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Voices From the Pew: Exploring African American Christian Women's Perceptions of Church Readiness to Deliver Support Services Since the Beginning of the COVID-19 Pandemic

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Voices From the Pew: Exploring African American Christian Women's Perceptions of Church Readiness to Deliver Support Services Since the Beginning of the COVID-19 Pandemic

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ABSTRACT

Churches must be able to navigate forced changes like those brought on by the COVID-19 pandemic. Restrictions related to the pandemic impacted churches' abilities to provide needed support services to the African American community, including African American women, who shoulder tremendous challenges. Few studies report the views of African Americans regarding the types of support services they need and none address the perceptions of African American Christian women's need for support services from their church to assist them in recovering from the effects of the pandemic. The aim of this qualitative descriptive study was to explore African American Christian women's perceptions regarding their church's readiness to deliver needed support services since the beginning of the pandemic. This perspective is crucial for addressing organizational change for church readiness. Using a social constructivist approach, I relied on participants' views of their situation. Data were collected from semistructured interviews of 20 African American Christian women who attended churches throughout the United States. Six significant themes depicted the support programs reported by the participants, and two themes represented the needed organizational changes to enhance church readiness. These perceptions from the pew provide the groundwork for church organizational change by suggesting services that should be implemented or operations that should be changed.

Keywords: organizational change, church readiness, church support services, digital technology, church partnership, contingency planning, qualitative descriptive study

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DEDICATION

I dedicate this dissertation to all of the African American Christian women who suffer in silence, who put others before them, and who feel they have to navigate their challenges alone.

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CHAPTER 1: INTRODUCTION

Historically, African Americans have depended on their churches as safe havens where they seek solutions to overcome their problems or receive services aligned with their various needs (Brand, 2019; Bruce, 2020; R. D. Campbell & Winchester, 2020; Davenport & McClintock, 2021; DeSouza et al., 2021; Malone, 2015; L. F. Williams & Cousin, 2021). According to a Pew Research Center report, African American congregants revealed that the benefits of attending a predominantly African American church were (a) a place where they can discuss specific needs and concerns, (b) worship and music that is culturally familiar, (c) a shelter from discrimination and a place to feel at home, and (d) a connection to history and the struggles of African Americans (Mohamed et al., 2021). A female participant of the study who attended an African American church regularly expressed, “They know our struggle” (p. 28). Another female participant stated two essential features of the African American congregation: the topics of the daily sermons addressed the challenges she faced, and the praise and worship music.

In the 19th and 20th centuries, the African American church played essential roles in the African American community outside the church, according to the Mohamed et al. (2021), though that is waning. Currently, 47% of African American adults reported that African American churches have very little influence in African American communities compared to their influence 50 years ago. Historically, the African American church provided job-training programs, insurance cooperatives, and other support services. Additionally, the African American church provided services that were culturally responsive and solution-driven in a manner that helped their community manage personal struggles, including the psychological and social effects of racism (Brand, 2019). African Americans customarily received social

reinforcement and spiritual messages in a cultural context that lifted their spirits. In addition, the African American church supported families through financial hardships and health disparities for centuries; however, the COVID-19 pandemic lockdown caused drastic changes in the provision and delivery of support services from these churches.

The COVID-19 pandemic has forced organizational changes in how the church provides and delivers support services to congregants. Rapid changes restricted humans from interacting with each other and weakened our economy (Darmawan et al., 2021). I was inspired to carry out this study as I observed the shift that churches have undergone to sustain their ministries because of the COVID-19 restrictions, especially as I witnessed African American women in distress. What were these women experiencing through the pandemic? What were their churches doing to support these women? What should the church do to help these women? Hearing their experiences and learning their perceptions of needed church support services provided by their church could be the groundwork for organizational change for church.

Background of the Problem

From 2019 to 2021, much of the world was socially isolated because of COVID-19 restrictions. The challenges of the pandemic were significant and broad. The restrictions impacted church-related routines, church leaders, congregants, and their partners (Darmawan et al., 2021). Problems escalated among the congregants, such as loneliness and increased depression, as emphasized by Mahiya and Murisi (2022), which were caused primarily by the new social order of isolation. Research by the National Alliance on Mental Illness (2019) revealed that 16% of African Americans in the United States reported having diagnosable mental illness in the year before the pandemic started. This rate was disquieting because members of this

community were 50% less likely to seek mental health services than White Americans, according to the Substance Abuse and Mental Health Services Administration (2015).

African American Christian women (AACW) were significantly affected by escalated mental health issues resulting from the recent social isolation mandates because of the COVID-19 pandemic (Kalinowski et al., 2022). Specifically, they experienced high stress, anxiety, and depression related to the mass quarantine and isolation (Le & Nguyen, 2021; Xiang et al., 2020). The pandemic caused heightened mental health issues associated with isolation worldwide, and a shift in church support services occurred (Bruce, 2020; R. D. Campbell & Winchester, 2020; Gore et al., 2022; Joubert, 2020).

