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A Diabetic Child's Impact on an African American Family

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Walden University

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2018

Abstract

A Diabetic Child's Impact on an African American Family

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Diabetes, a chronic disease with devastating but preventable consequences, is common in the United States, especially within African American communities. Earlier research has indicated that 21.7% of African American parents have children diagnosed with Type 1 diabetes in the Mississippi Delta Region. Researchers have examined coping, stress, and behaviors of African American parents of children diagnosed with Type 1 diabetes; however, there is a gap in literature regarding how African American parents can cope with stress and how changes in health behavior due to Type 1 diabetes impact African American families. The purpose of this qualitative phenomenological study was to explore the lived experiences of African American parents, examining how they can cope with stress and how their families are impacted by the changes in health behavior – Type 1 diabetes. The transtheoretical model, used to evaluate a person's preparedness to pursue a new healthier behavior, was applied. Through semi-structured interviews, data collected from 13 families were recorded, transcribed, and coded into themes. Phenomenological data analysis was performed based on the descriptive technique, using a computer-based NVivo model and preset codes. In this study, African Americans are likely to accept and acknowledge the impact of denial as a coping mechanism, while accepting the behavioral changes, and this will likely alert professionals in this field of study. Also, this will lead to a positive social change in the study of Type 1 Diabetes.

A Diabetic Child's Impact on an African American Family

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Dedication

To my mother, Ezinne Mgbore, who, in the quest of her children going to school, had sacrificed all that she had to make our family proud. Although she passed into glory on December 12, 2015, she was an embodiment of hope. I am sure I have made her proud. Encouragement for higher education was created by my father, who then, told me that “an educated man is better than a footballer” This was the concept that I grew up with, while my mother often told me that an educated man is a “million times better than a blind man”. This Dissertation is specially dedicated to my parents, because, all the courage, commitment, perseverance and integrity that I needed to succeed was buried in my ability to endure and get all the education that I needed for my success.

This piece of work, is also dedicated to my siblings. My parents had eight of us and none out of that eight has less than five children. My parents have over fifty direct children, grandchildren and great grandchildren, and this study is the first of its kind in the family.

Lastly, this Dissertation is dedicated to my five graduate children, and their mother, Success.

Acknowledgments

I persisted and succeeded through the mentorship of Dr. Kenneth Feldman, Dr. Lee Bewley, and members of the academic staff in Walden University who contributed to my success. Special thanks to my wife, Rev. Success Okeke, my children, Nnamdi, Adanna, Uchenna, Chioma, and Prince. They endured hardship and made tolerance their watchword in my quest for a PhD. They were unique in the process. Enormous gratitude to my numerous friends all over the world, including, but not limited to Bakali Mukasa, Akin Falaiye, Ephraim Ike, Bright Osigwe, Clifford Ovunwo, Joseph Princewill and their families. They contributed one way or the other towards my success.

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Chapter 1: Introduction

Diabetes is universally known as a chronic health problem with devastating yet preventable consequences (Beckstrand, 2015). The disease is highly identifiable through high blood glucose levels from insulin production and insulin action (Beckstrand, 2015). Diabetes is a common chronic disease within the country, but highly recognizable within African American communities such as the Mississippi Delta Region (Strider, 2016).

The Mississippi Delta Region has the third highest diabetes prevalence in the United States. McCabe-Seller, Strickland, Lovera, Yadrick, and Bogle (2009), the US Census Bureau (2015), and Healthy Americans (2016) found that one in every three children within the Mississippi Delta Region had body weights that increased their risks for an early development of chronic diseases such as diabetes, high blood pressure, arthritis, and consequently, early disability and death. The Mississippi Delta Region has been identified as having an inadequate health care delivery system (McCabe-Seller et al., 2009).

This study needed to be conducted because the problem is important and of interest to African American families. By filling the gap in the research literature, the study provides knowledge that can be used by African American families. The study is significant to African American families because it may help them.

The results of the study have the potential to contribute to social change by helping healthcare practitioners support African American parents of children diagnosed with Type 1 Diabetes. In helping African American parents of children diagnosed with Type 1 diabetes cope with stress, there is the potential of improving their mental health.

In addition, the results of the study may enable communities to help African American parents of children diagnosed with Type 1 diabetes to cope with stress. The results of the study may help the government develop policies that will favor African American parents of children diagnosed with Type 1 Diabetes. Chapter 1 presents the problem and its background, the purpose, the research question, the theory, a rationale for selection of the design, concise definitions, assumptions, limitations of the study, potential contributions of the study, and a summary.

Background

African American parents of children diagnosed with Type 1 diabetes can cope with stress in the Mississippi Delta region. African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. Strider's (2016) examination showed similar trends in the same key segments.

There are similar points of view among researchers concerning the issue of coping, stress, and behaviors of African American parents with children with Type 1 diabetes. Lipman et al. (2012) found that African American families were impacted by changes in health behavior due to Type 1 diabetes and that they focused on social supports to cope with stress. Lipman et al.'s conclusion is similar to Spruill et al.'s (2015) findings that African American families were impacted by changes in health behavior due to Type 1 diabetes and that they focused on acknowledgment and denial to cope with stress.

However, the evidence that supports the current explanations is weak. Transferability was not achieved by Lipman et al. (2012). The findings of Lipman et al.'s

study cannot be generalized to other countries. The research question was successfully tested by Spruill et al. (2015), but they ^{did} not explain how the interview was developed. Therefore, credibility was not achieved.

Although researchers have examined the issue of coping, stress, and behaviors of African American parents with children with Type 1 diabetes (Lipman et al., 2012; Spruill et al., 2015; Strider, 2016), there is a gap in the literature regarding how African American parents of children diagnosed with Type 1 diabetes can cope with stress and how African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. This study was needed because it has the potential to advance scientific knowledge in medicine by examining how African American parents of children diagnosed with Type 1 diabetes can cope with stress and how African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region.

Problem Statement

The problem of the study is (a) that African American parents of children diagnosed with Type 1 diabetes need to be able to cope with stress, and (b) that African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. Strider (2016), Spruill et al. (2015), and Lipman et al. (2012) found that African American families were impacted by changes in health behavior due to Type 1 diabetes. Lipman et al. also found that African American families focused on social supports to cope with stress; however, Spruill et al. found that they focused on acknowledgment and denial to cope with stress.

Researchers have examined the issue of coping, stress, and behaviors of African American parents with children with Type 1 diabetes (Lipman et al., 2012; Spruill et al., 2015; Strider, 2016). However, there is a gap in the literature regarding (a) how African American parents of children diagnosed with Type 1 diabetes can cope with stress and (b) how African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. There is the need to address an identified gap in the research literature that has current relevance to the discipline and area of practice to show that African American families that have children with Type 1 diabetes can create a better coping mechanism. The problem is current and significant to the discipline because it may contribute to the broader knowledge about it.

Purpose of the Study

In the Mississippi Delta region, 21.7% of African American parents have children diagnosed with Type 1 diabetes (Healthy Americans, 2016). The purpose of the qualitative phenomenological study is to examine (a) how African American parents of children diagnosed with Type 1 diabetes can cope with stress and (b) how African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. There is the need for increased understanding about the issue to be studied, based on the identified gap or problem.

Research Questions

The problems listed in this research within the Delta Region of Mississippi did introduce the issues of overweight among young children, early development of chronic diseases, diabetes and death (McCabe-Sellers et al., 2009). The research questions were

informed by the study purpose, which led to the development of what needed to be done in this study and how it was accomplished. I wanted to examine the following research questions:

Research Question 1 (RQ1): How can African American parents of children diagnosed with Type 1 diabetes cope with stress in the Mississippi Delta region?

Research Question 2 (RQ2): How are African American families impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region?

Theoretical Foundation

Prochaska and Carol developed the transtheoretical model in 1977. This model evaluates a person's preparedness to pursue a new healthier behavior. The transtheoretical model consists of four constructs (i.e., stages of change, processes of change, self-efficacy, and decisional balance and temptations).

Prochaska and Velicer (1997) refer to stages of change as the temporal dimension of behavioral change. Change includes progress through a series of stages (i.e., precontemplation, contemplation, preparation, action, maintenance, and termination; Prochaska, DiClemente, Velicer, & Rossi, 1993, p. 401). The 10 processes of change consist of consciousness-raising, dramatic relief, self-reevaluation, environmental reevaluation, social liberation, self-liberation, helping relationships, counter-conditioning, reinforcement management, and stimulus control (Prochaska et al., 1993, p. 401).

Bandura (1977) refers to self-efficacy as a person's comprehended capability to perform.

Janis and Mann (1977) refer to decision making as a decisional balance sheet of potential gains and losses (p. 5).

The transtheoretical model ties into the study since it is most appropriate for examining 1) how African American parents of children diagnosed with Type 1 diabetes can cope with stress and 2) how African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. The transtheoretical model informs, and is informed by the research questions and helps to identify research design decisions, such as the method of inquiry and data collection and analysis.

Nature of the Study

The intent of this qualitative phenomenological study was to explore the lived experiences of African American parents of children diagnosed with Type 1 diabetes (Yin, 2009). I selected the phenomenological design over other designs to address the research questions. The nature of the phenomenological design is most appropriate for exploring the lived experiences of the participants, whereas case studies are appropriate for providing an approach to comprehending participants' perceptions (Leedy & Ormrod, 2016). Thus, the phenomenological design is better than case studies. The phenomenological design aligns with the problem statement because it is most appropriate for examining 1) how African American parents of children diagnosed with Type 1 diabetes can cope with stress in the Mississippi Delta region and 2) how African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region.

Sources of data for the study will be through African American members in their Churches through the assistance of their Pastors and Church leaders. Semistructured

interviews were conducted with African American church members only if they had a child with Type 1 diabetes in their family. The study involved the qualitative method, which allows for the analysis of events from personal experiences of the people, so the best option was to arrange semistructured interviews for the study.

Data collected through semistructured interviews will be transcribed and coded into themes. Semistructured interviews will rely on words and descriptive data, as distinct from numbers and scales that are used in quantitative method (Laureate Education, 2010d). I performed a phenomenological data analysis based on descriptive technique with the help of a computer-based NVivo, adopting pre-set codes with the help of open codes. Audit trails and organized documentation the lived experiences of parents of children diagnosed with Type 1 diabetes will be engaged in the analysis. (Miles et al. 2014).

Definitions

African American: African American is a Black American (Spruill et al., 2015).

Health behavior: Health behavior is any behavior performed by a person who believes that he or she is healthy to prevent or detect disease (Strider, 2016).

Stress: Stress is a state of emotional tension (Lipman et al., 2012).

Type 1 diabetes: Type 1 diabetes is a chronic condition in which the pancreas produces little or no insulin (Spruill et al., 2015, p. 23).

The Mississippi Delta: The Mississippi Delta is the northwest section of the state of Mississippi (Gussow, 2010).

Assumptions

I assumed that African American parents of children diagnosed with Type 1 diabetes have stress in the Mississippi Delta region. This assumption was necessary to test the research questions. In addition, I assumed that the results of the study may not be generalized to other states.

Scope and Delimitations

The problem of the study is 1) that African American parents of children diagnosed with Type 1 diabetes can cope with stress, and 2) that African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. The specific focus was chosen to control internal validity.

The inclusion criteria are African American parents of children diagnosed with Type 1 diabetes in the Mississippi Delta region. The exclusion criteria are parents of children diagnosed with Type 1 diabetes in other states. The findings cannot be generalized to other states.

The transtheoretical model is most related to the area of study and informs the research questions. I will apply the transtheoretical model to the topic and test the research questions.

