me with more insight and depth about how the participants experienced mana'olana/hope in their experience of breast cancer, and what they considered promoting hope within their perceived experience.

Evidence of Trustworthiness

The steps I took to ensure the validity of a study that is phenomenological includes the participants' agreement of the accuracy and truthfulness of interpretation in the participant's responses. This was accomplished within the interview process by me as I clarified with the participant if there were words or statements that seemed unclear when first stated. I additionally examined alternative meanings and avoided preconceived assumptions as much as possible by being aware of the potential sources of bias. The interviews were coded into a hierarchical set of nodes based on the interview questions. The validity and reliability is based on Creswell (1998) and others who have provided guidelines that were strictly adhered to. At the conclusion of each interview with a participant I read back the interview notes to be sure there was accuracy in them and allowed the participant to correct these at the end of our interview.

Leedy and Ormrod (2001) observed the following about phenomenological research interviews: “The researcher listens closely as participants describe their everyday experiences related to the phenomenon and must be alert for subtle yet meaningful cues in participants’ expressions, questions, and occasional sidetracks. A typical interview looks more like an informal conversation, with the participant doing most of the talking and the researcher doing most of the listening” (Leedy and Ormrod, 2001.p. 153).

Creswell (2007), noted that the standards of trustworthiness and quality of the study are based on: (a) the depth of my understanding of the principles of phenomenology philosophically and in research; (b) the clarity of the phenomenon of mana’olana/hope, and the presentation of this in an articulate and concise manner; (c) the trustworthy process used by former phenomenologist’s that one can depend upon this methodology; (d) the presentation of the “overall essence of the experience of the participants;” and (e) my reflexive attention throughout the study (Creswell, 2007, pp. 215-216). After each interview I read back to the participant the information I had interpreted while they shared their story so they could clarify any areas that may not have been clearly understood. The participants were able to clarify or expand on what they had said in the interview. After the interviews I added notes on my own reactions and possible biases as well as on the overall sense of the interview. Within the study I strived to maintain a balance between reflexivity and subjectivity and was diligent in maintaining the integrity of the data I was collecting. The phone interviews seemed to allow an easily fostered sense of trust between the participants and myself. There was no physical barrier as in one instance the participant was in pain but was able to lie in bed while on the telephone participating in the interview. The in-person interviews seemed to also allow for an ease and sense of trust between the participants and myself.

Results

The five participants of this study shared emotional and highly moving stories about their journey of being diagnosed with the life threatening illness of breast cancer. I had originally planned to focus my study on up to 15 women however saturation was reached much earlier than anticipated and the study concluded with 5 participants as it became evident that after I had learned much from the interviews there were no new themes or new information emerging from the interviews. Through the process of reflexivity and systematic synthesizing of the individual participant's perceived "lived experience" of mana'olana/hope there were eight themes that emerged. Each of the eight themes were organized to the research question (RQ). Summaries of the participant's interview responses are provided to support the themes that emerged.

Theme 1: Mana'olana /Hope Is the Essence of My Being

In this first theme the women all spoke of how mana'olana/hope was central to their own lives and within their cultural experience it defined them. They were very hopeful. One of the participants described mana'olana/hope as something that was culturally a part of who she was as a person. It was the essence of her being. One of the other women indicated that she felt mana’olana/hope was fostered within her as a very young child by her parents. In their responses to the interview questions they addressed how they perceived hope, where they believed hope was promoted and why the promotion of hope was so important to them in their breast cancer journey. The women explored within this theme what the phenomenon of mana’olana/hope meant to them relative to their journey with breast cancer. One of the participants exclaimed that she was full of mana’olana/hope! Another participant indicated that hope is a part of her culture and this was articulated by her stating the following;

> I can’t even think of not having mana’olana/hope in my life! We were always raised to have hope and to do your best and strive to do better! Always family love! We were raised with that so I can’t imagine what it would feel like not to have it. I don’t know how to explain that one. It is a big part of our Ohana! I think the Polynesian people have a tremendous outlook of showing love.
>
> Mana’olana/hope was lastly described by one of the participants as, “the essence of my being.”

Theme 2: Family Strengthens Me and Gives Me Mana’olana/Hope. Family consists of the biological family and *hoahanau* family.

Within this second theme the women explored in more depth how family and fictive kin have promoted mana’olana/hope within their journey of breast cancer. In their responses to the interview questions they have addressed how these people promoted hope in different and unique ways. This was consistent with what I noted within Chapter 2; Native Hawaiian families approach the diagnosis of a disease in one of their family members in a collective manner, which is based on the spiritual discussion known as *ho`oponopono* and includes: (a) family prayer, (b) procedures for pooling the family's spiritual and emotional strengths, (c) assignment of individual responsibility with the family collective, and (d) discernment of the meaning of illness to each family member, as well as to the collective (Blaisdell, 1989). Most of the participants spoke of all of the people whom they considered to be as family who helped to promote mana'olana/hope. This included their immediate family members and the fictive kin (*hoahanau)* who are biologically unrelated but are as close as biologically related family in their social relationships. Within the Native Hawaiian culture it is important to approach and recognize the "*kakou* (us, we, the collective), *Kuleana* (responsibility) and *aloha kekahi I kekahi* (loving each other)" (Ka'opua, 2008; Ka'opua et al., 2008, p. 278). This theme explored this phenomenon relevant to their family and fictive kin.

> B1: My grandmother and girlfriend were wonderful and helped to support me. My girlfriend went to every surgery that I had and she stayed at the hospital with me. And I would stay at my grandma's house. My grandma was a real church lady. That is my mom's mom. I still have my two grandmothers. I am so blessed. My mom's Mom is who I always depended on when I would go to have treatment.
>
> B2: It's the people around us who keep us encouraged and then this allows us to turn around and help others that are asking: Why me?

B3: I have so much support with people. So many people have gone through worse and they're just here for me. I even helped one friend that wasn't a close friend and I talked with her and I told her where she could go to get help. Yes, a lot of support. It was very positive and my family was so supportive. My daughters were always around and feeding me and cooking for me or bringing me things and being optimistic. Just having them around me made me stronger. My grandchildren are my everything. Because it's only me and my husband at home and the children love to come to our place on our land so we just picked up five calves to put on our property. And the children love them! And then we bought a family with the lamb and nanny and baby. I just smile when I see my grandkids here. It gives me so much hope they're just my everything.

B4: Absolutely, my children gave me hope; they gave me hope because they were there for me; my husband was there for me. My family was there. My brothers my sisters, they were all there. My cousins. I sensed that everyone was there for me. My family; my culture. I felt the prayers of others for me. That is where hope is for me. I have to fight because they're praying for me. So that I can overcome this disease. I have to do my part. And yes, it is felt. I can't even think of not having hope in my life! We were always raised to have hope and to do your best and strive to do better! Always family love! We were raised with that so I can't imagine what it would feel like not to have it. I don't know how to explain that one. It is a big part of our Ohana! I think the Polynesian people have a tremendous outlook of showing love.