Depression and anxiety were the two most common mental health issues in America, according to Chang (2018). Even before COVID-19 restrictions were in place, depression and anxiety symptoms associated with loneliness were found to be exceptionally stronger in African American women than in men. African American women had a higher rate of major depression than African American men (Scott et al., 2022). Symptoms of depression include feeling sad and lack of motivation or interest in daily activities, which has weakened people's quality of life. To cope with these challenges, AACW seldom sought help from the public or conventional services and instead relied on support through close relationships or church members (Avent Harris & Wong, 2018; DeSouza et al., 2021). Studies showed that African Americans would turn to their pastors for counseling or trusted the pastor's referral to a service provider before seeking help from a traditional therapist (Hall et al., 2021; Thompkins et al., 2020; L. F. Williams & Cousins, 2021). Relying on their pastors for this support was an expected form of help-seeking behavior for AACW.

Many African American women experience a superwoman schema, which refers explicitly to strong Black woman. This term is a cultural gender norm that describes Black women who keep up the appearance of having physical and emotional strength and of being self-reliant (Abrams et al., 2019; Avent Harris, 2021a; Hall et al., 2021; Watson & Hunter, 2016). A conceptual framework of the superwoman schema distinguished five characteristics of the strong Black woman's cultural attitudes, which are gaining the interest of scholars to explore how variations of these characteristics correlate with mental health (Abrams et al., 2019; Hall et al., 2021; Jones et al., 2020; Woods-Giscombé, 2010). The five characteristics of strong Black women were (a) obligation to manifest strength, (b) obligation to suppress emotions, (c) resistance to being vulnerable, (d) determination to succeed, and (e) obligation to help others. Hall et al. (2021) also viewed African American women as having unique experiences of stress related to racial and gender discrimination. Seeking treatment for mental health issues may be delayed or hindered as these women suppressed emotions to maintain their self-reliant image (Scott et al., 2022). In addition, if these women sought mental health services, they were stigmatized and usually sought alternate strategies to alleviate mental health symptoms, such as prayer and other religious practices (Abrams et al., 2019; Avent Harris, 2021a; R. D. Campbell & Winchester, 2020; Hays, 2018; Hudson et al., 2018).

Unfortunately, the COVID-19 pandemic hampered church support for some African American women because of the lockdown restrictions. Evener (2020) predicted that more small congregations would fail the longer the restrictions were in place. To prevent this danger, some church leaders transitioned their worship service and Bible study to digital communication to continue conveying God's Word. This transition caused debates among various denominations regarding the legitimacy of the online worship service. According to Parish (2020),

> The mechanism is different; digital media, not the material printed word, lies at the heart of the rapid expansion of the intersections between religious belief and new modes of communication. However, the issues remain the same. To what extent are [religious] relationships that are construed and articulated in these new forms of communication, including social media, "real?" (p. 4)

Chow and Kurlberg (2020) also found disputes among church leaders regarding whether the use of technology was a Christian practice. Some church leaders believed digital worship did not allow human bodies to congregate in the same physical space. According to Oliver (2022), the Church of God in South Africa should not ignore debates regarding in-person or online attendance and should find a new way of presenting the gospel to congregants, lest the church "fade away like many churches in the USA and even Europe and become a sanctuary for elderly people to go to in the years before they die" (p. 7).

Regardless of the COVID-19 pandemic's negative impact on many churches, Darmawan et al. (2021) affirmed that the church could provide for the congregants' spiritual needs through digital communication. They added that the church could perceive the pandemic as an opportunity to find a solution-driven, creative, and innovative response.

Statement of the Research Problem

Whether people worshipped in person, online, or a combination of both, studies indicated that congregants needed support services, and the church should consider ways to address the needs of the community as they recovered from the effects of the pandemic (Darmawan et al., 2021; Gorrell, 2020; Joubert, 2020; King & Carberry, 2020). The recommendation was for the church to rethink support services during the COVID-19 pandemic and, according to Darmawan et al. (2021), to maximize support services throughout the pandemic. Mental health issues in the

African American community were also of great concern to public health officials interested in better understanding how to partner with churches to implement program delivery (Brewer et al., 2020; Moore et al., 2022).

Examples of churches implementing mental health promotion programs existed in recent research. Additionally, there were studies on churches that partnered with public health services. However, there is limited documentation of the organizational changes needed to improve church readiness to implement and effectively deliver such programs. Furthermore, there is no evidence of qualitative studies that examine AACW's perceptions of their churches' readiness to provide needed support services since the beginning of the COVID-19 pandemic.

Purpose Statement

The aim of this qualitative descriptive study was to explore AACW's perceptions of their church's readiness to deliver needed support services since the beginning of the COVID-19 pandemic.

Research Questions

Central Research Question

What are AACW's perceptions of their church's readiness to deliver needed support services since the beginning of the COVID-19 pandemic?

Research Subquestions

1. What are the experiences of AACW regarding their church's delivery of social support services in response to COVID-19 restrictions?
2. What do AACW identify as factors that contributed to facilitating or creating barriers to needed social support from their church throughout COVID-19 restrictions?

3. What do AACW believe churches could have implemented to provide their needed social support services in response to COVID-19 restrictions?

Delimitations and Significance of the Research

Delimitations

The population for this study was delimited to AACW between the ages of 45 and 85 who lived throughout the United States. They were recruited intentionally from my organization, which provides Bible study courses. Participants were deliberately not recruited from a specific congregation, denomination, or geographic location; they were recruited through convenience sampling from the nationwide database of the organization's interdenominational online Bible study. Participants attended the Bible study classes provided by my organization.