Limitations

Credibility, dependability, transferability, and conformability will be achieved. Data interpretation will be checked in order to achieve dependability (Denzin & Lincoln, 2012). I used triangulation in order to achieve credibility (Yin, 2014). The researcher will show that the sample (i.e., African American parents of children diagnosed with

Type 1 diabetes in the Mississippi Delta region) represents the target population in order to achieve transferability (Leedy & Ormrod, 2016). External audits will be used in order to achieve conformability (Denzin & Lincoln, 2012).

Selection bias can affect the study outcomes if proper randomization is not achieved. In the study, I achieved proper randomization. Thus, selection bias will not affect the study outcomes.

Significance

This study fills the gap identified in the problem statement by examining 1) how African American parents of children diagnosed with Type 1 diabetes can cope with stress and 2) how African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. The study advances knowledge in the discipline by showing the impact of changes in health behavior on African American families in the Mississippi Delta region. The study supports advance practice or allows practical application by enabling healthcare practitioners to help African American parents of children diagnosed with Type 1 diabetes cope with stress. The findings can lead to positive social change because they can help African American families that have children diagnosed with Type 1 Diabetes.

Summary

The purpose of the qualitative phenomenological study is to examine 1) how African American parents of children diagnosed with Type 1 diabetes can cope with stress and 2) how African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. The proposed study will use a

qualitative phenomenological design to explore the lived experiences of African American parents of children diagnosed with Type 1 diabetes. A phenomenological data analysis based on descriptive technique was used. The potential findings can lead to positive social change because they can help African American families that have children diagnosed with Type 1 Diabetes. Chapter 2 will include research on the transtheoretical model and the issue of coping, stress, and behaviors of African American parents with children with Type 1 diabetes.

Chapter 2: Literature Review

Introduction

The problem of the study is 1) that African American parents of children diagnosed with Type 1 diabetes can cope with stress, and 2) that African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. Strider (2016) found that African American families were impacted by changes in health behavior due to type 1 diabetes, Lipman et al. (2012) found 1) that African American families were impacted by changes in health behavior due to Type 1 diabetes, and 2) that they focused on social supports to cope with stress. Spruill, Magwood, Nemeth, and Williams (2015) found 1) that African American families were impacted by changes in health behavior due to Type 1 diabetes and 2) that they focused on acknowledgment and denial to cope with stress. Beckstrand (2015) found that families were impacted by changes in health behavior due to Type 1 diabetes.

Lipman et al. (2012), Spruill et al. (2015), and Strider (2016) have examined the issue of coping, stress, and behaviors of African American parents with children suffering from Type 1 Diabetes. However, there is a gap in the literature that examines 1) how African American parents of children diagnosed with Type 1 diabetes can cope with stress and 2) how African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. The study is needed because it has the potential to advance scientific knowledge in medicine by examining 1) how African American parents of children diagnosed with Type 1 diabetes can cope with

stress and 2) how African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region.

In Chapter 2, I analyze the issue of coping, stress, and behaviors of African American parents with children with Type 1 diabetes. In addition, I describe the literature search strategy and theoretical foundation of the study. Chapter 2 ends with a summary and conclusions.

Search Strategy

I identified literature published from 2012 to 2017 via Google, ProQuest Dissertations and Theses, and SAGE Premier. Search terms included *African American parents, children diagnosed with Type 1 diabetes, stress, African American families, changes in health behavior due to Type 1 diabetes within the Mississippi Delta region, and the transtheoretical model*. I searched for current peer-reviewed literature and seminal literature.

Theoretical Foundation

I selected the transtheoretical model as a foundation for this study. Developed by Prochaska and Clemente in 1977, the transtheoretical model can be used to evaluate a person's preparedness to pursue a new healthier behavior (Prochaska et al., 1993). The transtheoretical model consists of four constructs: stages of change, processes of change, self-efficacy, and decisional balance and temptations (Prochaska et al., 1993).

Prochaska and Velicer (1997) refer to stages of change as the temporal dimension of behavioral change. Change includes progress through a series of stages (i.e., precontemplation, contemplation, preparation, action, maintenance, termination;

Prochaska et al., 1993, p. 401). The 10 processes of change consist of consciousness-raising, dramatic relief, self-reevaluation, environmental reevaluation, social liberation, self-liberation, helping relationships, counter-conditioning, reinforcement management, and stimulus control (Prochaska et al., 1993, p. 401). Bandura (1977) refers to self-efficacy as a person's comprehended capability to perform. Janis and Mann (1977) refer to decision making as a decisional balance sheet of potential gains and losses (p. 5).

Prochaska and Velicer (1997) applied the transtheoretical model to examine the difference in smoking cessation among different self-help programs. To test their research question, the researchers performed ANOVA and found that individualized self-help programs were likely to help smokers cease smoking. Prochaska and Velicer (1997) had selected 756 smokers to fill out their survey. However, Prochaska and Velicer did not explain how information on 756 smokers was accessed, nor did they explain how the survey was developed.

The transtheoretical model relates to my study by providing a framework to examine a person's preparedness to pursue a new healthier behavior. The transtheoretical model tied into the study because it was most appropriate for examining 1) how African American parents of children diagnosed with Type 1 diabetes can cope with stress and 2) how African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. I applied the knowledge, attitudes, and practices (KAP) theory to the topic and test the research question.

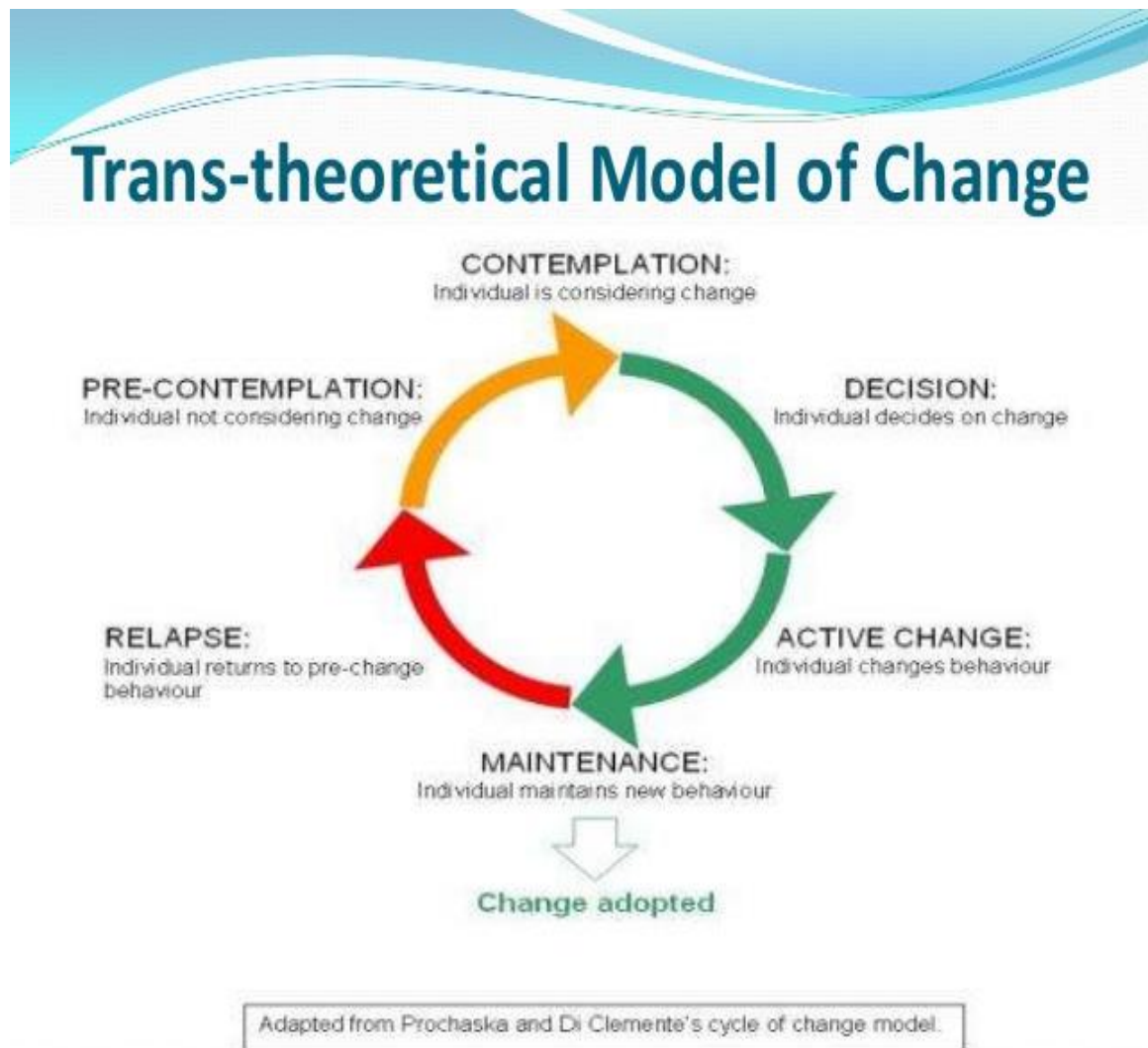


Figure 1. Transtheoretical model of change (Prochaska et al., 1993, p. 401).

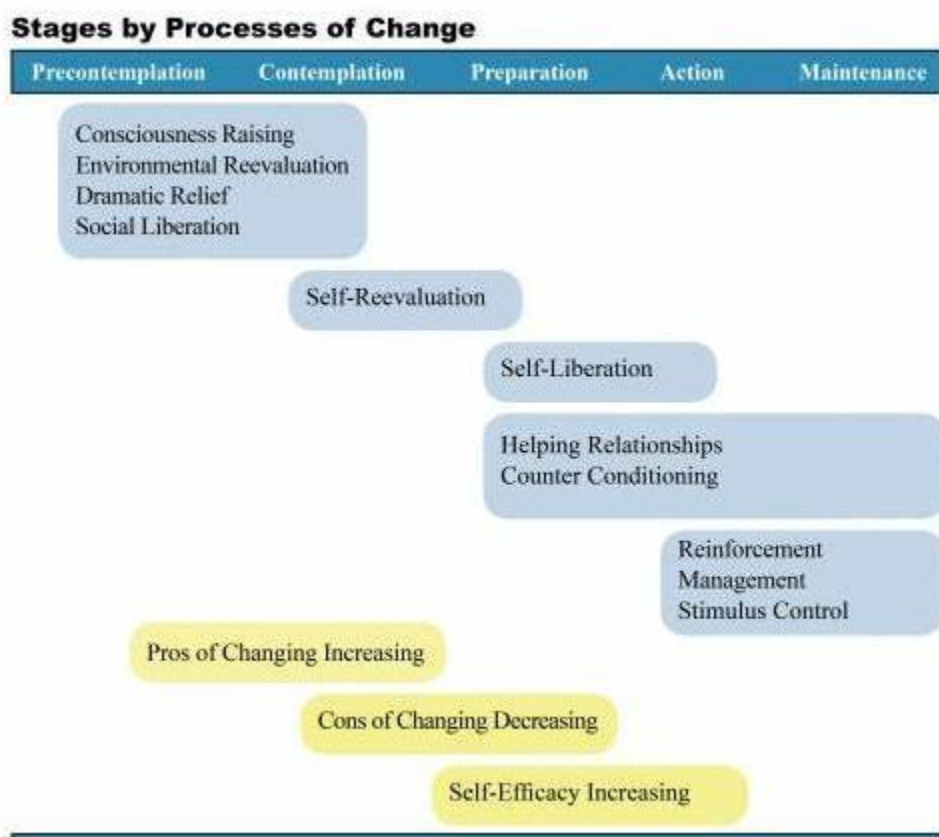


Figure 2. Stages by Processes of Change (Prochaska et al., 1993, p. 401).