B5: The support of others! That gives you hope! You know family, family gives you hope and makes you realize that you have to come through this. You have to fight, you know. And a lot of my friends sent prayers my way, so you know. You know it is sometimes like you can feel this. And it was very, very much-needed because you have the idea that you know when you are so sick that you just want to give up. But when you have and are surrounded by so much love and support from all of your friends and family that it gives you the hope to continue and to fight. There were a lot of things happening when all of this was going on as my mother was living with me and she was on hospice and she was dying so it was very hard. She also gave me hope and that was so beautiful. She kept telling me that even though she was dying, she would keep holding my hands when I would go in to be with her and she would tell me everything is going to be alright. So she was giving me hope and I was like, you remember all of these things, you see it all the time, but it’s coming from someone that is dying and it’s unbelievable. It is beautiful! And I just loved sitting there with her even if she was just holding my hand and we did not talk. So, there are sometimes you don’t realize how many people are concerned about you or love you and want to help you in any way. And you know you have a lot of friends, but you don’t realize just how many until this happens and then they will come. You know they come even if they can’t be

> there physically. They were sending me notes. They were sending me prayers. They did everything to give me hope. My daughter lives in Honolulu and all of this happened while I was here in California but one of her dear friends had sent me a bracelet that said,
>
> 'Trust Your Journey!' It is a cancer bracelet. It was very lovely and I put that thing on and that gave me hope every day. That's another thing. Little things, little sayings, little touches. Lots of things! It's amazing in the Hawaiian culture how people come together.

Theme 3: My Relationship With God and Jesus Promotes Mana'olana/Hope in Me

Within this third theme the women explored in more depth how their relationship with God and Jesus promoted mana'olana/hope in their journey with breast cancer. Within the course of the interview it became very clear that all of these women had experienced a relationship with God and/or Jesus that had promoted hope within their breast cancer journey. Spiritually is central to the Native Hawaiian culture. Native Hawaiian women find that they are supported through their practice of religion and spirituality along with their family members (Mokuau & Braun, 2007). This theme explored this phenomenon relevant to God and/or Jesus specifically.

> B1: Only God knows when your time is up. Only he knows. During this battle all you have to do is just live. That's what I said. I am just living my life.
>
> B2: I belong to a Catholic church on the big Island of Hawai'i. The Power of prayer is the greatest! By the time I was diagnosed I said, "Really Jesus?" I

had just got done taking care of my parents. They lived full lives. They were 81 and 85. My mom passed June 2011 her dad it was later on, 2-19-2012. We're alright because we have Jesus in our life. Right after my dad died in 2012 my boyfriend got diagnosed in 2013 with cancer. The whole shebang; the whole 9 yards. In 2016 when I got diagnosed I just told Jesus 'Jesus just take the wheel'. ….riding a rollercoaster. When I went to church on Sunday, my crying was of joy because I could feel the presence, you know, that you are going to be okay because when I was at church the song was "What do you want of me Lord. Oh my God! Jesus, Jesus you are the way. And then a ray of sunlight came right through the church right on my face. And the whole church is dark but it broke through the cloud and hit me right on my face. He grabbed me because it was a desperate situation. God is in control. Just thank him for everything and you'll be fine.

B3: Thank God, I was fine. I'm fine. Well I just pray every day. I pray every day. My faith helped me to believe I was going to get through all this. Most definitely.

B5: I would pray myself to the Lord you know and ask for strength and ask for guidance. I've always had a lot of conversations with God. I walk around my yard and say okay, I'm kind of stuck on this so maybe I'm supposed to give it to you, you know, because I can't go any further and you know you can't carry a burden of some sort. You have to know when to give it up. So yes. religion has always been a big part of my life even though I did not attend church during this time. At

> one point, I was I was so sick that maybe I shouldn’t have said this, but I was so sick that I just wanted to go. I said, just take me just take me home to be with you. I did go through that. But if you have hope and if you have prayers, and if you just take it to heart, don’t push it aside and take it inside of you, you can do this, you can do this, as hard as it is, you can do this. Don’t become angry and bitter because you can’t change what is. You need to embrace it at this point and see how you can move forward. You know, so that’s when you begin to talk to the Lord and feel the presence and feel the support and the love that you are getting from everybody.

Theme 4: My Religious Affiliation Promotes Mana’olana/Hope in Me

Within this fourth theme the women discussed how their religious affiliation and church family had promoted hope. As I discussed earlier in Chapter 2 spirituality is central to Hawaiian culture. Native Hawaiian women find that they are supported through their practice of religion and spirituality along with their family members (Mokuau & Braun, 2007). This theme explored this phenomenon relevant to the women’s religious affiliation specifically.

> B1: I’m a single mom. I have the women from the Baptist Church, oh my God; they were everything because when I was going through my treatment in Oahu they took care of my children. A lady named Anna took care of my daughter and took her to her house and they took my boys in and then they flew my grandma in to watch my children when I was in a Oahu, so they helped me. And they would

cook for my children. They would bring them food; they would take them home with them. The church was a big, big help for me. They gave me a lot of hope so I could get through this. I could share with my church group. When I went to church I was put on the podium and I would share some of my experiences. I appreciate them.

B2: My kids came to church, my grandkids came to church. Everyone came to church to be of support. At the same time I didn't want them to be afraid I wanted them to get to know Jesus and know that we're going to be okay.

B3: I associate with a lot of people that belong to churches and although I'm not a regular church person I do believe in it and I pray every day. Yeah! Yes I feel very supported. I just continue to pray.

B4: My religion is Mormon. Every day in our prayers it is like; help us to navigate the situations that we will come into or that we need to make decisions on. Help us to see through all of this and take it one day at a time. and hopefully even if we don't see the answer to our prayers at the moment that we can walk that journey so that eventually we can see that our prayers have been answered; it just took time for us to see through it now.

B5: A lot of people prayed for me and they are from many different religions and they prayed in their own specific religion and I knew that was happening, I could feel it. But I wasn't able to go to church.

Theme 5: The Cancer Support Group Promotes Mana’olana/Hope in Me

Within this fifth theme one of the women explored in more depth how her cancer support group promoted mana’olana/hope in her journey with breast cancer. In her responses to the interview questions she addressed how she perceived hope, where she believed hope had been promoted and why the promotion of hope was so important to her in her breast cancer journey. The women explored within this theme the phenomenon relevant to the cancer support group.