Significance for Practice

Mental health issues such as depression and anxiety disorders escalated because of the lockdown imposed by the COVID-19 pandemic, according to the American Psychological Association (2020). This study fills a gap in awareness of the AACW's perceptions of their churches' readiness to address those issues with support services. This study informs church decision makers of the reported needs and may inspire organizational changes necessary to implement effective and sustainable services for future times of disruption. According to scholarly research, church readiness is considered the most significant barrier preventing churches from providing needed support services to address depression and anxiety in African Americans (Chow & Kurlberg, 2020; Maxwell et al., 2019; Wells et al., 2020).

In a recent Lifeway Research study, Earls and Sullivan (2023) aimed to evaluate how the church can effectively reach a new generation of Evangelical and AACW in a post-COVID-19 era. The researchers surveyed 1,001 female congregants and found that 68% of the women

valued having a women's ministry with activities that build stronger relationships, 56% desired a safe place to disclose their hurts and needs, and 65% reported feeling refreshed and restored spiritually and emotionally. The percentage of AACW participating in this study was not indicated. This information is valuable, however, for the church to realize the benefit of women's ministry to their female congregants. The present study revealed the types of support services AACW perceived as significant. This study highlighted church practices that helped AACW deal with social isolation enforced by the pandemic. Church leaders may want to implement similar programs described by participants of this study or to create programs that respond to the needs brought to light.

Significance for Theory

This study contributes to organizational change theory, because it prescribed a beginning phase of extracting information from congregants to ascertain their support service needs. A framework for successful church change emerged grounded in the current literature on organizational change. This bottom-up approach is addressed in various change models but is often not associated with an urgent response to a global crisis. The participants of this study explained the importance of contingency planning and the formation of partnerships with health professionals or other churches. Acquiring this knowledge creates church readiness to meet the specific needs of the AACW rooted in cultural and historical influences, which is crucial in creating a church culture that strives to support them effectively.

Assumptions

The following four theoretical assumptions in this study included:

- Humans construct meaning as they engage with the world.
- Participants generally try to give honest responses in interviews.

- The researcher's experiences and background influence the interpretation of findings.
- Humans need social support and seek out such help from their social networks.

Definitions

Detailed interpretations of these terms emerged in the study through the review of literature and participant data analysis (Creswell & Creswell, 2018).

African American. An alternate term for Black persons, places, or things (DeSouza et al., 2020).

Church readiness. The church being prepared to participate or willing to address issues such as having resources and leadership engagement (Maxwell et al., 2019; Travis et al., 2021).

Culturally responsive. Cultural competence; culturally appropriate and relevant (Kushnier et al., 2023).

Digital. Using digital technology, digital communication, digital platforms, social media platforms, media outlets, virtual presence, being present online, and accessing the internet to live stream church programs, worship services, and study groups (Baloyi & Pali, 2023).

Health ministry. A church having a committee of leaders and members from the community that provides health education and services to congregants (L. Williams et al., 2013).

Help-seeking behavior. Treatment-seeking for mental health services (Hall et al., 2021).

Respectful inquiry. The construct of asking questions openly and listening attentively (Quaquebeke & Felps, 2018).

Social support. Social resources that are either tangible or provide emotional connectedness, an optimistic response, or adapting coping validation from a family member (Min et al., 2021).

Support service. Wellness activities and health-promoting programs (Brand, 2019).

Organization of the Study

The introduction in Chapter 1 detailed the background of the research problem, purpose statement, scope, and significance of the problem. Chapter 2 reviews scholarly research on this study's subject, including the historical and cultural background. In addition, Chapter 2 examines leadership characteristics, digital communication adoption, AACW's mental health needs, church partnerships, and factors that affect church readiness to respond to crises. Chapter 3 details this study's research design, criteria for selecting participants, the process of recruiting the participants, ethical considerations for protecting vulnerable human subjects, the data collection strategies, reliability of data, data analysis (including coding), and limitations of the design and instrumentation. Chapter 4 discusses the findings, and Chapter 5 discusses the findings in light of existing literature and gives recommendations for future research based on the findings from Chapter 4.

CHAPTER 2: LITERATURE REVIEW

The aim of this qualitative descriptive study was to explore AACW's perceptions of their church's readiness to deliver needed support services since the beginning of the COVID-19 pandemic. Despite research on general church support programs for African Americans seeking social support, there is no literature on AACW's perceptions of social support through church programs during the pandemic.

The following literature review begins by looking at studies on African American experiences with public health services, especially the problem of social isolation because of COVID-19 restrictions. Included are analyses of African American women's mental health concerns. The following section covers research on how churches implemented change because of COVID-19 restrictions. That section covers research globally and in the United States on how churches responded to the COVID-19 pandemic, especially by adopting digital technologies. The last section covers how churches have responded to mental health concerns.

African Americans' Experiences With Public Health Services

A brief history of disparities that African Americans experienced regarding access to healthcare may provide a deeper understanding of the challenges this underserved population has faced. In community-based participatory research with Black churches, Avent Harris (2021b) described the resilience in the African American community as they have endured oppression and marginalization. Avent Harris sought to identify methods to partner churches with mental health professionals to help congregants overcome treatment disparities. She found that Black communities persevered economically and socially despite social determinants of their health.