Literature Review Related to Key Variables and Concepts

Childhood Type 1 Diabetes

In this section, I will address the history of childhood Type 1 diabetes as well as blood glucose and the Folin-Wu method. Researchers acknowledged childhood Type 1 diabetes before insulin was presented. The prevalence of low Type 1 diabetes among children was reported in 1920, but no change in incidence was found until 1955. The rise in incidence of high Type 1 diabetes among children has been documented over the past 20 years.

The Professor of Pediatrics compiled 19 cases of childhood Type 1 diabetes in 1913. Morse reviewed an extended literature. Morse compiled 989 cases of childhood Type 1 Diabetes. It was difficult to measure blood glucose. In 1920, the Folin-Wu method was introduced, which allowed healthcare practitioners to measure blood glucose on urine tests. Until 1931, healthcare practitioners had to take blood to the laboratory. In spite of dependence on urine tests, childhood-onset Type 1 diabetes was fatal. In 1923, 86% of children had died in ketoacidosis.

This section examined the history of Childhood Type 1 Diabetes. The literature precedes the study by examining the history of Childhood Type 1 Diabetes. The literature supports the focus of the study by examining the history of Childhood Type 1 Diabetes.

Type 1 Diabetes

In this section, I will provide the definition of Type 1 diabetes as well as major theoretical propositions. Bluestone, Herold, and Eisenbarth (2010) refer to Type 1

diabetes as a disorder that arises following autoimmune destruction of insulin-producing pancreatic β cells (p. 1293). Children are likely to be diagnosed with Type 1 diabetes. There is a significant disagreement among healthcare practitioners over the percentage of adult-onset Type 1 diabetes, with figures ranging from 25% to 50% (Palmer, Hampe, Chiu, Goel, & Brooks-Worrell, 2005). A failure to comprehend the percentage of adult-onset Type 1 diabetes cases that are classified incorrectly as adult-onset Type 2 diabetes result in this agreement. Palmer et al. (2005) have proposed that 5%–15% of adults with Type 2 diabetes may have Type 1 diabetes.

According to Rolandsson and Palmer (2010), efforts to differentiate patients with Type 1 diabetes from those with Type 2 diabetes have led to a new disease categorization: latent autoimmune disease of adults. However, the lack of unbendable criteria for Latent Autoimmune Disease of Adults has decreased eagerness to adopt it (Leslie et al., 2008). Such confusion over disease classification is old because there has been the lack of unbendable criteria for Type 1 diabetes. However, criteria for the diagnosis of Type 1 diabetes were successfully defined recently (American Diabetes Association, 2010).

This section examined Type 1 Diabetes. The literature precedes the study by examining Type 1 Diabetes. The literature supports the focus of the study by examining Type 1 Diabetes.

African Americans Diagnosed with Type 1 Diabetes

African Americans are likely to be diagnosed with Type 1 diabetes. Harris et al. (1998) found that African Americans were likely to develop Type 1 diabetes. Their

research question was as follows: What is the prevalence and of Type One Diabetes in U.S. adults? To test the research question, Harris et al. performed chi-square tests. Harris et al. randomly selected 18,825 U.S. adults in the United States and asked them to fill out the Second National Health and Nutrition Examination Survey (NHANES II). However, outliers were not identified by Harris et al., nor did they test the reliability for NHANES II or the validity for NHANES II.

Harris et al.'s (1998) findings focus on African Americans diagnosed with Type 1 Diabetes. Harris et al. (1998) found that African-Americans were likely to develop Type 1 Diabetes. Harris et al.'s (1998) viewpoints concerning African Americans diagnosed with Type One Diabetes were negative. Harris et al.'s (1998) viewpoints were also negative.

Harris et al. (1998) showed agreement with Mayer-Davis et al. (2009). Mayer-Davis et al.'s (2009) conclusion is the same as Harris et al.'s (1998) conclusion. Therefore, there are same viewpoints concerning African Americans diagnosed with Type One Diabetes.

Mayer-Davis et al.'s (2009) research question is as follows: What is the prevalence and of Type One Diabetes among African American children? Chi-square tests, t-tests, and ANOVA were performed. Mayer-Davis et al. (2009) randomly selected 748 African American in the United States and asked them to fill out the study. Internal validity should have been examined by Mayer-Davis et al. (2009). The mortality threat can happen when uncommitted African American children may drop out of the study.

Mayer-Davis et al.'s (2009) findings focus on African Americans diagnosed with Type 1 Diabetes. Mayer-Davis et al. (2009) found that African American children were likely to be diagnosed with Type One Diabetes. Mayer-Davis et al.'s (2009) viewpoints concerning African Americans diagnosed with Type One Diabetes were negative. Mayer-Davis et al.'s (2009) viewpoints were also negative.

Towns (2009) showed agreement with Mayer-Davis et al. (2009). Towns's (2009) conclusion is similar to Mayer-Davis et al.'s (2009) conclusion. Therefore, there are similar points of view concerning African Americans diagnosed with Type One Diabetes. The research question is as follows: Do behaviors of African Americans contribute to diabetes? To test the research question, Towns (2009) performed a meta-analysis. Data from NHANES was used. Towns (2009) found that African Americans were likely to develop diabetes because of their behaviors.

The reliability for NHANES was not tested by Harris et al. (1998). Towns (2009) should have presented Chronbach's alpha. Chronbach's alpha should be greater than .70. Taylor et al. (2010), Phelps (2010), and Towns (2009) examined African Americans diagnosed with Type One Diabetes. There are similar viewpoints concerning African Americans diagnosed with Type One Diabetes. However, the key recommendations from the study are that numerous African Americans are diagnosed with Type One Diabetes (Taylor et al., 2010; Towns, 2009; Phelps, 2010).

Stress of African American Children Diagnosed with Type 1 Diabetes

In this section, the issue of stress of African American children suffering from Type One Diabetes will be addressed. The strengths and limitation of the studies

concerning the issue of stress of African American children suffering from Type One Diabetes will be addressed. The studies concerning the issue of stress of African American children suffering from Type One Diabetes will be reviewed. The research question is as follows: Do African American children suffering from Type One Diabetes have stress? A meta-analysis was performed. Phelps (2010) reviewed 51 studies. Phelps (2010) found that African American children suffering from Type One Diabetes had stress. Phelps' (2010) biases were successfully disclosed. Demographic information was successfully presented. Presenting demographic information can have an important impact on the findings of Phelps's (2010) study.

Phelps's (2010) study focus on the issue of stress of African American children with Type 1 Diabetes. Phelps (2010) found that African American parents of children with Type One Diabetes had stress. Phelps's (2010) viewpoints concerning the issue of stress of African American children suffering from Type One Diabetes were negative. Spruill et al.'s (2015) viewpoints were also negative. Spruill et al. (2015) showed agreement with Phelps (2010).

Spruill et al. (2015) found that African American children suffering from Type One Diabetes had stress. Spruill et al.'s (2015) conclusion is similar to Spruill et al.'s (2015) conclusion and Lipman et al.'s (2012) conclusion and Phelps's (2010) conclusion. Thus, there are similar points of view concerning the issue of stress of African American children with Type 1 Diabetes.

Spruill et al.'s (2015) research question is as follows: Do African American children suffering from Type One Diabetes have stress? A qualitative analysis was

performed. Spruill et al. (2015) randomly selected 650 African American parents of children with type one diabetes in California and interviewed them. The research question was successfully tested by Spruill et al. (2015). However, Spruill et al. (2015) did not explain how the interview was developed. Credibility was not achieved.

Taylor et al. (2010), Phelps (2010), and Spruill et al. (2015) examined the issue of stress of African American parents with children with Type One Diabetes. There are similar viewpoints concerning the issue of stress of African American parents with children with Type 1 Diabetes. The key recommendations from the study are that African American children suffering from Type One Diabetes have stress (Phelps, 2010; Taylor et al., 2010).

In this section, the issue of stress of African American parents of children diagnosed with Type One Diabetes will be addressed. The strengths and limitation of the studies concerning the issue of stress of African American parents of children diagnosed with Type One Diabetes will be addressed. The studies concerning the issue of stress of African American parents of children diagnosed with Type One Diabetes will be reviewed.

African American parents with children suffering from Type One Diabetes have stress. Taylor, Washington, Artinia, and Lichtenberg (2010) found that African American parents of children suffering from Type One Diabetes had stress. Taylor et al.'s (2010) research question is as follows: Do African American parents of children suffering from Type One Diabetes have stress? To test the research question, Taylor et al. (2010) performed a qualitative analysis.

Taylor et al. (2010) randomly selected 120 African American parents of children with Type One Diabetes in Detroit and interviewed them. Taylor et al. (2010) successfully performed a qualitative analysis. A qualitative analysis is most appropriate for measuring the research question. Taylor et al.'s (2010) findings focus on the issue of stress of African American parents with children with Type One Diabetes. Taylor et al. (2010) found that African American parents of children with Type One Diabetes had stress. Taylor et al. (2010) viewpoints concerning the issue of coping, stress, and behaviors of African American parents with children suffering from Type One Diabetes were negative. Phelps's (2010) viewpoints were also negative. Phelps (2010) showed agreement with Taylor et al. (2010). Phelps's (2010) conclusion is the same as Taylor et al.'s (2010) conclusion. Therefore, there are similar points of view concerning the issue of stress of African American parents with children with Type 1 Diabetes.

The research question is as follows: Do African American parents with children suffering from Type One Diabetes have stress? A meta-analysis was performed. Phelps (2010) included 51 studies. Phelps (2010) found that African American parents of children suffering from Type One Diabetes had stress. Phelps' (2010) biases were successfully disclosed. Demographic information was successfully presented. Presenting demographic information can have an important impact on the findings of Phelps's (2010) study.

Taylor et al.'s (2010) study and Phelps's (2010) study focus on the issue of stress of African American parents with children with Type 1 Diabetes. Taylor et al. (2010) and Phelps (2010) found that African American parents of children with Type One

Diabetes had stress. Taylor et al.'s (2010) viewpoints and Phelps's (2010) viewpoints concerning the issue of stress of African American parents with children suffering from Type One Diabetes were negative. However, Lang (2015) viewpoints were positive. Lang (2015) showed disagreement with Taylor et al. (2010) and Phelps (2010).

Lang (2015) found that African American parents with children suffering from Type One Diabetes did not have stress. Lang's (2015) conclusion is different from Taylor et al.'s (2010) conclusion and Phelps's (2010) conclusion. Thus, there are different points of view concerning the issue of stress of African American parents with children with Type One Diabetes.

Lang's (2015) research question is as follows: Do African American parents with children suffering from Type One Diabetes have stress? To test the research question, Lang (2015) reviewed the literature. Only 20 studies were included. A qualitative analysis should have been performed. A qualitative analysis is most appropriate for testing the research question.

Taylor et al. (2010), Phelps (2010), and Lang (2015) and examined the issue of stress of African American parents with children with Type One Diabetes. There are diverse viewpoints concerning the issue of stress of African American parents with children with Type One Diabetes. However, the key recommendations from the study are that African American parents with children suffering from Type One Diabetes have stress (Phelps, 2010; Taylor et al., 2010).

Coping and Behaviors of African American Parents

In this section, the issue of coping, stress, and behaviors of African American parents with children suffering from Type One Diabetes will be addressed. The strengths and weakness of the studies concerning the issue of coping, stress, and behaviors of African American parents with children suffering from Type One Diabetes will be addressed. The researcher will review and synthesize the studies concerning the issue of coping, stress, and behaviors of African American parents with children with Type One Diabetes.