> B1: The cancer support group, oh my gosh, they are hilarious. You know what? They’re a bunch of good women. We are a group with so much fun we tend to forget that we are sick. Because we do a lot for the community. For now our group makes petals that go over for an event in Oahu. Yeah, so they give out tons of help. We have ladies night out. We do a lot, a lot for our community. Awesome, awesome, awesome, women. We laugh, we have so much good fun. We do a lot of activities we do a lot of arts and crafts. we do a lot of that, that we forget we have cancer. We go on day trips. Yes we go to the beach we go to have lunch we have dinner. We do a lot. We give out tons of help. We welcome anybody and everybody who comes to our group. We don’t care, you’re always welcome. If you have cancer and you need support we have dinner with our group every other Tuesday. We do hula yeah! Of course! I count on them and I count on their faith and they are on this journey with me. I am blessed, totally blessed. Don’t get me wrong though I do have my days as well the cancers in my bones

> now. I do have my days where when you know when you fight for your life. Because it's in my bone it really is hurting me and it's affecting my lungs. But I'm so blessed. But I get my down days where, oh my god, the battle is too much for me on some days. Where I do want to give up. You're entitled to feel that way. You're entitled to feel anyway you want to when you're fighting for your life. I have my up days and my down days. Sometimes it can get very tiring. They put you on chemo and put you on pain meds. Yeah so I have my junk days and I have my good days. It can be very frustrating. I get snappy at times. Some days I can be unbearable to people I can be such a grouch because of what my body is going through . I let my hair down.

Theme 6: The Cancer Treatment Team Promotes Mana'olana/Hope in Me

Within this sixth theme the women explained in more depth how their cancer treatment team promoted mana'olana/hope within their journey of breast cancer. In their responses to the interview questions they discussed how they perceived mana'olana/hope had been promoted by the staff and the various ways they believed this was conveyed to them.

> B1: Oh yeah, the nurses, everybody, all the nurses at that oncology center, oh my God, they, oh my God, they were so good. They were awesome, awesome, and awesome. They made me feel comfortable you would wait and they would call you in and they would get you all warm, get you hooked up to your machine they would come and talk story with you. Oh yeah, I loved the nurses. Even when I

was done with my chemo we danced and we sang. Yeah, yeah, they were awesome. And radiology, the radiology techs, they were awesome. They made you feel so comfortable. Having cancer you tend to be afraid. I love them. I really, really love them. I loved talking story I love playing music. Oh my god, you're going to play the music. I was like the loud one over there. They made me very comfortable. They were very positive. There was nothing negative, all positive. They were happy. The people are fighting for your life up there. The nurses I don't think they have time to be negative. They were just good. They always walk around with a smile and say, hi to me. I would have to fly back and forth to a lot because I have only treatments there in Oahu. When you get cancer you don't take nothing for granted because you never know, you know what I mean, you never know, you never know when your time is up! It's all in God's timing. It's like the day you're born. In life I took some things for granted and then I realized that, oh my gosh, my goal is to take care of my children. You see things more clearly. I thought, wow, life can be really challenging you know. You go to trials and tribulations. I didn't live life to the fullest for many, many, many years. When you start fighting for your life you look at life a little different .You are more objective.

B2: The other two doctors were very encouraging.

B3: The doctors were so supportive. They were so supportive and it was step-by-step. They talked to me step by step about what's going to happen what's going to happen after so I wasn’t scared at all, I wasn’t scared. I was hopeful. And they helped me in everything. Just to talk. I have wonderful doctors. And I felt really good, so good.

B4: They were just wonderful people. Very caring. Very soft-spoken. Gentle. Caring. Very,very supportive as to how they could help or anything they could do for me. Any questions they could answer. They were there. They absolutely helped me be hopeful.

B5: I was very,very blessed because I had a great team of doctors and nurses and I was with a hospital that I didn’t just have my oncologist and radiologist I also had the surgeon and for every part of my body I had a doctor because I also have lupus. So I was very,very blessed to have that. And then when I took my chemo I had three nurses looking after me. They were really gentle they explained things, not that I remembered everything, but they explained and my husband was with me and they would explain what they were giving me and how I could feel and they just kept reinforcing different things in me and when they would change the bag and take out the next medicine they would tell me what it was or what it was doing for my body. They check on you constantly to make sure everything is going good as they are administering all of this junk into your body (laughter) I know it’s to fight the cancer but oh it’s junk stuff. Like I said I was blessed. I don’t know if many cancer patients had that type of a team. So with giving me shots with white blood cells to keep everything as balanced as they could, you know, it was just awesome. Even after they stopped my treatments because it was too much for me, my body wasn't taking it, and they went to radiation, I was still seeing all of those doctors so that they could run whatever tests they needed to run to make sure everything was going okay in my body, Yeah so it was God. And my primary physician they sent her everything that they were doing. So he was aware of what was happening to me and what they were doing to me. So it was my primary physician who located the cancer and sent me for x-rays and then immediately called the surgeon and set up an appointment for the very next day. They moved quickly because they said it was aggressive. I was there for my appointment but I went to the restroom and so when they called me to go in I wasn't sitting right there because I walked out without telling anybody. My doctor was having a fit because the whole team of doctors was there and she was like she needs to be here, I have the whole team here and she needs to be here because we can't discuss this if she's not here. She needs to be here. Go and find her! That was hilarious! I wanted to laugh! She said do you know what it is like that you walked in here and then all of a sudden we can't find you? Yeah, all of that kind of thing leads up to hope. When you have all of these kinds of people helping you. To get better, to make sure you're getting the proper dosages, making sure your whole body is balanced you know. That gives you hope! Yes big hope! Big hope!

Theme 7: Treatment Options (Allopathic, Osteopathic, Naturopathic, Alternative Medicine) and Herbal Remedies Promotes Mana’olana/Hope in Me

Within this seventh theme the women explored in more depth how the cancer treatment options within allopathic, osteopathic, alternative medicine promoted mana’olana hope within their journey of breast cancer. In their responses to the interview questions they discussed their therapeutic options and how these were relevant to the promotion of mana’olana/hope.

> B2**:** In 2015 December I got diagnosed I started taking the CBD oil that my friends gave me. It’s not going to take the cancer way but it’s not going allow it to grow. It’s hemp oil. The difference is a lot of people think it’s the marijuana that they smoke but it is when the beds are premature and has white hairs and crystals on it. At the smoking stage they press it and they get this oil out of it. But that’s what I said; God put the right people on the path. About 25 years ago we had met them. But they have the medical marijuana license and they send it to Colorado where it’s legal and I guess they exchange it and it’s pressed for the oil and then they give it to us at no charge you put three drops morning noon and night nine dropped today and there’s this little pinchers that the tincture you put it under your tongue. So when I first found out in December 2015 and my boyfriend was already fighting cancer you’re in half to do it because he wouldn’t do it because he comes from a law-enforcement family and is a former prison guard. I saw these bottles that they left him where they just sat in the ice box and when I got

diagnosed I said, my, what's in the ice box and I said thank you Jesus and just started squirting the heck away and this past December 2016 I go to do my mammogram they said wow, we don't know what to tell you and I said, what, and they said we don't know what to tell you, we can't find anything.

B5: I called one of my very dear friends one day and I said, I feel really good and she said; I'm giving you Reiki right now. So, I was surprised of that. But I think that maybe when we are going through something like this you're more open to receiving this and you're not muddled by everyday stuff. And so yes, I could feel it. I could really feel it. And it's really nice. It does lift up your spirit.