Members of this minority group were marginalized and socially disadvantaged, as many lived in areas with limited economic resources (Avent Harris, 2021b; Brewer et al., 2020;

Maxwell et al., 2019). Disparities in mental and physical health, including social class and educational status, were still experienced in this community (Sue & Sue, 2016). DeSouza et al. (2021) reported disproportionate deaths among African Americans from the COVID-19 pandemic because of these persistent racial and health disparities. For instance, African Americans hospitalized in New York suffered 92.3 casualties for every 100,000 persons, but the rate for Latinos was 74.3 and 45.2 per 100,000 for White people (Sparks, 2020).

In their meta-analysis of 66 peer-reviewed studies analyzing indicators of perceived racism associated with mental health in Black American adults in the United States, Pieterse et al. (2012) used Pearson product-moment correlation to measure the effect size. Five moderator variables were coded for each study to identify and test the moderators, which included

- racism scale type, based on the perceived racism scale used in correlation
- measurement precision, based on reported reliability
- sample type, to classify the studies
- publication type, to identify a published journal article or dissertation
- outcome type, to classify the outcome of each effect size related to mental health

A significant correlation of $r = .20$ was observed, with a 95% CI [0.17, 0.22], indicating an association of perceived racism with mental health outcomes in Black American adults.

A qualitative study conducted by Avent Harris and Wong (2018) revealed that African American young adults reported experiences with mental health challenges such as anxiety and depression, which have been standard reports in this community. Still, according to Substance Abuse and Mental Health Services Administration (2015), this racial group is 50% less likely to seek mental health services compared to White Americans. In a mixed method study of dementia in African American families, Gore et al. (2022) reported stigmas regarding the diagnosis of

dementia. Families hesitated to reveal their mental health challenges, which is yet another example of the challenge this community has with seeking services.

Dealing With Social Isolation

In examining social isolation and its correlation to health and well-being in the United States, Mahiya and Murisi (2022) emphasized that depression emanating from social isolation was rising because of the new social order of being disconnected from social networks that usually gave individuals support. In their quantitative study, Nguyen et al. (2020) investigated the relationship between social isolation and psychiatric disorders among African Americans based on the National Survey of American Life. Using logistic regression, researchers measured the influence of objective and subjective social isolation from an African American subsample (n = 3,570). They concluded that personal isolation, such as emotional distance from relationships, is a higher risk factor for depressive symptoms and other mental health problems. Further, Nguyen et al. determined that being socially isolated from support networks left individuals vulnerable to the effects of stressors. Additionally, Taylor et al. (2018) stated the importance of social relationships in maintaining mental health among African Americans. Social relationships were critical sources of social support, which has protected them against mental health problems and buffered them against life stressors that led to mental health problems.

The Mental Health of African American Women

African American women have gained the attention of empirical studies exploring their psyche and lived experiences. African American women are unique in that they are expected to be strong; some scholars indicated they are associated with a superwoman/strong Black woman ideal (Abrams et al., 2019; Avent Harris, 2021a; Watson & Hunter, 2016). These women often

carry the burdens of friends, family, and the community and focus less care on themselves (Nelson et al., 2022). The term superwoman schema is another term referring to the expected demonstration of strength, resistance to vulnerability, suppressed emotions, and intense motivation to succeed despite inadequate resources, according to a qualitative study of 48 African American women (Woods-Giscombé, 2010). Ironically, psychological distress is associated with the superwoman role, and qualitative findings suggested that the superwoman/strong Black woman had a reduced likelihood of help-seeking for mental health conditions (Nelson et al., 2020).

African Americans Seek Support From Church

When African Americans have diminished trust in medical services and the government, the church has been the trusted refuge. Historically, religious institutions were safe havens for African Americans (Bruce, 2020; R. D. Campbell & Winchester, 2020; DeSouza et al., 2021; Gore et al., 2022; L. F. Williams & Cousins, 2021). In their phenomenological study of African American college students, Avent Harris and Wong (2018) learned that church was deemed the students' primary support for coping with and overcoming life challenges. Avent Harris et al. (2015) found that Christian African Americans seek religious support for diverse life circumstances, often going to their pastor for guidance rather than a professional counselor. These strong ties to faith communities and reliance on religious coping support warranted additional attention from counseling researchers and practitioners. Integrating an individual's religious and spiritual background was considered culturally responsive and ethically responsible in treatment (American Counseling Association, 2014).

Powerful healing is enhanced when hearing a sermon, attending Bible study, participating in morning devotions, spending deliberate quiet time with God, and praying for oneself and

others. Brewer et al. (2020) discovered that the church engendered African Americans' reliance on the church by mobilizing the community through troubling times, especially during the struggle for civil rights. In a Pew Research Center study, Van Kessel et al. (2018) found that religion provided more meaning in African Americans' lives than it does for other racial groups. Many African Americans attributed their ability to cope with mental health challenges to their reliance on religion (Avent Harris, 2021b).

DeSouza et al. (2021) asserted that African American churches served a therapeutic purpose through the worship experience of gospel songs and spirituals. The keyboards and drums usually supplemented upbeat songs sung by the choir. There was rhythmic clapping when the congregation joined in the singing, and they frequently began to dance and shout. The church continued to operate as an empowering environment where healing occurred as believers overcame barriers and worshipped collectively, whether online or in person. DeSouza et al. explained that although congregants dealt with systemic disparities all week, Sunday morning worship was an environment that empowered and healed.