African American parents with children suffering from Type One Diabetes can cope with stress. Lipman et al. (2012) found that African American parents of children with Type One Diabetes focused on social supports to cope with stress. Lipman et al.'s (2012) research question is as follows: How can African American parents with children suffering from Type One Diabetes cope with stress? To test the research question, Lipman et al. (2012) performed a qualitative analysis. Lipman et al. (2012) randomly selected 799 parents of children with Type One Diabetes in the United States and interviewed them. The findings of Lipman et al.'s (2012) study cannot be generalized to other countries. Exclusion criteria should have been indicated.

Spruill et al.'s (2015) findings focus on the issue of coping, stress, and behaviors of African American parents with children with Type One Diabetes. Spruill et al. (2015) found that African American parents with children suffering from Type One Diabetes focused on social supports to cope with stress. Spruill et al.'s (2015) viewpoints concerning the issue of coping, stress, and behaviors of African American parents with

children suffering from Type One Diabetes were positive. Phelps's (2010) viewpoints were also positive.

Phelps (2010) showed agreement with Spruill et al. (2015). Phelps's (2010) conclusion is similar to Spruill et al.'s (2015) conclusion. Therefore, there are similar points of view concerning the issue of coping, stress, and behaviors of African American parents with children with Type One Diabetes. The research question is as follows: How can African American parents with children suffering from Type One Diabetes cope with stress? A meta-analysis was performed. Phelps (2010) reviewed 51 studies.

Phelps' (2010) biases were successfully disclosed. Demographic information was successfully presented. Presenting demographic information can have an important impact on the findings of Phelps's (2010) study. Lipman et al.'s (2012) study and Phelps's (2010) study focus on the issue of coping, stress, and behaviors of African American parents with children with Type One Diabetes. Lipman et al. (2012) and Phelps (2010) found that African American parents of children with Type One Diabetes focused on social supports to cope with stress. Lipman et al.'s (2012) viewpoints and Phelps's (2010) viewpoints concerning the issue of coping, stress, and behaviors of African American parents with children suffering from Type One Diabetes were positive. Spruill et al. (2015) viewpoints were also positive. However, Spruill et al. (2015) showed disagreement with Lipman et al. (2012) and Phelps (2010).

Spruill et al. (2015) found that African American parents with children suffering from Type One Diabetes focused on acknowledgment and denial to cope with stress. Spruill et al.'s (2015) conclusion is different from Spruill et al.'s (2015) conclusion and

Lipman et al.'s (2012) conclusion and Phelps's (2010) conclusion. Thus, there are different points of view concerning the issue of coping, stress, and behaviors of African American parents with children with Type 1 Diabetes.

Spruill et al.'s (2015) research question is as follows: How can African American parents with children suffering from Type One Diabetes cope with stress? A qualitative analysis was performed. Spruill et al. (2015) randomly selected 650 African American parents of children with type one diabetes in California and interviewed them. The research question was successfully tested by Spruill et al. (2015). However, Spruill et al. (2015) did not explain how the interview was developed. Credibility was not achieved.

Lipman et al. (2012), Spruill et al. (2015), and Phelps (2010) examined the issue of coping, stress, and behaviors of African American parents with children with Type 1 Diabetes. There are diverse viewpoints concerning the issue of coping, stress, and behaviors of African American parents with children with Type One Diabetes. However, the key recommendations from the study are that changes in health behavior due to Type One Diabetes affect African American families (Lipman et al., 2012; Spruill et al., 2015).

The Impact of Changes in Health Behavior on African American Families

In this section, the impact of changes in health behavior due to Type One Diabetes on African American families will be addressed. The strengths and limitation of the studies concerning the impact of changes in health behavior due to Type One Diabetes on African American families will be addressed. The researcher will review and synthesize the studies concerning the impact of changes in health behavior due to Type One Diabetes on African American families.

African American families have been impacted by changes in health behavior due to TYPE 1 DIABETES. Strider (2016) found that African American families were impacted by changes in health behavior due to type one diabetes. The research question is as follows: How are African American families affected by their child's diabetes? A qualitative analysis was performed. Strider (2016) randomly selected 20 African American parents of children with type one diabetes in the United States and interviewed them.

Transferability was not achieved. Dependability was not achieved. Credibility was not achieved. Strider's (2016) findings focus on the impact of changes in health behavior due to Type One Diabetes on African American families. Strider (2016) found that changes in health behavior due to Type One Diabetes affected African American families. Spruill et al. (2015) showed agreement with Strider (2016). Spruill et al.'s (2015) conclusion is the same as Strider's (2016) results. Therefore, there are same viewpoints concerning the impact of changes in health behavior due to Type One Diabetes on African American families.

Spruill et al. (2015) tested the assumption that changes in health behavior due to Type One Diabetes would affect African American families. The research question is as follows: How are African American families affected by changes in health behavior due to type one diabetes. A qualitative analysis was performed. Spruill et al. (2015) randomly selected 650 African American parents of children with type one diabetes in California and interviewed them. Spruill et al. (2015) found that families were impacted by changes in health behavior due to type one diabetes. The research question was

successfully tested by Spruill et al. (2015). However, Spruill et al. (2015) did not explain how the interview was developed. Credibility was not achieved.

Strider's (2016) study and Spruill et al.'s (2015) study focus on the impact of changes in health behavior due to Type One Diabetes on African American families. Strider (2016) and Spruill et al. (2015) found that changes in health behavior due to Type One Diabetes affected African American families.

Spruill et al.'s (2015) viewpoints and Strider's (2016) viewpoints concerning the impact of changes in health behavior due to Type One Diabetes on African American families were negative. However, Lang's (2015) viewpoints were not negative. Lang (2015) showed disagreement with Strider (2016) and Spruill et al. (2015).

Lang (2015) found that changes in health behavior due to Type One Diabetes did not affect African American families. Lang's (2015) conclusion is different from Strider's (2016) findings and Spruill et al.'s (2015) findings. Thus, there are different viewpoints concerning the impact of changes in health behavior due to Type One Diabetes on African American families.

Lang (2015) tested the assumption that changes in health behavior due to Type One Diabetes would affect African American families. The research question is as follows: How are African American families affected by changes in health behavior due to TYPE 1 DIABETES? To test the research question, Lang (2015) reviewed the literature. Only 20 studies were included. A qualitative analysis should have been performed. A qualitative analysis is most appropriate for testing the research question. Strider (2016), Spruill et al. (2015), and Lang (2015) examined the impact of changes in

health behavior due to Type One Diabetes on African American families. There are diverse viewpoints concerning the impact of changes in health behavior due to Type One Diabetes on African American families. However, the key recommendations from the study are that changes in health behavior due to Type One Diabetes affect African American families (Spruill et al., 2015; Strider, 2016).

Summary and Conclusion

Lipman et al. (2012) and Phelps (2010) found that African American parents of children with Type One Diabetes focused on social supports to cope with stress. Spruill et al. (2015) showed disagreement with Lipman et al. (2012) and Phelps (2010). Spruill et al. (2015) found that African American parents with children suffering from Type One Diabetes focused on acknowledgment and denial to cope with stress.

Strider (2016) and Spruill et al. (2015) found that changes in health behavior due to Type One Diabetes affected African American families. Lang (2015) showed disagreement with Strider (2016) and Spruill et al. (2015). Lang (2015) found that changes in health behavior due to Type One Diabetes did not affect African American families.

There is a gap in the literature that examines 1) how African American parents of children diagnosed with Type One Diabetes can cope with stress and 2) how African American families are impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region. This study will fill the gap identified in the problem statement by examining 1) how African American parents of children diagnosed with Type One Diabetes can cope with stress and 2) how African American families are

impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region. The study would extend knowledge in the discipline by examining African American parents of children diagnosed with Type One Diabetes in the Mississippi Delta region.

Chapter 3: Methods

Introduction

The purpose of the study was to examine (a) how African American parents of children diagnosed with Type One Diabetes can cope with stress and (b) how African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. In Chapter 3, I discuss the method to collect and analyze the data. In addition, research design, population, and the instruments are discussed.

Research Design and Rationale

In this study, I examined the following research questions:

RQ1: How can African American parents of children diagnosed with Type One Diabetes cope with stress in the Mississippi Delta region?

RQ2: How are African American families impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region?

Central concepts of the study are Type 1 diabetes, stress, and health behavior. Health behavior is any behavior performed by a person who believes that he or she is healthy to prevent or detect disease (Strider, 2016). Stress is a state of emotional tension (Lipman et al., 2012). Type One Diabetes is a chronic condition in which the pancreas produces little or no insulin (Spruill et al., 2015, p. 23). Central phenomena of the study are (a) the way African American parents of children diagnosed with Type 1 diabetes cope with stress and (b) the impact of changes in health behavior due to Type 1 diabetes on African American families in the Mississippi Delta region.

The research method was a qualitative approach. The qualitative method was used over the quantitative method because I was interested in describing the lived experiences of African American parents (Leedy & Ormrod, 2016). A qualitative approach describes the activity and includes questions that request responses (Vaishnavi & Kuechler, 2015; Yin, 2014).

The qualitative method was appropriate for examining a particular phenomenon that cannot be examined using the quantitative method (Merriam, 2009). The quantitative method was not appropriate for examining the research questions for this study because a context-specific knowledge is needed to explore it. Quantitative research is not appropriate for capturing the lived experiences of the participants because it limits them with variables.

The intent of this qualitative phenomenological design was to explore the lived experiences of African American parents of children diagnosed with Type One Diabetes (Yin, 2009). I selected the phenomenological design over other designs to address the research questions. The nature of the phenomenological design is suitable for examining the lived experiences of the participants, whereas case studies are appropriate for exploring participants' perceptions (Leedy & Ormrod, 2016). Thus, the phenomenological design was more appropriate for this study than case studies. The phenomenological design aligns with the problem statement because it is most appropriate for examining 1) how African American parents of children diagnosed with Type One Diabetes can cope with stress and 2) how African American families are

impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region.

Role of the Researcher

The researcher will meet African American parents of children diagnosed with Type One Diabetes (Yin, 2009). The researcher will ask African American parents of children diagnosed with Type One Diabetes 9 interview questions (Yin, 2009). If the participants agreed, I made audio recordings of the interviews.

I managed my bias (e.g., culture bias) by not viewing data through a personal perspective and by being aware of participants' cultural assumptions. I conducted a 50-minute interview session with each participant using a questionnaire with open-ended questions that allowed participants to express their lived experiences.

I also made sure that the study met the standards of the Institutional Review Board. Pseudonyms were used to protect the identity of the participants. I made sure that no third parties of the study could access raw data to make sure the integrity of the data (Merriam, 2009; Yin, 2009).

Methodology

Participant Selection Logic

The target population for the study was African American parents of children diagnosed with Type 1 diabetes in the Mississippi Delta region. This population aligned with the research questions because they are knowledgeable of changes in health behavior due to Type 1 diabetes. Previous researchers in this field indicated that 21.7%

of African American parents have children diagnosed with Type One Diabetes in the Mississippi Delta region (Healthy Americans, 2016).

I used a purposeful sampling technique to sample 13 African American parents of children diagnosed with Type One Diabetes in the Mississippi Delta region (see Kaae, Søndergaard, Haugbølle, & Traulsen, 2010; Leedy & Ormrod, 2016). Purposeful sampling is appropriate for collecting participants who can express their lived experiences (Merriam, 2009; Yin, 2014). This ensures that African American parents of children diagnosed with Type One Diabetes are knowledgeable of changes in health behavior due to it.