Theme 8: Nature's Beauty and the Arts Promote Mana'olana/Hope in Me

Within the eighth theme the women explored in more depth how nature's beauty promoted mana'olana/hope within their journey of breast cancer. In their responses to the interview questions they have addressed how they perceived hope, where they believed hope was promoted and why the promotion of hope was so important to them in their breast cancer journey. The women explored within this theme the phenomenon relevant to nature's beauty.

B1**:** I loved talking story. I love playing music.

B2: They laugh and have activities such as arts and crafts and even make calendars on their own and they would go to lunch; go to the beach and they welcomed everyone and everybody if you have cancer.

> B3: You see, I have pigs on my property, commercial pigs! I have all these animals and they make my grandchildren happy and it makes me happy. I just sit here and smile I look out on the land and see them so happy and just smile. I thank God that I'm alive to see all of this!
>
> B5**:** When you're going through this you realize how important life is. It is very important. It is short. Life is very short. I remember being outside one day and I was just closing my eyes and I could smell the flowers, the grass, you know I could hear the birds. Things that we take for granted so much and when you're going through something like this you're not sure if you're going to die, and all of this comes into play. It made me realize we're surrounded by beauty and we need to take the time and enjoy it.

Summary

In this chapter I have introduced the study, the setting for this study, the demographics of the participants, the characteristics relevant to the study, data collection, location and durations of the interviews, variations from the proposal, unusual circumstances, the data analysis, process, and the evidence of trustworthiness, the results, the eight central themes, and summary. What has emerged is how important mana'olana/hope has been to each of these women who are survivors of a diagnosis of breast cancer. Throughout the interviews the women mentioned how they did not think it would have been possible to live through their breast cancer diagnosis, treatment and follow-up care had mana'olana/hope not been promoted throughout their journey.

In each of the themes I have discussed how mana’olana/hope was central to their journey with cancer. In each theme I have explored the role of mana’olana/hope within the context of the theme. In theme one all of the women identified that mana’olana/hope was central to who they were culturally. It was what they lived and breathed. In the second theme the women all stated that the role of family and hoahanau (fictive kin) promoted mana’olana/hope for each of them in their journey with breast cancer. In theme three I found that there was also a consensus from each of the women who participated in the study that their relationship with God and Jesus promoted mana’olana/hope. In theme four, the women explored and discussed how their religious affiliation and practices promoted mana’olana/hope within their experiences. Within theme five I noted a departure as there was only one of the participants who believed that mana’olana/hope had been promoted through her cancer support group. This participant experienced a tremendous sense that mana’olana/hope was promoted through her experience of participation with the cancer support members and the activities they shared. As I explored theme six with the participants all of them experienced mana’olana/hope as being promoted by their cancer treatment team. This was promoted by their engagement with the participants in their treatment plan, the optimistic attitudes the treatment team conveyed and the overall sense that they were being well cared for by their cancer treatment team. In theme seven two of the five women indicated that mana’olana/hope had been promoted through alternative therapies such as the use of hemp oil and Reiki which were both introduced to them by friends, not the treatment teams. In theme eight three of the five women indicated that they felt mana’olana/hope was promoted through their experience of nature’s beauty and the arts. One participant experienced mana’olana/hope as she walked in her garden while another participant experienced hope as she listened to music. Another woman experienced mana’olana/hope as she looked out on her land with the animals she and her husband had purchased for their grandchildren to enjoy.

In the following chapter, I will discuss the interpretations of the results of this study in relationship to the research questions, the paradigms of breast cancer and mana’olana/hope and how the findings compare to the research and literature previously discussed in Chapter 2. The limitations of the study will be presented and reviewed. I will discuss rrecommendations for future research and the implications for positive social change. Finally, I will end with a conclusion of the study which will complete Chapter 5.

Chapter 5: Discussion, Conclusions and Recommendations

In this chapter I discuss the results of this study and I review the key findings including significant themes that emerged from the data analysis. I then discuss the limitations of the study and recommendations for future studies with a discussion of why these may be justified. I also present the implications for social change based on this study and end with a conclusion for the study.

The existing literature concerning breast cancer and mana’olana/hope lacked a focus on information about Native Hawaiian women and their lived experience. In the present study, I sought to fill this gap through an investigation of how Native Hawaiian women experienced the phenomenon of mana’olana/hope in their breast cancer journey. I described the fundamental nature of five Native Hawaiian women’s lived personal experience of mana’olana/hope in their journey with breast cancer. The women who participated were Native Hawaiian, English speaking, over 18 years of age, and had been diagnosed in the last 10 years with breast cancer.

Within the context of in-depth interviews, I explored the meanings these women assigned to their lived experience of breast cancer and mana’olana/hope. The results provided insight to fill the gap in the literature by indicating the essence of participants’ lived experience with breast cancer and mana’olana/hope.

Interpretation of the Findings

The phenomenon of mana’olana/hope in the Native Hawaiian women’s journey of breast cancer represented a significant and central dimension. In the first theme, one participant indicated that mana’olana/hope was the essence of her being while all of the women discussed in depth how mana’olana/hope was central to them being able to accept the diagnosis of breast cancer; go through the treatment of surgery, chemotherapy, and radiation in some instances; and engage in their follow-up care. Results included eight separate themes: (a) Mana’olana /hope is the essence of my being; (b) family strengthens me and gives me mana’olana/hope, and family consists of the biological family and *hoahanau* family (fictive kin; Ka’opua, 2016); (c) my relationship with God and Jesus promoted mana’olana/hope in me; (d) my religious affiliation promoted mana’olana/hope in me; (e) the cancer support group promoted mana’olana/hope in me; (f) the cancer treatment team promoted mana’olana/hope in me; (g) treatment options (allopathic, osteopathic, naturopathic, alternative medicine, and herbal remedies) promoted mana’olana/hope in me; and (h) nature’s beauty and the arts promoted mana’olana/hope in me. In some instances the participants cried.

Within the framework of positive psychology, researchers now understand that with hope, individuals tend to have more positive attitudes along with the belief that they can attain their goals while having greater self-esteem (Brouwer et al., 2008). In this study, I identified support for the statement, “Hope is associated with positive features of coping with cancer” (Rajandram et al., 2011, p. 2). Peterson and Seligman (2004) identified five factors for consideration: (a) strength of restraint, (b) intellectual strength, (c) interpersonal strength, (d) emotional strength, and (e) theological strength. Each of the themes I identified involved all of these areas of consideration as they relate to the phenomenon of mana’olana/hope. I began to understand how women perceive the emotional and theological strength of hope in relationship to their diagnosis and treatment of breast cancer. Each of these women believed the phenomenon of mana’olana/hope reflected within each of the themes identified supported them through the experience of breast cancer and was central to their overall experience.