Looking back at the church's history, a reliance on the church for social support began following the Civil War. The African American churches conducted schools in their basements and educated enslaved people (DeSouza et al., 2021). The churches also served as dining and meeting halls where members created civil rights strategies. In a quantitative study, Hays and Lincoln (2017) aimed to understand the impact of religiosity on help-seeking behavior in African Americans. Using a national multistate probability survey design, these researchers used a data source from the National Survey of American Life, which collected data from 6,082 African American, Caribbean Black, and non-Hispanic White adults in the United States from 2001 to 2003. Hays and Lincoln found that African Americans preferred help from clergy, family, and

friends as sources of assistance for mental disorders. Although African Americans turn to their church for such support, there is little knowledge about how AACW perceive their churches responding to the pandemic to support them.

AACW

A qualitative study by Wiley (2020) revealed how religion correlated to mental well-being in African American women's lives. The phenomenological analysis of their lived experiences revealed wide-ranging interpretations of the participants' experiences integrating religion and their mental well-being. A conceptual article on womanistic theology cited the injustices against Black women and encouraged them to step toward empowerment (Armstrong et al., 2022). Further, Armstrong et al. (2022) reiterated that Black women were experiencing racism, sexism, and economic oppression because of their social setting, and they often found themselves marginalized. Through the womanistic lens, which stresses the need for self-care, Black womanhood is a unique and significant challenge. The researchers maintained that in a society that marginalizes, alienates, and objectifies these Black women, their ability to fully embrace Black women as God's image-bearers can be challenging. This article further suggested that Black women should exercise their power of choice to reject behaviors that lead them to overfunctioning at the price of self-neglect.

Responses to COVID-19 Restrictions

COVID-19 restrictions disrupted the churches' ability to continue ministering effectively to congregations worldwide, which caused church leaders to find alternate ways to communicate and support their congregants as they battled societal challenges. Church leaders struggled as they sought to comfort their members through their transition to a new way of worshiping and studying God's Word. The responses to the COVID-19 restrictions varied as the level of

readiness to sustain their church through the pandemic differed. Responses from Korea, Africa, the United Kingdom, Singapore, and the United States provided a glimpse of the varied responses representative of the global church.

Global Responses

Baik (2021) of the Presbyterian Church of Korea during the COVID-19 pandemic explored the church's response to the pandemic in their efforts to understand the crisis's scope and how they respond with timely and appropriate advice. The church leaders' first response stage was to communicate immediately with messages of assurance. They added messages to alleviate the concerns of their congregants that the Bible allows various worship methods. The congregants sought to embrace their church's new approaches to continue their mission amid the pandemic.

In a study of African Pentecostal churches' response to the pandemic and the congregants' support-seeking behavior, Addo (2021) investigated a digital platform they adopted during the pandemic. They unveiled a theoretical concept of affordance, which explained how the various communicative tools provided by the digital church created an environment where congregants can feel the Holy Spirit. It was through the environment of the digital church that delivered the needed support and presence of the Holy Spirit. According to Addo, affordance is a feature within the digital mechanism that allows users to communicate their reactions through various means, such as the chat box and emojis within a digital platform. He contended,

> Irrespective of the availability and possibilities for actions presented on the digital platform, we can see that the digital platform has different affordances for different people as these are understood in relation to what believers do with them, rather than the qualities they possess. (p. 55)

Ngema et al. (2021) described this type of spiritual growth activity in a study of South African ministries where congregants virtually attended church services, Bible studies, prayer meetings, and fellowship with one another.

An example of a church rapidly responding to the social needs of the congregants and support services during the pandemic was the use of social media by two churches in the United Kingdom. Bryson et al. (2020) conducted a desk-based comparative case study analysis examining adaptation strategies of online services through various congregations in the United Kingdom. They argued that a new spatial, temporal geography of telemediated virtual worship challenged what was once considered spaces set aside for worship and the home. Researchers determined that the churches responded with many adaption mechanisms, from changing individual homes into temporary churches, rapidly replacing in-person to online churches, enabling members to learn from other churches, and creating instruction materials to guide church transitions. Bryson et al. found that "ministers and congregations adapted rapidly to changing circumstances by creating inter-sacred spaces, or an interconnected network of temporary sacred spaces connecting people in shared worship and fellowship" (p. 371).

Additionally, in churches such as the Methodist congregation in Singapore, the church staff assisted congregants in overcoming their challenges with technology (Chow & Kurlberg, 2020). According to Chow and Kurlberg (2020), a Scottish Episcopal congregation in Edinburgh switched to online services swiftly, and their members became more confident in using technology. A qualitative study of women aged 50 to 79 by Martyr (2022) from The Australian Catholic Network's church during the church closures revealed that 15 out of 175 participants reported positive experiences with online worship. Some found internet access to mass helpful because they did not have to travel to town. Others said surfing the net and discovering other

live-streaming churches was enjoyable. They also reported that a positive experience was the timeliness of current resources that were available online.

U.S. Case Studies

Similar to the church's response across the globe, studies revealed that U.S. churches provided digital platforms that emphasized shared experiences and a sense of togetherness (Dunlow, 2021; Evener, 2020; Roso et al., 2020). H. Campbell (2020), who is also cited in Cooper et al.'s (2021) longitudinal studies on digital religion, detailed the nurturing elements recommended to support congregants and provide a caring community. She emphasized that nurturing elements fostered a sense of belonging that stimulated and gratified all human senses, such as sight, sound, and smell.