Set sample size is not necessary for qualitative studies (Ziakas & Boukas, 2014). However, according to Guest, Bunce, and Johnson (2006), saturation occurs when there are 12 participants. Thus, I selected 13 participants (see Yin, 2014).

Inclusion criteria were male and female African American parents of children diagnosed with Type One Diabetes in the Mississippi Delta region who are knowledgeable of changes in health behavior due to it. Participants were known to meet the criteria because (a) their children are diagnosed with Type 1 diabetes, (b) they live in the Mississippi Delta region, and (c) they are knowledgeable of changes in health behavior due to it.

Instrumentation

I developed a set of 9 open-ended interview questions (Appendix A). I interviewed participants by conducting a 50-minute semistructured interview session. The questionnaire involved open-ended questions to allow participants to express their

lived experiences. The interview protocol contained the interview questions that would allow the researcher to interview African American parents of children diagnosed with Type 1 Diabetes.

The interview questions were taken from the literature. I made sure that the interview questions were appropriate for African American parents of children diagnosed with Type One Diabetes. To establish content validity, I looked for an agreement of judgment among experts in the field. The interview questions were sufficient to answer the research questions because they are related to the topic. I also secured the approval of the IRB concerning the use of African American parents of children diagnosed with Type One Diabetes as the participants.

Procedures for Recruitment, Participation, and Data Collection

I conducted semistructured interview sessions with African American parents of children diagnosed with Type 1 diabetes to gather data. The strength of a semistructured interview is that it enables participants to express their lived experiences (Kaae et al., 2010). The weakness of semistructured interview is that it is time consuming (Merriam, 2009; Yin, 2014).

After receiving the IRB approval, I sent letters of invitation to the participants. Thirteen participants participated in the interview. The interview questions were developed.

For this study, sources of data I collected were African American church members recruited through the assistance of their pastors and church leaders. I conducted

interviews of only those African American church members who had a child with Type 1 diabetes in their family once each day for 15 days.

The researcher will access different churches in the Mississippi Delta region by sending a letter of permission to them (Appendix A). This letter will contain the confidentiality clause for the participation of the participants, and the inclusion criteria for the potential participants (Leedy & Ormrod, 2016; Yin, 2014). A letter of invitation will be sent to 13 African American members in their Churches upon receiving the approval of Church leaders. The letter of invitation will include the rights to refuse participation, the rights to withdraw from the study, and response to any predicable adverse events (Cooper & Schindler, 2014; Yin, 2014).

A relationship with the potential participants will be established by reminding them of the letter that will be sent (Leedy & Ormrod, 2016; Yin, 2014). A follow-up call will be set to ensure the permission to take part in the study (Bernard, 2013; Leedy & Ormrod, 2016). The participants will be informed of their rights to withdraw from the study and their rights to confidentiality (Leedy & Ormrod, 2016; Yin, 2014).

The researcher will determine the best time and place for the interview by contacting the participants. The participants will be reminded that the researcher will audio-record proceedings of the interviews. Significant behaviors of the participants will be noted. Participants will exit the study by debriefing them.

Data collected through semi-structured interviews will be recoded, transcribed and coded into themes. Themes and subthemes will be identified. Transcript review will be utilized.

Data Analysis Plan

RQ1. How can African American parents of children diagnosed with Type One Diabetes cope with stress in the Mississippi Delta region?

The researcher will use a phenomenological data analysis based on descriptive technique by utilizing a computer-based NVivo. The researcher will code documents. The researcher will adopt pre-set codes with the help of open codes. The researcher will engage organized documentation regarding how parents of children diagnosed with Type One Diabetes cope with stress in the analysis (Moustakas, 1994). Frequencies for each theme and subtheme will be presented.

RQ2. How are African American families impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region?

The researcher will use a computer-based NVivo to conduct a phenomenological data analysis based on descriptive technique. Documents will be coded. Pre-set codes will be adopted, with the help of open codes. Documentation regarding how African American families are impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region will be engaged in the analysis (Moustakas, 1994). The researcher will present frequencies for each theme and subtheme.

Issues of Trustworthiness

The researcher will achieve credibility, dependability, transferability, and confirmability. To achieve credibility, prolonged contact, member checks, saturation, reflexivity, and peer review will be used. To achieve dependability, audit trails will be used (Kaae et al., 2010). In order to achieve transferability, thick description and

variation in participant selection will be used (Leedy & Ormrod, 2016). The researcher will use reflexivity in order to achieve conformability (Denzin & Lincoln, 2012).

Ethical Procedures

The experiences associated with the study are not sensitive. However, the nature of qualitative research can cause ethical issues. The major ethical issue is that of right to confidentiality and privacy of the participants (Merriam, 2011). To explain the right to confidentiality, the researcher will send African American parents of children diagnosed with Type One Diabetes the informed consent form concerning it (Appendix C).

Receiving the approval from Church leaders, the researcher will gain access to participants by sending a letter to 13 African American parents of children diagnosed with type one diabetes. The researcher will inform the participants of their rights to refuse participation, their rights to withdraw from the study, and response to any predictable adverse events. The researcher will inform the participants that if they want to withdraw, they can express their intention to drop out of the study. The researcher will not offer incentives for participating.

In regards to the confidentiality ethical issues, the researcher will ask the participants to sign an informed consent form. The researcher will use fictitious names of people to achieve confidentiality of information. The researcher will not use identifiable information. The researcher will keep data in a password-protected computer at his residence. The researcher will have access to the data. The researcher will destroy all data five years after graduation.

Summary

The researcher will use a qualitative phenomenological design to explore the lived experiences of African American parents of children diagnosed with Type One Diabetes (Yin, 2009). The qualitative phenomenological design is appropriate for the study because the focus is to examine the lived experiences of African American parents of children diagnosed with Type 1 Diabetes. The researcher will use a purposive sampling technique to capture African American parents of children diagnosed with Type One Diabetes who can provide valuable insights for the study. The researcher will use an interview questionnaire to solicit the responses of 13 participants. The researcher will use NVivo 10.0 software to analyze participants' responses.

Using the proposed methodology, the researcher will explore issues facing African American parents of children diagnosed with Type One Diabetes (Merriam, 2011). The researcher will examine the way African American parents of children diagnosed with Type One Diabetes can cope with stress using their perceptions. In Chapter 4, the results of the proposed present study will be presented.

Chapter 4: Results

Introduction

The purpose of the study was to examine (a) how African American parents of children diagnosed with Type 1 diabetes can cope with stress and (b) how African American families are impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region. The following research questions were examined:

RQ1: How can African American parents of children diagnosed with Type 1 diabetes cope with stress in the Mississippi Delta region?

RQ2: How are African American families impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region?

In Chapter 4, I present the results of the study, including participant demographics, a discussion of procedures used to conduct the study, and a description of the findings.

Setting

No personal or organizational conditions that influenced participants or their experience at the time of the study influenced interpretation of the study results. There were no changes in personnel because I conducted the interview alone. I did not spend money on participants. There was no trauma because participants were selected from a Church that I have visited several times.

Demographics

In this section, I present participant demographics and characteristics relevant to the study (see Table 1). There were 10 female participants and three male participants. All 13 participants were Black.

Table 1

Demographics and Relevant Characteristics

Characteristic	Frequency	Percentage
Gender		
Male	3	23.08
Female	10	76.92
Race		
Black	13	100
At what age was your child diagnosed with diabetes?		
2	1	7.69
4	3	23.08
5	2	15.38
6	4	30.77
12	2	15.38
13	1	7.69
At what age was your child diagnosed with Type one diabetes mellitus?		
6	2	15.38
7	3	23.08
8	2	15.38
9	1	7.69
13	1	7.69
14	2	15.38
15	1	7.69
17	1	7.69

Data Collection

Participants from whom data were collected were 13 African American parents of children diagnosed with Type 1 diabetes. The data were collected through face-to-face interviews at a public library in Mississippi. In December 2017, African American parents of children diagnosed with Type 1 diabetes were interviewed for 15 days (Dec, 05, 2017 - Dec. 19, 2017), one day for each interviewee. I spent 15 minutes with each interviewee.

With participant permission, I audio-recorded proceedings of the interviews. There were no variations in data collection from the plan presented in Chapter 3. In addition, there were no unusual circumstances or situations.

Data Analysis

In this section, I will describe qualitative data analysis methods. In addition, themes will be described. Findings will be further described later in the Results section.

A phenomenological data analysis was used to move inductively from coded units to larger representations including categories and themes by using a computer-based NVivo. Pre-set codes were adopted with the help of open codes. I engaged organized documentation regarding how parents of children diagnosed with Type 1 diabetes cope with stress in the analysis (Moustakas, 1994). There were no discrepant cases.

The first common theme (related to RQ1) was as follows: African American parents of children diagnosed with Type 1 diabetes cannot cope with stress in the Mississippi Delta region. Two primary subthemes appeared from the analysis: (a) I cannot cope with stress if my child is experiencing a diabetes emergency, and (b) I cannot

cope with stress if I feel that my child's diabetes will change my future goals. The first thematic label (i.e., I cannot cope with stress if my child is experiencing a diabetes emergency) was determined from two invariant constituents. The invariant constituents that are central to the subtheme are as follows: (a) There is no coping, and (b) I cope with stress by remaining calm.

Thematic Category 1 (There is no coping) shows the most prevalent groups of characteristics mentioned by participants. Participant 1 said, "There is no coping until he calms down, when as a parent you are worried, nothing compensates for that." Thematic Category 2 shows the positive characteristics presented by Participant 7. The invariant constituent that is central to Thematic Category 2 is as follows: I cope with stress by remaining calm. Participant 7 said, "The only way to cope is to remain calm, or at least pretend to be calm and let the emergency situation sort itself out."

The second thematic label (i.e., I cannot cope with stress if I feel that my child's diabetes will change my future goals) was determined from one invariant constituent. The invariant constituent that is central to the subtheme is as follows: (a) It is impossible to cope with stress. Thematic Category 1 (It is impossible to cope with stress.) shows the most prevalent groups of characteristics mentioned by participants. Participant 5 said, "It is not possible to cope with this kind of stress. It has been imposed on her by nature."

The second common theme (related to RQ2) was as follows: African American families are impacted by changes in health behavior due to Type 1 diabetes in the Mississippi Delta region. Four primary subthemes appeared from the analysis: (a) My everyday life is affected by my child's diabetes, (b) The costs associated with managing

my child's diabetes affect the way I manage my child's diabetes, (c) the things that are associated with stress and diabetes, and (d) stressful experience concerning my child's diabetes. The first thematic label (i.e., My everyday life is affected by my child's diabetes) was determined from two invariant constituents (Table 12). The invariant constituents that are central to the subtheme are as follows: (a) My everyday life is disturbed, and (b) It stresses us out.

Thematic Category 1 (My everyday life is disturbed) shows the most prevalent groups of characteristics mentioned by participants. Participant 2 said, "Our lives in the family have been disorganized by this single disease. We all suffer from the pain. I think the diabetes is from my part of the family." Thematic Category 2 shows the negative characteristics presented by four participants. The invariant constituent that is central to Thematic Category 2 is as follows: It stresses us out. Participant 1 said,

As he grew tall as a young age, I thought he was going to be either a football or basketball player, that hope became dashed as I watched my child as someone that could not stand a lot of strain and stress. Of course, that worried us as we put in so much time to ensure that he is taken care of, and that he is alright.

Unfortunately, that stressed us out. We became unhappy parents, stressed to a maximum. You can guess what that means, we do not have any time of our own. We are busy thinking of his survival.

The second thematic label (i.e., The costs associated with managing my child's diabetes affect the way I manage my child's diabetes) was determined from two invariant constituents (Table 12). The invariant constituents that are central to the subtheme are as

follows: (a) poverty, (b) our own leisure, (c) time, (d) family's freedom.

