

# Transformative Learning Theory: Facilitating Mammography Screening in Rural Women

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About one-third of women in rural areas of western states report not receiving mammography screening in the past two years compared to 25% of women nationwide (Centers for Disease Control and Prevention [CDC], 2010). Rural women who are at low income and educational levels remain at high risk for underusing mammography (CDC, 2010), which places them at higher risk for detection of late-stage breast cancer in spite of improvements in access to care. In addition, the voices of medically underserved, rural women are not prominent in the literature.

Since a call for an increased emphasis in research was made by Rimer (1994), theory-driven approaches to explain and predict women's mammography screening behavior have been the standard. Consequently, a vast body of research using theoretical frameworks has contributed to the understanding of screening decisions and behavior. Pasick and Burke (2008) conducted a critical review of the research regarding the most frequently used health behavior theories. The purpose of their review was to understand theoretical contributions to effective interventions within the context of breast cancer health disparities. Pasick and Burke (2008) reviewed the Health Belief Model, theory of planned behavior, social support theory, social-cognitive theory, the Precede-Proceed model, and the transtheoretical model. The transtheoretical model explains the process of behavioral change (Prochaska, DiClemente, & Norcross, 1992) and has been adapted to mammography screening (Rakowski et al., 1997) with relatively good success (Champion et al., 2003; Rakowski et al., 1998). In spite of the promise of these theoretical models, underuse of mammography and associated breast cancer disparities persist, particularly in rural areas. Evidence suggests that use of behavioral health theories to underpin interventions may not be fully effective for underserved populations because of limitations inherent in the individual cognition focus of these theories (Pasick & Burke, 2008). Expanding theo-

**Purpose/Objectives:** To use transformative learning to investigate what experiences serve as catalysts for mammography screening, the cognitive and affective responses that result from the catalyst, and how screening behavior is impacted.

**Research Approach:** A descriptive qualitative study.

**Setting:** Southeastern Wyoming.

**Participants:** 25 low-income, rural women aged 40 years and older.

**Methodologic Approach:** Four focus group interviews.

**Findings:** Cancer experiences triggered universal responses of fear by screeners and nonscreeners. The manner in which that fear response was interpreted was a critical factor in the facilitation of, or impedance to, screening. Dichotomous interpretations of fear responses provided the context for screening behavior. Immobilizing and isolating experiences were associated with nonscreening behavior, whereas motivation and self-efficacy were associated with screening behavior.

**Conclusions:** Transformative learning theory is a useful framework from which to explain differences in mammography screening behavior. Creating opportunities that facilitate dialogue and critical reflection hold the potential to change immobilizing and isolating frames of reference in nonscreening women.

**Interpretation:** To help women transcend their fear and become self-efficacious, nurses can assess how cancer and the screening experience is viewed and, if indicated, move beyond standard education and offer opportunities for dialogue and critical reflection.

**Key Words:** rural issues; prevention and detection; nursing research; qualitative research; breast cancer

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retical approaches to include the sociocultural context may offer a more comprehensive means to understanding behavior and addressing health disparities (Burke, Joseph, Pasick, & Barker, 2009; Pasick & Burke, 2008; Sorensen et al., 2003). Social context involves individual psychosocial factors as well as interpersonal factors