Organizational Changes in Response to COVID-19 Restrictions

Organizational change theories and models guide organizations to achieve transformational goals (Bolman & Deal, 2017; Bridges & Bridges, 2016; Fullan, 2020; Kotter, 2012). The COVID-19 pandemic forced organizations to make changes to survive the disruption to their businesses (Arora, 2020; Sarkar & Clegg, 2021). When faced with a crisis such as the COVID-19 pandemic, an organizational change model could facilitate church leaders to respond swiftly with solutions to continue worship service and provide needed support services that address congregants' challenges.

Organizational change strategies for churches to rapidly and effectively respond to the COVID-19 pandemic disruption could propose processes that guide leaders through stages, phases, or steps to accomplish the necessary changes for an effective outcome. Church leaders should know possible barriers to successfully implementing change and prepare to mitigate them through each stage. High on the list of obstacles that can cause organizations to fail is that the

people affected by the change may be unwilling to do things differently (Bridges & Bridges, 2016).

Change models aligned with the purpose of this study guide church leaders in executing dramatic change to continue worship service and implement needed support services for their congregants in the face of a crisis. Organizational change theories or models applicable to this study are examined based on the need for urgent and rapid change for churches to meet the needs of their congregants through an abrupt shift in the face of a crisis. Models reviewed were Bridges' (2016) three-phases of transition and Kotter's (2012) eight-step model, which may bring about decisive, swift, and sustainable change.

William Bridges is an authority on change and managing change within the workplace (Bridges & Bridges, 2016). He focuses on transition management from the human aspect. His wife, Susan, consults leaders facing significant challenges and equips clients with insight and the tools to make change less disruptive. Insights and tools provided by Bridges and Bridges (2016) contributed significantly to organizational change with three phases of transition, considering the personal and psychological changes individuals experience as they transition to a new operating system. This transitional model provided stages for organizational change that can address the psychological needs through the sudden change processes. The stages for organizational change provided a progressive transitioning process, with each stage overlapping. Bridges and Bridges's three phase transition included the following stages:

- Ending, losing, letting go. Refers to the leader helping individuals identify and manage their losses. At this level, what will be kept and released is determined.
- The neutral zone. Refers to the time between the old identity and reality and the new reality and identity, when psychological realignments and repatterning occur. The

leaders should prepare themselves to assist individuals as this stage may be a time of confusion and distress.

- The new beginning. Refers to the result or outcome of the transition in establishing a new way of operating. Individuals discover their new sense of purpose and are energized by their new identity.

Shy and Mills (2010) examined the transition framework as a concept frame for individual and social change related to transformational change in domestic violence treatment. Participants of this qualitative study were 65 clients of abusive partners who received treatment at a particular center and were referred through the court. Facilitators were assigned to oversee this study, taking field notes, and writing narrative evaluations focused on the clients' progress and status.

The facilitators of Shy and Mills's (2010) study found the framework helped them understand what individuals experienced through transitioning. The facilitators described a sense of freedom as they watched for signs of growth and setbacks and stayed mindful of the framework. Individuals wanted to change but feared losing some part of themselves in the process. Transformational change encouraged individuals in the ending phase to face their fears and mourn the past. The facilitators found the framework supported careful attention to emotional responses and could increase the likelihood of positive changes.

Kotter is internationally regarded as the world's foremost business leadership and change expert. His leadership organization, Kotter International, has helped thousands of companies implement their most critical strategies and led them to successful change. Kotter's (2012) eight-stage process leads to and creates significant organizational changes during a crisis. Kotter asserted that the visible crisis provides the problem, so individuals do not need convincing that a

change is necessary. He stressed that a crisis is an important event that motivates people to change. The absence of a visible crisis is first on Kotter's list of nine reasons for complacency, causing organizations to fail.

An environmental shift such as the pandemic created a visible crisis that could assist in gaining stakeholders' attention as they feel a sense of urgency. Transformational changes have occurred globally quickly because of a visible crisis. Individuals affected by a problem want change to happen, according to Arora (2020), and dissatisfaction with the status quo can ignite the desire for change. Kotter's (2012) first stage for change is creating a sense of urgency, which refers to how a visible crisis can assist in gaining individuals' attention as they feel a sense of urgency. The first four stages of his process can provide a swift response and remedy to the COVID-19 pandemic crisis that came against the church. Kotter's (2008) eight-step change model includes the following:

1) A sense of urgency (winners first make sure that a sufficient number of individuals feel a true sense of urgency to look for the church organization's critical opportunities and hazards now)
2) The guiding team (individuals quickly identify critical issues and form teams that are strong enough and feel enough commitment to guide an ambitious change initiative)
3) Visions and strategies (Strong and highly committed teams orchestrate the effort to find smart visions and strategies for dealing with a key issue)
4) Communication (high-urgency teams relentlessly communicate the visions and strategies to relevant people to obtain buy-in and generate still more urgency in the church)

5) Empowering broad-based action (individuals with a true sense of urgency empower others who are committed to making the vision a reality by removing obstacles in their paths)
6) Short-term wins (high-urgency teams guide empowered individuals to achieve visible, unambiguous short-term wins that silence critics and disarm cynics)
7) Never letting up (after initial successes, groups with a true sense of urgency refuse to let their organizations slide back into complacency)
8) Making change stick (high-urgency organizations feel compelled to find ways to ensure any change sticks by institutionalizing it into the structure, systems, and culture). (pp. 13–14)