Thematic Category 1 (poverty) shows the most prevalent groups of characteristics mentioned by participants. Participant 1 said, "This is poverty and it can be strenuous to deal with." Thematic Category 2 shows the negative characteristics presented by two participants. The invariant constituent that is central to Thematic Category 2 is as follows: our own leisure. Participant 1 said, "Parents like us lose our own leisure, even while at home because of this."

Thematic Category 3 shows the negative characteristics presented by two participants. The invariant constituent that is central to Thematic Category 3 is as follows: time. Participant 1 said, "The first cost is time."

Thematic Category 4 shows the negative characteristics presented by two participants. The invariant constituent that is central to Thematic Category 4 is as follows: family's freedom. Participant 5 said that the family's freedom was deprived, and this was a great cost to the family.

The third thematic label (i.e., the things that are associated with stress and diabetes) was determined from eight invariant constituents (Table 12). The invariant constituents that are central to the subtheme are as follows: (a) poverty, (b) social impact, (c) inadequate provision of medicine and drugs, (d) Medicaid, (e) lack of access to healthcare, (f) lack of quality time for us, non-improvement in quality of our food, (g) inadequate research to improve insulin.

Thematic Category 1 (poverty) shows the most prevalent groups of characteristics mentioned by participants. Participant 12 said,

The level of poverty here in the Delta Region of Mississippi is very high. I am sure this is a contributory factor. When parents again do not meaningfully hold a job because of a sick child that contributes more to a lower standard of living, and further poverty. It is difficult to cope with this kind of stress, rather I think parents are in denial of their individual situations. Apart from that, such parents do not have much choice and cannot abandon their children because of the disease.

Thematic category 2 shows the negative characteristics presented by seven participants. The invariant constituent that is central to thematic category 2 is as follows: social impact. Participant # 8 said,

The social impact is also high in that the community expectation is not met in the process. We do hope that with time, things will be better organized to take care of those below the national poverty line, who still also suffer from very acute diseases including Type 1 Diabetes.

Thematic category 3 shows the negative characteristics presented by six participants. The invariant constituent that is central to thematic category 3 is as follows: inadequate provision of medicine and drugs. Participant # 2 said, “When we don’t have enough medicine, we are stressed.

Thematic category 4 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 4 is as follows: Medicaid. Participant # 1 thought that Medicaid’s inability to cover all bills caused stress.

Thematic category 5 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 5 is as follows: lack of access to healthcare. Participant # 5 said, “Access to healthcare is a major source of stress. Medicaid provided by the Federal Government is not adequate to cater for rural communities in the states.”

Thematic category 6 shows the negative characteristics presented by three participants. The invariant constituent that is central to thematic category 6 is as follows: lack of quality time for us. Participant # 5 thought that lack of enough time could be another problem as she juggled between jobs and maintained the other kids in her home.

Thematic category 7 shows the negative characteristics presented by Participant # 5. The invariant constituent that is central to thematic category 7 is as follows: quality of our food. Participant # 5 said that non-improvement in quality of our food led to stress.

The fourth thematic label (i.e., stressful experience concerning my child’s diabetes) was determined from two invariant constituents (Table 12). The invariant constituents that are central to the subtheme are as follows: (a) my child’s mood, (b) My child is weak, (c) money, (d) anxiety, (e) Sugar levels, (f) societal acceptance, and (g) concentration.

Thematic Category 1 (my child’s mood) shows the most prevalent groups of characteristics mentioned by participants. Participant #1 said that there were tens of changes in behavior that affected his son’s mood, his composure, his happiness or unhappiness. Thematic category 2 shows the negative characteristics presented by eight participants. The invariant constituent that is central to thematic category 2 is as follows:

My child is weak. Participant # 3 said, “My son gives excuses in undertaking any challenging activity – that is stressful. When he should be playing and he is sitting down, it is stressful.”

Thematic category 3 shows the negative characteristics presented by Participant # 5. The invariant constituent that is central to thematic category 3 is as follows: money. Participant # 5 said, “Trying to cure type 1 diabetes without enough money could be stressful and managing scarcity is not a good habit.”

Thematic category 4 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 4 is as follows: anxiety. Participant # 8 said, “We have a daughter that has T1D, and a very acute one, so that we have no time to rest or recreate, or interact with society as expected.”

Thematic category 5 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 5 is as follows: sugar levels. Participant # 13 said, “To think that his sugar level is high when it is actually low could be stressful.”

Thematic category 6 shows the negative characteristics presented by Participant # 11. The invariant constituent that is central to thematic category 6 is as follows: societal acceptance. Participant # 11 said, “Societal acceptance is still wrong. Many want to hide the disease.”

Thematic category 7 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 7 is as follows:

concentration Participant # 13 said, “My son cannot concentrate in school.” It was stressful because he could not do his homework and other duties for him.

Evidence of Trustworthiness

Prolonged contact, member checks, saturation, reflexivity, and peer review were utilized in order to achieve credibility (Yin, 2014). Dependability was achieved since audit trails were utilized (Kaae et al., 2010). Thick description and variation in participant selection were utilized in order to achieve transferability (Leedy & Ormrod, 2016). In order to achieve conformability, the researcher utilized reflexivity in order (Denzin & Lincoln, 2012).

Results

Research Question 1

One common theme and two subthemes emerged from the data to answer RQ1, which was as follows: How can African American parents of children diagnosed with Type One Diabetes cope with stress in the Mississippi Delta region?

Theme: Inability to cope with stress. The common theme was as follows: African American parents of children diagnosed with Type 1 diabetes cannot cope with stress in the Mississippi Delta region. Tables 2 and 3 show the data that correlate with two primary subthemes: (a) I cannot cope with stress if my child is experiencing a diabetes emergency, and (b) I cannot cope with stress if I feel that my child’s diabetes will change my future goals. The invariant constituents (i.e., meaning units that do not overlap) are presented.

Subtheme 1. I cannot cope with stress if my child is experiencing a diabetes emergency. The first thematic label was determined from two invariant constituents (Table 2). The invariant constituents that are central to the subtheme are as follows: (a) There is no coping, and (b) I cope with stress by remaining calm. The following discussion presents the invariant constituents.

The responses by 12 participants focused on negative opinions. 12 participants thought that it was impossible to cope with stress. The most significant themes show that it is not possible to cope with stress if their child is experiencing a diabetes emergency.

Thematic Category 1 (There is no coping) shows the most prevalent groups of characteristics mentioned by participants. The frequency with which the invariant constituent was mentioned was enough for Thematic Category 1 to be regarded as an evident thematic category. Participant #1 said,

We are all anxious when there is an emergency of that nature. This means that our son will be gloomy-looking pale as if he is going to die. We become worried and actually stressed because of the situation. We become part of the emergency and our blood pressure gets higher and higher. There is no coping until he calms down. When as a parent you are worried, nothing compensates for that. You become calm only when it is noticed that the feeling on the part of our son is calm. You just hang in there until such a situation is experienced.

Participant # 5 agreed with Participant # 1. She said, “Coping with the stress here is impossible. The anxiety, the emotion, and the feeling will be very high, and no parent wants to go through that. She thought that the stress would be very high because she

would think that her baby would die. She said, “A diabetes emergency will involve the entire family no one will rest until the family is told that it is all well.”

Participant #18 agreed with others. She thought that knowing herself helped. She said, “Not knowing yourself is where a lot of people go the wrong way. Once you are comfortable with who you are and where you are at, you can push through with anything.”

Participant #11 agreed with others. She thought that it would be almost impossible to cope with the stress which would come in the form of fear, anxiety, and the unknown, what do we do next, and lack of choice as to how to get out of the problem. She said

We can always pretend as if the problem is not there, whereas the problem is overwhelming in nature. When I am negatively anxious, my blood pressure rises very high and so it is not easy to cope; same with my husband. It is not easy to cope.

Thematic category 2 shows the positive characteristics presented by one participant. The invariant constituent that is central to thematic category 2 is as follows: I cope with stress by remaining calm. Participant # 7 said, “The only way to cope is to remain calm, or at least pretend to be calm and let the emergency situation sort itself out.”

Table 2

Invariant Constituents - Subtheme 1

Invariant constituents	No. of participants	% of participants
There is no coping.	12	92.31
I cope with stress by remaining calm.	1	7.69

Subtheme 2. I cannot cope with stress if I feel that my child's diabetes will change my future goals. The second thematic label was determined from one invariant constituent (Table 3). The invariant constituent that is central to the subtheme is as follows: (a) It is impossible to cope with stress. The invariant constituent is presented.

The responses by 11 participants focused on negative opinions. 11 participants could not cope with stress. The most significant themes show that it is impossible to cope with stress if they feel that their child's diabetes will change their future goals.

Thematic Category 1 (It is impossible to cope with stress.) shows the most prevalent groups of characteristics mentioned by participants. The frequency with which the invariant constituent was mentioned was enough for Thematic Category 1 to be regarded as an evident thematic category.

Participant #5 said, "It is not possible to cope with this kind of stress. It has been imposed on her by nature." She and her husband discovered within themselves that their little girl might not be able to join other girls or other sports. It might be impossible for her daughter to stand strenuous and rigorous exercises involved in education, athletics, or other sports. She said, "Her future goals are likely to change due to the nature of type 1 diabetes."

Participant # 1 agreed with Participant # 5. She said, "It is impossible to cope with this kind of stress, except that one has to get acquainted with the situation. You just accept it with all the pain associated with it." He thought his son would be a basketball player.

However, his son could not stand the stress and pain of jumping. Even in school, his son could not concentrate very well. He said, “When you expect him to be a medical doctor, and he does not have the stamina for hard tasks; he cannot sit up for a long time without any form of disturbance or the other.”

His son could not do a rigorous job. His son could not easily cope as a mechanic or an engineer. He said, “Future goals will be affected, and that will surely affect my family goals and aspirations to come out of this quagmire called poverty. It is hard to cope with this kind of stress that changes the entire family aspirations.”

Participant #7 agreed with others. She said,

Of course, you know it will change their goals. If a child has diabetes like my child and that child thinks he should become a basketball player, of course, you know it will not happen. That child remains weak most of the time and will never play active basketball.

She said, “My child may not become an engineer because she is always weak.” This was a great stress for her. She said,

He may grow up not wanting to do anything meaningful. This could be disheartening for a parent. You will still be worried, and disturbed at all times even when the child grows up.”

Table 3

Invariant Constituents - Subtheme 2

Invariant constituents	No. of participants	% of participants
It is impossible to cope with stress.	11	84.62

Research Question 2

One common theme with four subthemes emerged from the data to answer RQ2, which was the following: How are African American families impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region?

Common theme: Impact of changes in health behavior. The common theme was as follows: African American families are impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region. Tables 4 -7 show the data that correlate with four primary subthemes: (a) My everyday life is affected by my child's diabetes, (b) The costs associated with managing my child's diabetes affect the way I manage my child's diabetes, (c) the things that are associated with stress and diabetes, and (d) stressful experience concerning my child's diabetes. The invariant constituents are presented.

Subtheme 1. My everyday life is affected by my child's diabetes. The first thematic label (i.e., My everyday life is affected by my child's diabetes) was determined from two invariant constituents (Table 4). The invariant constituents that are central to the subtheme are as follows: (a) My everyday life is disturbed, and (b) It stresses us out.

The responses by eight participants focused on negative opinions. Eight participants thought that their everyday life was disturbed. The most significant themes show that their everyday life is disturbed.