I found that Native Hawaiian women gain theological strength by using spiritually based resources (SBR). SBR are the practices, beliefs, and values that are founded in a relationship with a sacred source such as God, a higher power, or whomever or however the person chooses to believe in a divine being (Pergament, 1997). Mana’olana/hope was reported by all of the women within their specific practices, beliefs, and values. The women identified to me that they were more hopeful because of these practices, beliefs, and values. As discussed in Chapter 2, hope can be of benefit to individuals diagnosed with breast cancer and can be integrated into the individual care plan to provide for more positive health outcomes (Carver et al., 2005).

As noted in Chapter 2, the framework of positive psychological research and strengths-driven evaluation can provide a fresh perspective on the strengths of these women and the opportunities they perceived to promote hopefulness and how this impacted them in their journey with breast cancer (see Rao & Donaldson, 2015). From the positive psychology perspective, the women in this study supported the results of Casellas-Grau et al. (2013) who noted that the positive therapies they included in their review had the ability to enhance quality of life (QOL), well-being, post-traumatic growth, hope, meaning, happiness, optimism, life satisfaction, and benefit finding in women with breast cancer. Casellas-Grau et al. indicated that positive psychology may not be universally effective, yet positive psychology was found to have an effect in women who have the ability to develop a positive coping style. One of the participants in the current study reported she found new purpose and meaning as a result of having a diagnosis of breast cancer.

I concluded that the second theme related to women who believed hope was promoted by their family, friends, and *hoahanau* family *(*fictive kin). A woman diagnosed with breast cancer may have a particular vulnerability toward feeling helpless in the face of a life-limiting diagnosis. If there is a means to increase the strengths she already possesses and to promote hopefulness, this would be aligned with what Seligman argued positive psychology could contribute to her health and well-being by promoting a sense of hope and optimism toward the future (Seligman & Csikszentimihalyi, 2000). Within the context of positive psychology, the women interviewed reported that mana’olana/hope was promoted by their family, friends, and *hoahanau* family *(*fictive kin), which strengthened them based on the encouragement and strength of these individuals and the relationship they experienced based on this phenomenon.

Within the third theme, which was women’s relationship with God and Jesus and how this relationship promoted mana’olana/hope, all of the women derived a sense of greater hopefulness based on their relationships with God and/or Jesus. This finding supported the literature that indicated that spirituality from a broader perspective denotes the value of relationship (Uch, 2016).

Within the fourth theme where the women indicated that their belief in their religious affiliation had promoted mana’olana/hope within them, I found that this study concurred with an earlier discussion where “practicing one’s spirituality (ho’omana) was stated as a fundamental conviction and tantamount to well-being” (Ka’apua, 2008). Key to this discussion is that Native Hawaiians view their church as a place of “spiritual piko” (umbilical connection to spirituality and family traditions) and that the church is a “safe haven” or “home” (Ka’opua, 2008, p. 6). All of the women who participated in this study expressed a connection to a religious affiliation even if they were not personally attending a church. Due to their treatment or other reasons, they still had a connection that offered them this safe haven or home (Ka’opua, 2008).

The fifth theme, which indicated that the cancer support group had promoted mana’olana/hope, was noted by only one of the participants. Although she was very expressive about this experience, the other four women did not report this experience. This may be an area that could be further studied in Native Hawaiian women diagnosed with breast cancer because the cancer support group may be underutilized.

In the sixth theme where cancer treatment team promoted mana’olana/hope, all of the participants had positive experiences with their treatment team members. This was based on being included in the discussion of their treatment options, having their questions answered about their treatment and progress, and sensing that their opinion mattered to the cancer treatment team. The inclusion by the treatment practitioners was very important to each of these women, and they believed based on this experience this promoted mana’olana/hope within them.

The seventh theme of treatment options (allopathic, osteopathic, naturopathic, alternative medicine, and herbal remedies) promoted mana’olana/hope in the women who participated in this study and provided additional insight into the role of alternative therapies. Two of the women identified with the use of hemp oil or Reiki. Each of these women believed that mana’olana/hope was promoted by the use of these alternative forms of therapy.

The women reported in the eighth theme that nature and the arts promoted mana’olana/hope within them. One of the women discussed how she would walk in her garden daily and gain a greater sense of mana’olana/hope. Another woman spoke of how she looked out on her land with the animals on it and that this made her feel hopeful. One of the other women identified music and artwork as having promoted mana’olana/hope with her. The beauty of nature and the experience by these women accentuated the role of nature and the arts in supporting them to be hopeful.

Spirituality has two dimensions including the vertical dimension that allows for the capacity for self-transcendence and the horizontal dimension of closeness to “contemporaries and nature” (Uch, 2016, p. 5). Within the phenomenon of spirituality, there are dimensions considered essential that include “(a).Search for meaning and capacity for self-transcendence, (b). Bonding with a higher power, (c). Self-acceptance and self-development, (d). Positive social relationships, (e). Intense experience of beauty and sanctity of nature, (f). Mindfulness, meditation and other experiences" (Uch, 2016, p. 5). The women who participated in this study supported the spiritual experience of beauty and nature and reported how this promoted mana'olana/hope within them.

Limitations of the Study

The limitations of this study are that only Native Hawaiian women diagnosed with breast cancer at any stage in the past 10 years prior to the interview were included in this study. Men with breast cancer were not included. Men may have provided a completely new and different perspective. Future studies may include men diagnosed with breast cancer as they are often overlooked and many people are unaware that men are also diagnosed with breast cancer. The age of diagnosis may have been another limitation. Exploration of younger women's experiences may have provided further insight into understanding whether younger women are more hopeful than older women or vice versa. Future studies may address the type of treatment received, such as chemotherapy, surgery, radiation, and hormonal therapy, as well as family history of cancer.

Participants were over 18 years of age and of Kanaka Maoli (Native Hawaiian) ethnicity. Other forms of cancer were not included in this study and therefore the results are not generalizable to other types of cancer. It is also possible that some women may have identified as Native Hawaiian when they were from a different ethnic group.

Recommendations

Mana’olana/hope is perceived as a significant phenomenon to the Native Hawaiian women interviewed for the purpose of this study. Each of these women believed that mana’olana/hope was a central and vital phenomenon relative to the success of their current health status and a significant part of their journey with breast cancer. They all indicated they could not have made the journey without mana’olana/hope. Future studies may be designed to better understand the relationship of the physiological systems of the body in relation to the phenomenon of hope particularly in the Native Hawaiian culture. As I noted within the literature review in Chapter two, “All human behavior is culturally informed. Yet no other variable used in health research is so poorly define and untested as culture” (Dressler et al, 2005; Hruschka, 2009;Singer et al., 2016, p, 1). This study supports this thought. It is important that all of the people who make up the treatment team are educated and aware of the importance of the phenomenon of mana’olana/hope to Native Hawaiian women. Earlier I discussed how programs are beginning to be offered in medical schools that teach students on spirituality and health. I would add to this the value of teaching on culture.