Miles et al. (2023) sought to observe change in the practices of graduate medical education programs as they applied Kotter's eight-stage model to their program. The participants comprised two faculty cochairs and an eight-person committee in the Department of Internal Medicine at Wake Forest University School. They implemented Kotter's model with stage one, creating a sense of urgency by using video conferencing meetings every 2 weeks for eight sessions and smaller subcommittees meeting during the off weeks. Individuals were alerted by email of the needed changes and the support that would be provided. Kotter's (2008) first stage (creating a sense of urgency), fueled by the COVID-19 pandemic, provided a visible crisis for the Department of Internal Medicine that required swift coordination among numerous stakeholders and significant changes to occur during 2020 (Miles et al., 2023).

The swift change imposed by the pandemic has forced church leaders to respond with solutions enabling them to continue ministering to their congregations. The motivation for this study was to learn of the AACW's perceptions of church support services and discover

organizational changes that may better equip churches for readiness to continue providing support services as they navigated through the pandemic. Church readiness is vital; Grim and Grim (2019) indicated that churches must offer support services in marginalized communities. Through support services, churches can help marginalized communities recover and become resilient.

In their mixed method longitudinal study, Travis et al. (2021) aimed to explore the change readiness of seven congregations across the United States to implement recovery and resilience programming for substance disorders. Church readiness involved the leaders' ability to quickly respond to adversity with solutions and keep congregational needs at the forefront. A changing world can offer wonderful opportunities (Kotter, 2008). Making the most of the opportunities began with the church organization creating a high enough sense of urgency among a large enough group of people.

Kotter (1996) asserted that organizational change becomes imperative in the face of environmental change. The swift change imposed by the COVID-19 pandemic forced church leaders to respond with solutions to keep ministering to their congregations. Addressing needed organizational changes that may better equip churches to provide support services that will meet the needs of their congregants as they transition to a new way of operating and recovering from the recent pandemic was the driver of this study.

Transitioning through a rapid cultural change imposed by the COVID-19 pandemic required church leaders to respond quickly to incorporate a variety of mechanisms, such as technology readiness, leadership abilities, and the willingness to partner with community organizations and other churches to gain support. Maxwell et al. (2019) indicated that readiness constructs involved the availability of resources and committed leadership. Change managers

noted that organizational change in general may cause congregants to become fearful, so scholarly articles provided many change guidelines that have proven to be effective transition processes.

Furthermore, in an empirical case study of congregational life, Schoeman (2020) looked at the experiences and concerns of congregants from the Dutch Reformed Church of South Africa. Emerging themes extracted from two congregational surveys revealed a need for leaders to have a clear vision, encourage congregants, and address challenges in South African society about innovations. Schoeman determined that the transitional phases of leadership implicated the leader's involvement in inspiring the congregants so that they began to have a fresh perspective on future possibilities. This new perspective was the pivotal point where congregants could respond to reality openly and become socially transformed instead of holding on to the past.

Changing Church to Digital Resilience

The church's readiness and ability to stay connected throughout the pandemic created a new space in digital technologies that enabled churches to share community experiences and a sense of togetherness. Mahiya and Murisi (2022) specifically looked at how Pentecostal churches made decisions related to the use of technology to overcome the social distancing mandates. Some churches embraced technology without any restraints to connect with members and attract young Christians. Other churches approached technology slowly; others viewed it as a secular tool and rarely used it.

According to Cooper et al. (2021), digital presence referred to technologies that provided communities with a shared encounter and a sense of togetherness. This digital presence shared in a sacred space assisted individuals in overcoming limitations to their ability to connect. Church use of digital communication encouraged a sense of inclusiveness, H. Campbell (2021)

contended, and the ability to be present in the same space supported the community and a sense of belonging. H. Campbell further stressed that online church cultivated relationships and connections at any time. Darmawan et al. (2021) added the church's growth could develop into a relevant and widespread mission using digital communication.

Bryson et al. (2020) argued that telemediated virtual services supported the close intertwining of relationships between church and congregants. Although digital churches could not replace interpersonal communities, they created a way to enhance online communities. They created a fuller experience for congregants by integrating various engagement opportunities and enhancing their sense of connectedness. Additionally, because a congregation included its global partners, Evener (2020) implored churches to listen to the needs of others so that all churches can be strengthened and renewed through international relationships.

In a digital age, leaders set an example for congregants by adapting to new norms of digital use and adopting strategies to communicate the usefulness of digital platforms to share God's Word, administer sacraments, and determine congregants' needs. Church leaders may need training to effectively communicate to congregants that God is also inhabiting the digital world (Philips, 2020). Adaptive leadership trains leaders to shift their values, behavior and expectations to effectively lead in a crisis. The leaders learn that nothing will change until there is a behavior change, according to Bolsinger (2020). The purpose of adapting is not just to survive, but to thrive.

In the 1970s, the resilience concept emerged as social scientific research sought to understand human experiences and factors that enabled some individuals to flourish despite a crisis (Chapman, 2012). They learned resilience factors included skills, abilities, and knowledge as individuals overcome adversity. According to Ells (2020), resilience was the process of

becoming better by overcoming adversity and was the necessary element that enabled individuals to overcome leadership difficulties.