Thematic Category 1 (My everyday life is disturbed.) shows the most prevalent groups of characteristics mentioned by participants. The frequency with which the invariant constituent was mentioned was enough for Thematic Category 1 to be regarded

as an evident thematic category. Participant #2 said, “Our lives in the family have been disorganized by this single disease. We all suffer from the pain. I think the diabetes is from my part of the family.”

Her parents came into the United States from Brazil, and had seven of their children here. Although the diabetes was not acute, almost all of them had signs of diabetes in them. She said,

My everyday life is disturbed because nothing can be achieved while caring for a child with type one diabetes. Financially and otherwise, you know the implication of not having a normal job in a family. The effect could even break the family.

Participant # 12 agreed with Participant # 23. She said,

Everyday life is hectic because of our industrial activities which are truncated by the administration of insulin at particular periods of the day, and when he gets an attack. My husband and I forgo going to church. We forgo going to club. We forgo going to our personal activities because it is like permanent babysitting, all day. We virtually follow him to school, and are ready at emergency periods. We are filled with anxiety. We are stressed on regular basis. We have no time of our own, even to recreate. If my husband is not watching him, we take turns.

Participant #8 agreed with others. Her husband and she could not attach any serious plans to their lives. They interchanged their programs so they could take turns watching their daughter. She said, “It is not that she cannot do some of her activities; she is just lazy, coupled with the fact that she is very heavy in size.”

Her daughter started eating too much from the age of twelve. Her daughter was obese coupled with Type 1 Diabetes. She said

If we leave her alone on her own, she is capable of harming herself. She is kind of irresponsible. That has affected us immensely. We cannot do much in a day, because we are busy attending to her. That disrupts our own activities and work. We can hardly keep steady jobs. Often, we are stressed to the limit because our lives are filled with anxiety and worry.

Thematic category 2 shows the negative characteristics presented by four participants. The invariant constituent that is central to thematic category 2 is as follows: It stresses us out. Participant # 1 said,

As he grew tall as a young age, I thought he was going to be either a football or basketball player, that hope became dashed as I watched my child as someone that could not stand a lot of strain and stress. Of course, that worried us as we put in so much time to ensure that he is taken care of, and that he is alright.

Unfortunately, that stressed us out. We became unhappy parents, stressed to a maximum. You can guess what that means, we do not have any time of our own. We are busy thinking of his survival.

Participant # 12 agreed with Participant #1. He was stressed beyond limit. He could not ordinarily quantify the stress level. He could not do any meaningful job since this took a toll of his time.

His individual lives and activities were woven through the life of his son. He did not have time to make enough money. He missed individual times and even the normal

game period for the child because he was often weak. When his son was outside, he was also watched by either of the parents.

Table 4

Invariant Constituents - Subtheme 1

Invariant constituents	No. of participants	% of participants
My everyday life is disturbed.	8	61.54
It stressed us out.	4	30.77

Subtheme 2. The costs associated with managing my child's diabetes affect the way I manage my child's diabetes. The second thematic label (i.e., The costs associated with managing my child's diabetes affect the way I manage my child's diabetes) was determined from four invariant constituents (Table 5). The invariant constituents that are central to the subtheme are as follows: (a) poverty, (b) our own leisure, (c) time, (d) family's freedom.

The responses by 13 participants focused on negative opinions. 13 participants mentioned poverty. The most significant themes show that the costs associated with managing my child's diabetes cause poverty.

Thematic Category 1 (poverty) shows the most prevalent groups of characteristics mentioned by participants. The frequency with which the invariant constituent was mentioned was enough for Thematic Category 1 to be regarded as an evident thematic category. Participant #1 said, "In terms of the dollar, it is costly maintaining a diabetic child. The state does not provide everything."

He spent his own money in buying insulin. He always watched him live instead of working on a steady job. It affected both the mother and him and they could not make

ends meet. It rubbed off on their homes, where basic amenities could not be provided.

He said, “This is poverty and it can be strenuous to deal with.”

Participant # 4 agreed with Participant # 1. He said,

The first cost is money. It is an exorbitant process for poor families like ours. It is hard to handle. We have to supplement whatever is coming from Medicaid.

The cost of time spent on managing a diabetic kid is very high. The time parents need to be at work if converted to money is very huge. I could have been earning over \$50,000 on a job I had before this experience, now on part time, I do not earn up to \$15,000 per annum. Over \$35,000 is lost, and it is same with my wife, even when we alternate the baby-sitting process. The fact is that someone under this situation has no life of his or her own, another cost associated with this, is deprivation. The other three siblings are also suffering based on this situation because we cannot adequately provide for them. Money is lost, which should have provided for them. That is a very high cost for the family.

Participant #6 agreed with others. She said,

Cost in terms of money is enormous. Constant insulin in the house for the treatment...”

Opportunity cost because other siblings did not fit in. She had three of them, including

the acute diabetic one. Costly in terms of treatment; sometimes her daughter was not

adequately covered because of her poor condition and the poor environment she lives in.

Thematic category 2 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 2 is as follows: our own leisure. Participant # 1 said, “Parents like us lose our own leisure, even while at home because of this.” The cost was so high that it could cause a dysfunctional family or even a divorce based on constant quarrels and disagreement between her and her husband. Going through many of these incidences, it was difficult to manage his child’s diabetes effectively.”

Thematic category 3 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 3 is as follows: time. Participant # 1 said, “The first cost is time.”

Thematic category 4 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 2 is as follows: family’s freedom. Participant # 5 said that family’s freedom was deprived, and this was a great cost to the family. She said, “Everyone in the family is busy ensuring that nothing happens to the girl because of the type one diabetes, which everyone thinks can kill easily.”

Table 5

Invariant Constituents - Subtheme 1

Invariant constituents	No. of participants	% of participants
Poverty	13	100
Our own leisure Time	2	15.38
Family's freedom	1	7.69
	1	7.69

Subtheme 3. The things that are associated with stress and diabetes. The third thematic label (i.e., the things that are associated with stress and diabetes) was determined from seven invariant constituents (Table 6). The invariant constituents that are central to the subtheme are as follows: (a) poverty, (b) social impact, (c) inadequate provision of medicine and drugs, (d) Medicaid, (e) lack of access to healthcare, (f) lack of quality time for us, and (g) quality of our food.

The responses by eight participants focused on negative opinions. Eight participants mentioned poverty. The most significant themes show that poverty is associated with stress and diabetes.

Thematic Category 1 (poverty) shows the most prevalent groups of characteristics mentioned by participants. The frequency with which the invariant constituent was mentioned was enough for Thematic Category 1 to be regarded as an evident thematic category. Participant #12 said,

The level of poverty here in the Delta Region of Mississippi is very high. I am sure this is a contributory factor. When parents again do not meaningfully hold a job because of a sick child that contributes more to a lower standard of living, and further poverty. It is difficult to cope with this kind of stress, rather I think

parents are in denial of their individual situations. Apart from that, such parents do not have much choice and cannot abandon their children because of the disease.

Participant # 9 agreed with Participant # 12. She said, “The costs affect how the child is managed. Not having enough money for the insulin and still buying and catering for the family are detrimental to the wellbeing of the family and normally leaves my husband and me with high stress.” Deprivation affected each and every living human being in her home. She payed a price for the management of the child with Type 1 Diabetes, as well as payed a price individually for lowering her standard of living.

Thematic category 2 shows the negative characteristics presented by seven participants. The invariant constituent that is central to thematic category 2 is as follows: social impact. Participant # 8 said,

The social impact is also high in that the community expectation is not met in the process. We hope that with time, things will be better organized to take care of those below the national poverty line, who still also suffer from very acute diseases including Type 1 Diabetes.

Participant # 4 agreed with Participant # 12. He said, “Some people look at you or your child as if you inflicted diabetes on yourself or the entire family. This is socially stressful.”

Thematic category 3 shows the negative characteristics presented by six participants. The invariant constituent that is central to thematic category 3 is as follows:

inadequate provision of medicine and drugs. Participant # 2 said, “When we don’t have enough medicine, we are stressed.”

Thematic category 4 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 4 is as follows: Medicaid. Participant # 1 thought that Medicaid’s inability to cover all bills caused stress. Participant # 8 agreed with Participant # 1. She said,

The healthcare provision is not enough. Medicaid seems to be static in its provisions, and does not cater for special cases. Some Type 1 Diabetes, as that of our daughter is acute, and needs some special provisions in terms of funding.

Unfortunately, Medicaid cannot do that, and we have to put our last cents into the treatment.

Thematic category 5 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 5 is as follows: lack of access to healthcare. Participant # 5 said, “Access to healthcare is a major source of stress. Medicaid provided by the Federal Government is not adequate to cater for rural communities in the states.” Participant # 4 agreed with Participant # 12. He said that lack of access to healthcare caused stress.

Thematic category 6 shows the negative characteristics presented by three participants. The invariant constituent that is central to thematic category 6 is as follows: lack of quality time for us. Participant # 5 thought that lack of enough time could be another problem as she juggled between jobs and maintained the other kids in her home.

Thematic category 7 shows the negative characteristics presented by Participant #

5. The invariant constituent that is central to thematic category 7 is as follows: quality of our food. Participant # 5 said that non-improvement in quality of our food led to stress.

Table 6

Invariant Constituents - Subtheme 1

Invariant constituents	No. of participants	% of participants
Poverty	9	69.23
Social impact	7	53.85
Inadequate provision of medicine and drugs	6	46.15
Medicaid	5	38.46
Lack of access to healthcare	2	15.38
Lack of quality time for us	3	23.08
Quality of our food	1	7.69

Subtheme 4. Stressful experience concerning my child's diabetes. The fourth thematic label (i.e., stressful experience concerning my child's diabetes) was determined from six invariant constituents (Table 7). The invariant constituents that are central to the subtheme are as follows: (a) my child's mood, (b) My child is weak, (c) money, (d) anxiety, (e) Sugar levels, (f) societal acceptance, and (g) concentration.

The responses by nine participants focused on negative opinions. Nine participants mentioned their child's mood. The most important themes show that their child's mood is stressful.

Thematic Category 1 (my child's mood) shows the most prevalent groups of characteristics mentioned by participants. The frequency with which the invariant constituent was mentioned was enough for Thematic Category 1 to be regarded as an evident thematic category. Participant #1 said that there were tens of changes in behavior

that affected his son's mood, his composure, his happiness or unhappiness. That triggered off changes in his own mood and behavior.

Participant # 4 agreed with Participant # 1. He said,

When the child is gloomy and unhappy, it affects the mood of the entire family.

The mother becomes unhappy. This will affect everyone in terms of mood in the family. The mother as well as the father, who are expected to keep food on the table are often stressed to the limit.

Thematic category 2 shows the negative characteristics presented by eight participants. The invariant constituent that is central to thematic category 2 is as follows: My child is weak. Participant # 3 said, "My son gives excuses in undertaking any challenging activity – that is stressful. When he should be playing and he is sitting down, it is stressful." When her son could not accept ordinary school jobs like his mates, it became stressful for her.

Participant # 1 agreed with Participant # 3. He said,

When I observe my son and he is weak, it is stressful to me. When he should have been playing with his mates, he gives excuses, that is stressful. When he is lying down almost always, it is stressful.

When his son was challenged with normal lifting of weight, or doing active sport, he became stressed.

Thematic category 3 shows the negative characteristics presented by Participant # 5. The invariant constituent that is central to thematic category 3 is as follows: money.

Participant # 5 said, “Trying to cure type 1 diabetes without enough money could be stressful and managing scarcity is not a good habit.”

