

Claiming Health: Mammography Screening Decision Making of African American Women

Barbara A. Fowler, DNSc, APRN, BC

Purpose/Objectives: To develop a substantive theory that explains how African American women aged 50 years and older of different socioeconomic status (SES) make decisions about mammography screening.

Design: Qualitative, grounded theory.

Setting: Churches, places of employment, or women's homes in a large city in Ohio.

Sample: 30 women aged 52–72 years; 16 in the initial sample and 14 in the theoretical sample.

Methods: Audiotaped interviews and extensive written field notes; interviews were transcribed verbatim and analyzed using the constant comparison method, resulting in saturation of data.

Main Research Variables: Decision-making processes explaining mammography screening.

Findings: “Claiming health” emerged as the substantive theory explaining decisions that affect mammography screening and was embedded in the social contexts of cultural heritage and learned kinship values, religious beliefs and supports, and prior negative experiences with healthcare professionals and the healthcare system. Claiming health involved sisterhood and fellowship relationships fostered in the church. Claiming health was differentiated by age and SES, with older women of lower SES reporting greater reliance on cultural heritage and negative recollections of the healthcare system when making decisions regarding mammography. Each subconcept of claiming health was equally important and influenced decision making.

Conclusions: Oncology nurses can benefit from the information presented by assisting older women of lower SES who may have encountered negative experiences in the healthcare system to develop effective assertiveness and communication skills when interacting with healthcare professionals.

Implications for Nursing: Further research is needed to determine whether claiming health is a way of thinking about health generally or is used solely to explain experiences with mammography screening.

African American women aged 50 years and older are at greater risk of later-stage detection and poorer five-year survival of breast cancer at diagnosis when compared to non-Hispanic Caucasian women of similar age (89% versus 75%, respectively) (American Cancer Society [ACS], 2005). Extensive research has established that lower socioeconomic status (SES) is a major predictor of decreased mammography screening, the most efficacious method for early-stage detection of breast cancer abnormalities in women (ACS). The findings were confirmed in longitudinal tracking data from the first 10 years of the National Breast and Cervical Cancer Early Detection Program (Centers for Disease Control and Prevention, 2006). In the data analysis, African American women of lower SES aged 50 years and older obtained mammography screening at significantly lower rates

Key Points . . .

- ▶ African American women aged 50 years and older across socioeconomic status (SES) continue to obtain fewer mammography screenings, resulting in later-stage detection and poorer survival of breast cancer at diagnosis when compared to non-Hispanic Caucasian women and other racial, ethnic, and minority groups of similar age and SES.
- ▶ “Claiming health” can be used to explain decision making related to mammography screening.
- ▶ Claiming health integrates cultural heritage and learned kinship values, religious beliefs and supports, and sisterhood and fellowship relationships as well as prior negative experiences with healthcare professionals and the healthcare system.
- ▶ Oncology nurse educators and clinicians can assist older women of lower SES who may refute the necessity of recommended mammography screening as a result of prior experiences of discrimination to develop effective assertiveness and communication skills when interacting with healthcare professionals.

than non-Hispanic Caucasian women of similar age and SES (17.2% versus 52.4%, respectively). Recent studies also have shown that sociocultural factors, religious beliefs, fears, and fatalistic beliefs that are perpetuated by inaccurate information from family members and significant others, as well as prior negative experiences with healthcare professionals and the healthcare system, help explain lower rates of mammography screening among African American women. Despite the evidence, how African American women aged 50 years and

Barbara A. Fowler, DNSc, APRN, BC, is a professor in the College of Nursing and Health Teaching at Wright State University in Dayton, OH. At the time this article was written, Fowler was a fellow in the School of Nursing at the University of Pennsylvania, National Institutes of Health Center for Health Disparities, Summer Nursing Research Institute. The research for this article was supported by the American Nursing Foundation; the ONS Foundation/Bristol-Myers Squibb Oncology Division Community Health Research Grant; a Beta Iota Chapter, Sigma Theta Tau International, research grant; and the Golden Lamp Society Award for Research and Scholarship in the College of Nursing at Rush University in Chicago, IL. (Submitted October 2005. Accepted for publication December 31, 2005.)

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