Significant strides have been made in the last 15 years to develop “consensus on the use of race and ethnicity as variables in health research, but, no consensus exist across health-focused disciplines on what culture is and why it should be used in health research” (Singer et al., 2016, p. 2). Culture is most often “operationalized with superficial, simplistic, and crude measures such as dichotomous nominal variables based ostensibly on race (e.g. African American, non-Hispanic white, Japanese) or singular, stereotypical beliefs (sociocentric, fatalism or familismo) "(Singer et al., 2016, p. 2). Culture is then dropped from further analysis due to the findings being inconclusive or by contributing a negligible explanatory weight to the variance of health outcomes. Such practice then has missed the opportunity to see the implication of culture on health. The "ultimate goal of health behavior science is to translate this knowledge into effective interventions that would improve the well-being of all populations, locally and globally," (Singer et al., 2016, p. 2). The "lack of attention to culture takes on heightened significance for the science of health behavior" (Singer et al., 2016, p. 2).

Therefore, this study supports the role of cultural sensitivity and the knowledge of what is valued within a specific culture when facing a life limiting disease. The "mono-cultural lens" by which the social and behavioral fields interpret health outcomes offers researchers' an opportunity to expand their view of culture. Singer et al., (2016) offers a consensus definition of culture, "The consensus definition of culture differentiates between what culture 'is' and what culture 'does.' What culture is: Culture is an internalized and shared schema or framework that is used by group (or subgroup) members as a refracted lens to 'see' reality, and in which both the individual and the collective experience the world. This framework is created by, exists in, and adapts to the cognitive, emotional and material resources and constraints of the group's ecologic system to ensure the survival and well-being of its members, and to provide individual and communal meaning for and in life (Hartigan, 2010; Kagaway-Singer, 1993). This framework also shapes and is shaped by the forms and institutions developed by its members to structure their world (Bronfenbrenner, 1994). What culture does: Culture is an essential pan-human process for survival and well being that enables us to interpret the worlds in which we live through beliefs, attitudes, practices, and spiritual and emotional explanations that we use to create norms of ways of being in social institutions that codify these norms. Together, these cultural tools enable group members to make sense of their world and to find meaning in and for life by providing a sense of safety and well-being, integrity, and belonging as a contributing member of one's social network" (Kagawa-Singer et al., 2010; Singer et al., 2016, p.6-7). Recognizing the lack of understanding of culture and the concurrence of scientists on the definition of culture this research has added to the body of literature on the cultural element of Native Hawaiian women and health and how mana'olana/hope does have an important and central role in their journey with breast cancer.

Areas for Future Investigation

The results I have interpreted from this phenomenological study have raised more questions for future investigations as to how medical practitioners can implement programs that promote mana'olana/hope within the initial care plan for women and men who are diagnosed with breast cancer**.** A qualitative study on hope with other ethnic groups may support the conclusions I have reached in this study. A quantitative study may be conducted to measure hope in women using one of the available hope scales at the time of their diagnosis in order to evaluate if their levels of hope have changed during the course of their treatment based on the integration of interventions to promote hope within the woman’s care plan. In addition, future studies may also research the relationship of this phenomenon with quality of life, spirituality, and social support.

Given that the traditional allopathic and osteopathic approaches to breast cancer involve invasive and possibly mutilating procedures to the breast to attempt to save the lives of these women another area of science that may be studied is that of psychoneuroimmunology (PNI). PNI may be valuable to women diagnosed with breast cancer in their treatment care plan. PNI is a field of study which includes psychology, neurology, and immunology and the health related implications of each of these areas within the disease process. Hope can be of influence within all of these systems, which may result in more positive health outcomes. Each of these women had a positive association with mana’olana/hope within their lived experience of a breast cancer diagnosis. In addition, the literature and research in psycho-oncology continues to expand. Researchers are recognizing the significance of hope in an individual’s cancer journey. In this study I underscore the recommendation by Carver, Smith, Antoni, Petronis, Weiss, and Derhagopian (2005), to integrate hope into the care plan to provide for more positive health outcomes and I would further add that this should be done with respect to Native Hawaiian women who are diagnosed with breast cancer. Seligman & Csikszentmihalyi (2000) spoke at the turn of the new millennium that much of the task of prevention in this new century will be to create a science of human strength whose mission will be to understand and learn how to foster these virtues. Hope offers strength within the process of disease that is observed within the context of this study.

Implications for Positive Social Change

The understanding of the importance of mana’olana in the lives of Native Hawaiian women is critical for health care professionals to fully comprehend as I have discussed earlier that there is a hesitation for Native Hawaiian women to engage with Western medical practitioners for the reasons previously mentioned. As noted earlier, “The biomedical model of health care, or modern Western medicine, emphasizes a reductionistic approach that focuses on the physical and objective basis of disease. With the help of groundbreaking medical research and life-saving surgical procedures, modern Western medicine has been successful in treating the right-hand side of the spectrum. Its inadequacy, however, lies in how it tends to the left-hand side of the spectrum – the maintenance of health and promotion of wellness – seen in part by the tremendous number of patients who have turned to alternative methods because of dissatisfaction with current care.” (Hui, 2015, para. 2). As a result of this more narrowly focused approach to healing and breast cancer through conventional western medicine, there is the opportunity for new healing modalities being introduced within the area of cancer treatment. It is a form of eastern medicine working with western medicine in an attempt to provide the best medicine one can offer to a woman diagnosed with breast cancer. This approach would be inclusive of western medicine (Allopathic), alternative and complementary medicine (CAM) and integrative medicine (IM). The two women who chose alternative therapies in this study believed that they experienced higher levels of hope. This again supports the benefit of integrating CAM and IM along with Allopathic and Osteopathic medicine to support these women in their treatment plan.

If a more culturally sensitive approach is developed within these Allopathic and Osteopathic cancer centers where they, too, promote mana'olana/hope knowing of the importance this holds to these women and the empirical evidence as Carver et al. discuss clinicians can then design and include programs that promote hope within the care plans of these women to address this culturally valued phenomenon within their own culture. This could begin in medical and nursing schools with a course offered on cultural diversity in health care delivery with breast cancer oncology services being one of the initial areas of study.

Conclusion

In this study I attempted to understand the Native Hawaiian woman's point of view in her lived experience of breast cancer and mana'olana/hope. The women presented their personal accounts of how mana'olana/hope has been a part of their journey with breast cancer. It is significant that all of these women identified mana'olana/hope as being a critical phenomenon in their journey with breast cancer. All of the women felt that they would not have lived through this journey without mana'olana/hope. In each of the themes, mana'olana/hope was central to the discussion.