Thematic category 4 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 4 is as follows: anxiety. Participant # 8 said, “We have a daughter that has T1D, and a very acute one, so that we have no time to rest or recreate, or interact with society as expected.” She had no comfort of her own, and there was always anxiety and worry in the home. She said,

These are all sources of stress; insulin alone may not solve the problem. We need to find a way of eliminating Type 1 Diabetes in its entirety, and that will be the only way of eliminating stress in families with children suffering from Type 1 Diabetes.

Thematic category 5 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 5 is as follows: sugar levels. Participant # 13 said, “To think that his sugar level is high when it is actually low could be stressful.”

Thematic category 6 shows the negative characteristics presented by Participant # 11. The invariant constituent that is central to thematic category 6 is as follows: societal acceptance. Participant # 11 said, “Societal acceptance is still wrong. Many want to hide the disease.”

Thematic category 7 shows the negative characteristics presented by two participants. The invariant constituent that is central to thematic category 7 is as follows:

concentration Participant # 13 said, “My son cannot concentrate in school.” It was stressful because he could not do his homework and other duties for him.

Table 7

Invariant Constituents - Subtheme 1

Invariant constituents	No. of participants	% of participants
My child’s mood	9	69.23
My child is weak	8	61.54
Money	2	15.38
Anxiety	1	7.69
Sugar levels	2	15.38
Societal acceptance	1	7.69
Concentration	1	7.69

Summary

The first common theme (research question 1) was as follows: African American parents of children diagnosed with Type One Diabetes cannot cope with stress in the Mississippi Delta region. Two primary subthemes appeared from the analysis: (a) I cannot cope with stress if my child is experiencing a diabetes emergency, and (b) I cannot cope with stress if I feel that my child’s diabetes will change my future goals. The second common theme (research question 2) was as follows: African American families are impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region. Four primary subthemes appeared from the analysis: (a) My everyday life is affected by my child’s diabetes, (b) The costs associated with managing my child’s diabetes affect the way I manage my child’s diabetes, (c) the things that are associated with stress and diabetes, and (d) stressful experience concerning my child’s diabetes. Chapter 5 includes a discussion of the findings.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of the study was to examine (a) how African American parents of children diagnosed with Type 1 diabetes can cope with stress and (b) how African American families are impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region. The phenomenological design was utilized to explore the lived experiences of African American parents of children diagnosed with Type One Diabetes (see Yin, 2009). This study was conducted to fill the gap identified in the problem statement.

The first common theme (related to RQ1) was as follows: African American parents of children diagnosed with Type One Diabetes cannot cope with stress in the Mississippi Delta region. Two primary subthemes were as follows: (a) I cannot cope with stress if my child is experiencing a diabetes emergency, and (b) I cannot cope with stress if I feel that my child's diabetes will change my future goals. The second common theme (for RQ2) was as follows: African American families are impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region. Four primary subthemes were as follows: (a) My everyday life is affected by my child's diabetes, (b) The costs associated with managing my child's diabetes affect the way I manage my child's diabetes, (c) the things that are associated with stress and diabetes, and (d) stressful experience concerning my child's diabetes.

Interpretation of the Findings

RQ1 (How can African American parents of children diagnosed with Type One

diabetes cope with stress in the Mississippi Delta region?) addressed the following themes: (a) I cannot cope with stress if my child is experiencing a diabetes emergency, and (b) I cannot cope with stress if I feel that my child's diabetes will change my future goals. The responses by most participants focused on negative opinions. Most participants thought that they could not cope with stress. For example, Participant 1 said, "There is no coping until he calms down, when as a parent you are worried, nothing compensates for that."

These findings do not support the findings of previous studies that indicated that African American parents with children suffering from Type 1 diabetes coped with stress. These findings do not support the transtheoretical model that evaluates a person's preparedness to pursue a new healthier behavior (Prochaska, 2006; Prochaska & Velicer, 2009). Lipman et al.'s (2012) study does not support these findings. Lipman et al. (2012), through interviews with 799 parents of children with Type 1 diabetes, found that African American parents of children with Type 1 diabetes coped with stress by focusing on social supports. In Spruill et al.'s (2015) study, involving qualitative analysis of data from interviews with 650 African American parents of children with Type 1 diabetes, the authors found that African American parents with children suffering from Type 1 diabetes coped with stress by focusing on acknowledgment and denial. Thus, my findings do not confirm knowledge in the discipline.

The scope of the study was limited to African American parents of children diagnosed with Type One Diabetes in the Mississippi Delta region. This population does not represent the general population (Cooper & Schindler, 2014; Leedy & Ormrod, 2016;

Remler & Van Ryzin, 2010; Vaishnavi & Kuechler, 2015). Thus, the findings cannot be generalized to the general population (Bernard, 2013; Creswell, 2009; Cooper & Schindler, 2014; Leedy & Ormrod, 2016; Remler & Van Ryzin, 2010; Vaishnavi & Kuechler, 2015).

RQ2 (How are African American families impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region?) addressed the following themes: (a) My everyday life is affected by my child's diabetes, (b) The costs associated with managing my child's diabetes affect the way I manage my child's diabetes, (c) the things that are associated with stress and diabetes, and (d) stressful experience concerning my child's diabetes. Most participants thought that their life was affected by their child's diabetes. For example, Participant 2 said, "Our lives in the family have been disorganized by this single disease. We all suffer from the pain."

These findings support the findings of previous studies that found that African American families were impacted by changes in health behavior due to Type 1 diabetes. These findings support the transtheoretical model that evaluates a person's preparedness to pursue a new healthier behavior (Prochaska, 2006; Prochaska & Velicer, 2009). Thus, these findings confirm knowledge in the discipline. For example, Strider's (2016) study, which involved interviews with 20 African American parents of children with type one diabetes, found that changes in health behavior due to Type 1 diabetes significantly affected African American families. Furthermore, Spruill et al. (2015) interviewed 650 African American parents of children with Type 1 diabetes in California and found that

changes in health behavior due to Type 1 diabetes significantly influenced African American families.

Limitations of the Study

Dependability was achieved because data interpretation was checked (Bernard, 2013; Creswell, 2009; Cooper & Schindler, 2014; Leedy & Ormrod, 2016; Remler & Van Ryzin, 2010; Vaishnavi & Kuechler, 2015; Yin, 2014). Credibility was achieved through the use of prolonged contact, member checks, saturation, reflexivity, and peer review (Yin, 2014). The sample represents the target population (Leedy & Ormrod, 2016). Thus, transferability was achieved. Conformability was achieved because external audits were utilized (Bernard, 2013; Creswell, 2009; Cooper & Schindler, 2014; Leedy & Ormrod, 2016; Remler & Van Ryzin, 2010; Vaishnavi & Kuechler, 2015).

Recommendations

Recommendations Developed Directly from the Data

In the study, triangulation was not utilized. Researchers should use triangulation because it could improve credibility (Yin, 2014).

Recommendations Based on Delimitations

In the study, the impact of changes in health behavior due to Type 1 diabetes on depression was not examined. Researchers should examine whether changes in health behavior due to Type 1 diabetes significantly affect depression by conducting a regression analysis. Researchers may show that changes in health behavior due to Type 1 diabetes significantly affect depression. In this study, I did not examine the impact of

changes in health behavior due to Type One Diabetes on anxiety, controlling for gender and age.

Researchers should conduct a hierarchical regression analysis to examine the impact of changes in health behavior due to Type 1 diabetes on depression, controlling for gender and age. Researchers may show that changes in health behavior due to Type One Diabetes have a significant impact on anxiety. In the study, the impact of changes in health behavior due to Type One Diabetes on hypertension was not examined.

Researchers could fill this additional gap in literature by further examining the impact of changes in health behavior due to Type One Diabetes on hypertension. By performing a regression analysis, researchers may show that changes in health behavior due to Type One Diabetes affect hypertension.

Implications

Positive Social Change

The study has the potential to effect positive social change by addressing the impact of changes in health behavior due to Type One Diabetes on African American families. The study will provide healthcare providers and policy makers insight about African American families that have children diagnosed with Type 1 diabetes. The social change implications of the study will be the knowledge gained that can be used to help African American parents of children diagnosed with Type One Diabetes.

The study could be beneficial to any organization that motivates African American families that have children diagnosed with Type 1 Diabetes to cope with stress. Healthcare organizations could benefit from the study. The implications are beneficial to

healthcare organizations that manage African American families that have children diagnosed with Type 1 Diabetes.

Theoretical Implications

The present study is guided by the transtheoretical model. The transtheoretical model evaluates a person's preparedness to pursue a new healthier behavior (Prochaska, 2006; Prochaska & Velicer, 2009). The transtheoretical model it is most appropriate for examining 1) how African American parents of children diagnosed with Type One Diabetes can cope with stress and 2) how African American families are impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region.

In the present study, African American families are impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region. The results from the study may imply that changes in health behavior due to Type One Diabetes significantly affect African American families. In addition, the results imply that the transtheoretical model ties into the study.

Methodological Implications

The qualitative phenomenological design was used in order to describe the lived experiences of African American parents (Creswell, 2009; Cooper & Schindler, 2014; Leedy & Ormrod, 2016; Remler & Van Ryzin, 2010; Vaishnavi & Kuechler, 2015; Yin, 2014). As the purpose of the study was to examine 1) how African American parents of children diagnosed with Type One Diabetes can cope with stress and 2) how African American families are impacted by changes in health behavior due to Type One Diabetes in the Mississippi Delta region, the phenomenological design answered the research

questions by examining the lived experiences of African American parents age (Bernard, 2013; Creswell, 2009; Cooper & Schindler, 2014; Leedy & Ormrod, 2016; Remler & Van Ryzin, 2010; Vaishnavi & Kuechler, 2015). The results from the study imply that the qualitative phenomenological design is appropriate for exploring the lived experiences of African American parents of children diagnosed with Type One Diabetes. Credibility, dependability, transferability, and confirmability was successfully achieved (Leedy & Ormrod, 2016; Remler & Van Ryzin, 2010; Vaishnavi & Kuechler, 2015).

Recommendations for Practice

Healthcare practitioners can utilize the study to examine whether changes in health behavior due to Type One Diabetes affect African American families. Healthcare practitioners can use the study to examine what indicators they should use to help African American parents of children diagnosed with Type One Diabetes. This study can help healthcare practitioners take great strategic steps in terms of assisting African American parents of children diagnosed with Type One Diabetes.

Conclusion

This study, like that of Strider (2016), and Spruill et al (2015), agreed that African American parents of children diagnosed with Type One Diabetes are significantly impacted by changes in health behavior, but the research here is unique and emphatic by admitting that African American parents of children diagnosed with Type One Diabetes do not cope with such stress. They are not in denial and do not get social support in the Mississippi Delta Region. This uniqueness will make them pursue a new healthier behavior without any assumption to the outcome of the study.

Helping African American parents of children diagnosed with Type One Diabetes is important. Insights from African American parents of children diagnosed with Type One Diabetes can help healthcare practitioners and policy makers plan for projects by helping them. Insights from African American parents of children diagnosed with Type One Diabetes enable policy makers to implement policy to benefit them by encouraging them to cope with stress.

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Appendix A: Interview Questions

1. What race is your child?
2. How long has your child been diagnosed with diabetes?
3. At what age was your child diagnosed with Type One Diabetes mellitus?
4. How is your everyday life affected by your child's diabetes?
5. What are the costs associated with managing your child's diabetes? How do those costs affect the way you manage your child's diabetes?
6. What are the things that are associated with stress and diabetes (e.g. access to healthcare, social impact)?
7. How do you cope with stress if your child is experiencing a diabetes emergency?
8. How do you cope with stress if you feel that your child's diabetes will change their future goals?
9. What relevant experience concerning your child's diabetes is stressful?