

## **WORK AND HEALTH: EXPERIENCES OF AFRICAN AMERICAN WOMEN**

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**Purpose:** The objectives of this study were to explore the meaning of work to the lives of a sample of mid-life African American women with type 2 diabetes; analyze this meaning related to the perceived health of these women and their families; and, use findings to inform the ethical responsibility of nursing to address culture as a defining factor in development of appropriate health care interventions for this population.

**Method:** Data collection occurred through interviewing eleven women between the ages of 40 and 55 years who worked in a variety of retail, service, or clerical positions. All women were mothers and had an average length of diabetes of eight years. Interviews occurred in a public clinic where women sought care. Transcription of interviews occurred, and grounded theory methodology defined findings of the study relevant to the purpose. Adherence to all relevant human rights considerations relevant to the PI's employment setting and the clinic occurred.

**Findings:** Analysis of data supported a core variable of cultural control and accountability. Women varied in the meaning of their work based on employment role and feelings of control in that role. Overall, the status of each woman's employment based on her educational and commitment level, not her ethnicity, determined her control and accountability for her disease. Only 36% of the sample believed they experienced "good health," a result of having supportive co-workers and church connections, accepting self-identity as a diabetic, and working as a partner with health care providers for disease management. Although only one woman noted family support for her diabetes, all women acknowledged the need for family involvement in diabetes education and relevant care decisions. Many women believed that training additional lay persons in the African American church could improve chronic illness care by honoring the traditional beliefs of chronically ill African Americans while connecting them with biomedical resources for disease management.

**Discussion:** These women, similar to women of other ethnic groups, believed that health care providers should focus on a more holistic model for interpreting the diabetic experience for women. Both providers and the system of care must change to increasingly consider these women's life experience as part of the treatment plan for improving the quality and quantity of these women's lives.