Currently, with the rise in mortality rates among Native Hawaiian women diagnosed with breast cancer it is all the more important that we look toward innovative means to increase the opportunity for greater positive health outcomes. The findings of this study clearly show that Native Hawaiian women who have been diagnosed with breast cancer perceive mana'olana/hope to be significant and central within their journey of a breast cancer diagnosis. Whether the health care results in a cure or not being cured of breast cancer; promoting mana'olana/hope as a phenomenon increases a sense of well being despite the physical diagnosis of breast cancer. Native Hawaiian women are being diagnosed later in their cancer diagnosis and therefore have a higher mortality from this disease. With medical practitioners educated on the cultural importance of mana'olana/hope to Native Hawaiian woman there may be an opportunity to begin dialogue on how this can be translated into becoming a part of the individual's care plan which may foster greater mana'olana/hope and more positive health outcomes.

To eliminate the exploration of the role of hope in clinical application is to ignore the essence of a human being. We all have been faced with moments in our lives where hope allowed us to move through the perceived darkness around us. The virtue of hope implies an optimism that looks toward positive outcomes. To deny this part of the individual would be duplistic when as Fowers writes we expect honesty, another ethical virtue in research results by scientists (Fowers, 2005).

In conclusion, we find that the ability to scientifically study the virtue of hope is possible. In addition, the value of the virtue of hope in the therapeutic setting has been established and empirical evidence supports this positive influence and outcome. Furthermore, the studies of health benefits are noted with disease processes. As the field of positive psychology opens and moves forward it is an opportunity for psychologists and other health practitioners to continue scientific inquiry into the implications of hope and what it can mean within the context of health and wellbeing.

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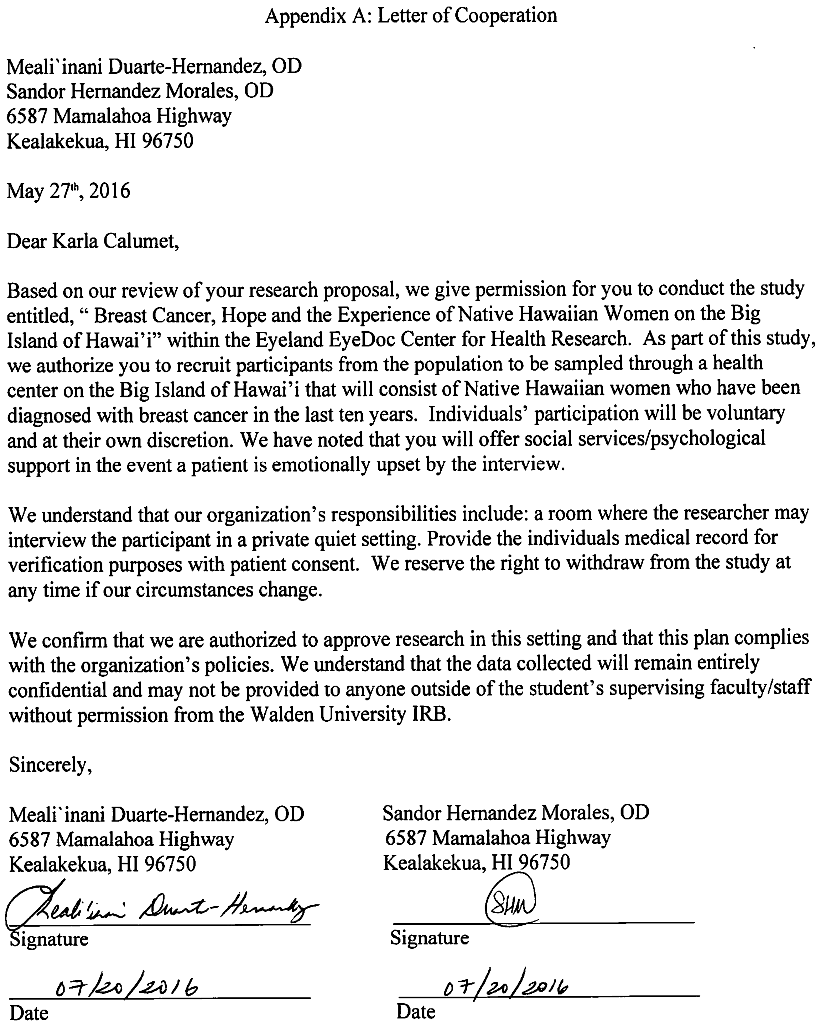
Appendix A: Letter of Cooperation



Appendix A: Letter of Cooperation

Meali`inani Duarte-Hernandez, OD
Sandor Hernandez Morales, OD
6587 Mamalahoa Highway
Kealakekua, HI 96750

May 27th, 2016

Dear Karla Calumet,

Based on our review of your research proposal, we give permission for you to conduct the study entitled, " Breast Cancer, Hope and the Experience of Native Hawaiian Women on the Big Island of Hawai'i" within the Eyeland EyeDoc Center for Health Research. As part of this study, we authorize you to recruit participants from the population to be sampled through a health center on the Big Island of Hawai'i that will consist of Native Hawaiian women who have been diagnosed with breast cancer in the last ten years. Individuals' participation will be voluntary and at their own discretion. We have noted that you will offer social services/psychological support in the event a patient is emotionally upset by the interview.

We understand that our organization's responsibilities include: a room where the researcher may interview the participant in a private quiet setting. Provide the individuals medical record for verification purposes with patient consent. We reserve the right to withdraw from the study at any time if our circumstances change.

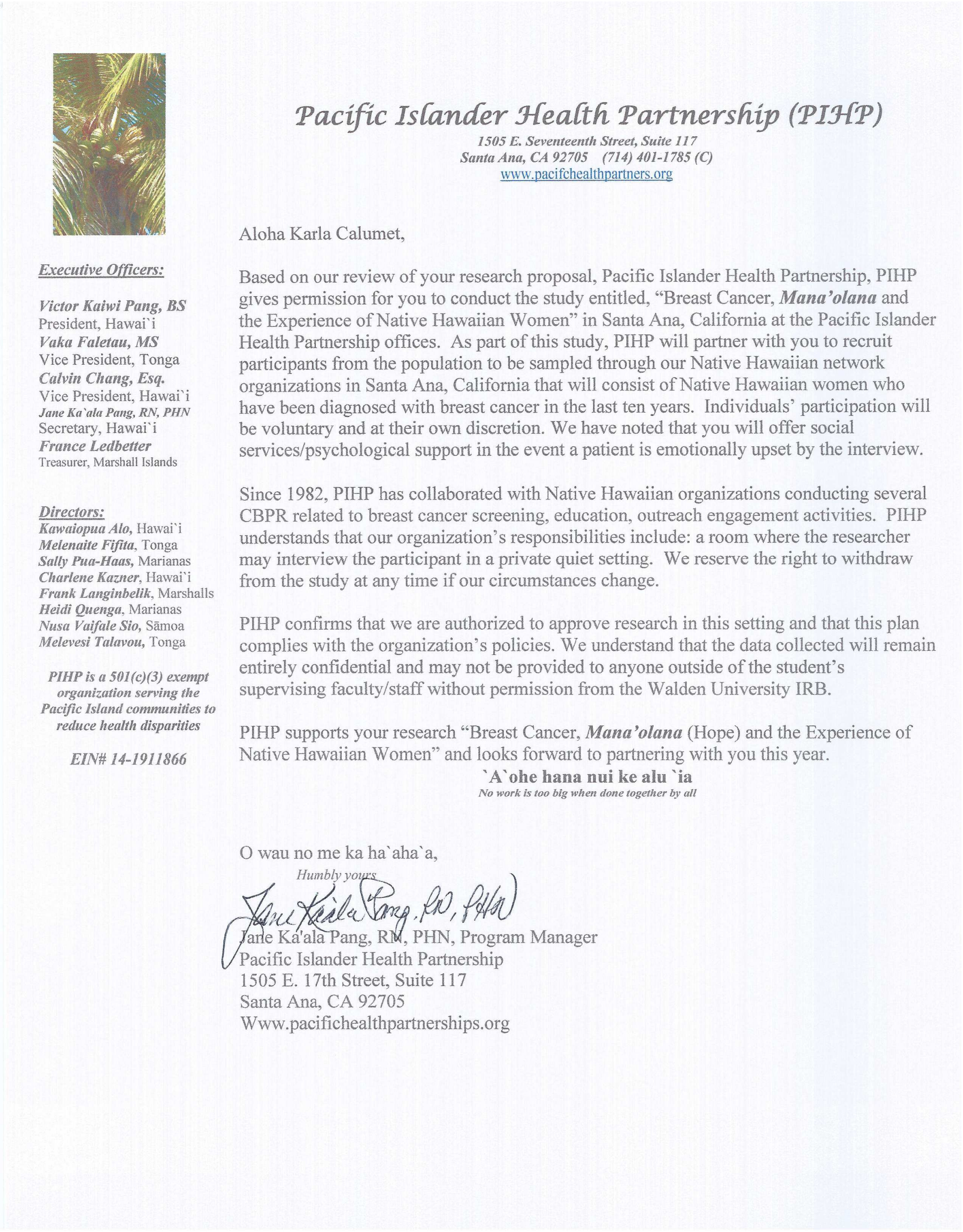
We confirm that we are authorized to approve research in this setting and that this plan complies with the organization's policies. We understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

Meali`inani Duarte-Hernandez, OD
6587 Mamalahoa Highway
Kealakekua, HI 96750
Meali'inani Duarte-Hernandez
Signature
07/20/2016
Date

Sandor Hernandez Morales, OD
6587 Mamalahoa Highway
Kealakekua, HI 96750
SHM
Signature
07/20/2016
Date

Appendix B: Letter of Cooperation



Pacific Islander Health Partnership (PIHP)
1505 E. Seventeenth Street, Suite 117
Santa Ana, CA 92705 (714) 401-1785 (C)
www.pacifchealthpartners.org

Aloha Karla Calumet,

Based on our review of your research proposal, Pacific Islander Health Partnership, PIHP gives permission for you to conduct the study entitled, "Breast Cancer, ***Mana'olana*** and the Experience of Native Hawaiian Women" in Santa Ana, California at the Pacific Islander Health Partnership offices. As part of this study, PIHP will partner with you to recruit participants from the population to be sampled through our Native Hawaiian network organizations in Santa Ana, California that will consist of Native Hawaiian women who have been diagnosed with breast cancer in the last ten years. Individuals' participation will be voluntary and at their own discretion. We have noted that you will offer social services/psychological support in the event a patient is emotionally upset by the interview.

Since 1982, PIHP has collaborated with Native Hawaiian organizations conducting several CBPR related to breast cancer screening, education, outreach engagement activities. PIHP understands that our organization's responsibilities include: a room where the researcher may interview the participant in a private quiet setting. We reserve the right to withdraw from the study at any time if our circumstances change.

PIHP confirms that we are authorized to approve research in this setting and that this plan complies with the organization's policies. We understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

PIHP supports your research "Breast Cancer, ***Mana'olana*** (Hope) and the Experience of Native Hawaiian Women" and looks forward to partnering with you this year.

\`A\`ohe hana nui ke alu \`ia
No work is too big when done together by all

O wau no me ka ha\`aha\`a,
Humbly yours

Jane Ka'ala Pang, RN, PHN

Jane Ka'ala Pang, RN, PHN, Program Manager
Pacific Islander Health Partnership
1505 E. 17th Street, Suite 117
Santa Ana, CA 92705
Www.pacifichealthpartnerships.org

PIHP is a 501(c)(3) exempt organization serving the Pacific Island communities to reduce health disparities

EIN# 14-1911866

Appendix C: Health Center Flyer

Mana’olana and Coping with Breast Cancer in Native Hawaiian Women.

WHO:

Native Hawaiian Women over the age of 18 diagnosed with Breast Cancer in the last ten years.

To be eligible for this study you need to: 1) have had a breast cancer diagnosis during the past 10 years of, 2) be at any point in the continuum of care, 3) be able to speak and write English, 4) be 18 years of age or older, and 4) be Native Hawaiian

WHAT:

To participate in a 1 to 2 hour interview.

WHEN; Please call Karla Calumet at 808-785-7313 or email at karla.calumet@waldenu.edu to learn more and to schedule an interview appointment.

WHERE; Eyeland EyeDoc, Kealakekua, HI.

Appendix D: Demographics Questionnaire

Demographic Questions

1. Your birthdate ____________

2. Gender
   A. Female
   B. Male

3. Where were you born? (city, region, country) ____________________________

4. Are you a native English speaker?
   A. Yes
   B. No
   C. Decline to answer

5. Do you have siblings?
   A. Yes
   B. No
   C. Decline to answer

6. If yes, how many? __________

7. Religious Affiliation. Do you consider yourself to be religious?
   A. Yes
   B. No
   C. Decline to answer

8. If yes, which religion do you affiliate with? ________________

Appendix E: Interview Questions

Interview Questions

1. How do you define mana’olana in your own life experience?
2. Can you share with me anything you have specifically done since you were diagnosed with breast cancer to help you cope?
3. Do you practice any type of spirituality or have a religious affliation? Can you tell me more about this?
4. Do you feel the prayers of others for you, or other spiritual types of support have helped you? If so, how?
5. How do you believe mana’olana has helped you in your journney with a cancer diagnosis?
6. Has your cancer treatment program promoted mana’olana while treating you? If so, how?
7. Have your family and/or friends promoted mana’olana, if so how?
8. Has spirituality promoted mana’olana and if so, how?
9. Has anything within your lifestyle and environment promoted mana’olana?

Appendix F: Protecting Human Subjects

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Karla Calumet** successfully completed the NIH Web-based training course “Protecting Human Research Participants”.

Date of completion: 12/24/2012

Certification Number: 1067584

Appendix G: Therapist List

Dr. Christina Kent, 98-084 Kamehameha Hwy, 304 Aiea, HI 96701, 808-486-1020.

Dr. Val Umphress, 98-211 Pali Momi Street, Ste 810, Aiea, HI 96701, 808-488-9288