The church leaders' resilience traits involved listening to congregants' needs and fears and keeping abreast of what was happening worldwide. In addition, the ability to circumvent varying degrees of conflict and discern the best decision, according to Bolsinger (2020), were qualities of a resilient leader. Other qualities of a resilient leader were the ability to bounce back and possess the positive capacity to be open and motivated to change when they face adversity (Chapman, 2012). Resilience is the capability of recovering from a crisis because of internal factors possessed by the leader to learn new processes and create new mental models (Mithani, 2020).

The Role of Church Leaders' Communication in a Digital Age

Manala (2010) asserted that servant leadership is the church leader's role in managing the provision of services. The servant leader's interactive process involved first hearing and being sensitive to the message and acknowledging and validating the perceptions of the individual delivering the message. In other words, effective communication is critical to problem solving and promoting healthy relationships; it is more than relaying a message. It is an interactive process between the leader and followers, according to Malone (2015). Communication is one of a leader's most important abilities, whether promoting the need for change, eliciting support for emergency preparedness, or advocating for their congregants. Considering the importance of effective communication, Mahiya and Murisi (2022) assert that churches must create new ways of communicating their faith to survive.

Findings shared by H. Campbell (2020, as cited in Cooper et al., 2021) broad longitudinal studies on digital religion and church revealed six communication traits necessary to serve congregants' needs on a digital platform. These six communication traits were

1. To develop a sense of relationship, fostering a sense of belonging
2. To care for other people by sensing the needs of congregants
3. To appreciate essential human values
4. To provide unlimited connection through 24/7 communication
5. To provide safe, open and intimate communication that fosters trust and privacy
6. To provide fellowship where congregants share their common faith. (p. 3)

According to Roso et al. (2020), communication technologies have saturated congregational worship in the past, and even more so in response to the restrictions related to the COVID-19 pandemic. The use of the latest communications technologies for the digital church began out of necessity to reach the masses. Studies indicated that a church leader's decision to incorporate communication technology for congregational worship must involve the decision to learn effective communication processes. Communication advice provided by Brewer et al. (2020) suggested that leaders must create message maps that are considered practical strategic tools to convey information concisely and answer questions quickly and accurately for church leaders to become effective emergency response managers. According to Brewer et al., the case of an emergency response, the church leader could effectively communicate by

1. Providing information and education
2. Gaining trust and credibility
3. Decision making and behavior
4. Developing informed dialogue. (p. 3)

Churches addressing mental wellness issues in the African American community integrating faith and counseling could use digital technology to reach this underserved population. One study by Adegboyega et al. (2021) found that churches offered virtual mental health counseling to assist members in overcoming challenges with social distancing. Although technology enabled connection during social distancing, church leaders should consider the advantages and disadvantages discussed in the following sections.

Advantages of Digital Technology

Recent studies show that innovative technology has advantages and implications for church organizations, congregants, communities, and public health services. Using digital communication for congregational worship enabled members to stay connected and have a sense of relationship. This new opportunity through digital communication increased the church's reach during and after COVID-19 restrictions. One example of the utility of digital communication was the church's ability to disseminate information from public health services to their congregants (Adegboyega et al., 2021). The selection of media platforms to communicate this information to the congregants may be a church leader's first consideration in responding to a major crisis like the pandemic (Oliver, 2022).

Further investigation of digital communication in religious institutions by H. Campbell (2021) revealed terms such as digital creatives and digital strategists presented within the context of religious institutions and their use of communication techniques. Digital creatives were individuals with high computer skills to produce and manage digital resources that enhanced communication. The digital strategists were the individuals who operated between technology and religious traditions. They established their position and credibility by engaging in a combination of online and offline platforms. According to H. Campbell, "Digital strategists

contend that online and offline tasks differed only in terms of the space in which they take place and the communication techniques they required: the overarching ministry goals guiding their work did not differ at all" (p. 188).

Conversely, digital communication for congregational worship met opposition for various reasons. Chow and Kurlberg (2020) provided a cross-continental analysis of churches in Asia and Europe to understand how churches chose or resisted implementing digital communication for congregational worship. Discovering a means to facilitate congregational worship and other needed support, emphasized by Oliver (2022), may be accomplished by the church leaders' collective decision-making process. Digital communication created a platform for supporting congregants to help them adapt through a transitional season. This type of communication could only be provided by using some form of technology, whether by telephone or digital communication. The decision to adopt some form of media should begin with the leaders determining if the congregants have access to various technologies, their skill level in using those technologies, and their immediate needs.

Communicating the usefulness of technology to congregants could be done by sharing various technological innovations used to convey God's Word throughout history. Church leaders could defend their decision to use digital communication by gaining and sharing knowledge of different technical options in selecting the right fit for the congregation's needs. Putting those who opposed the use of digital communication at ease may require a review of church history, sharing snapshots of when the church began broadcasting over the radio, when God's Word started to spread by the printing press, and when church services began broadcasting through television (Roso et al., 2020). Although some believers at the time may have felt these methods were not the best ways to convey God's Word, most Christians currently

accept these innovations as a way of everyday life. Such examples of technological shifts could assist the congregants in having a paradigm shift from limiting, restrictive thinking to possibility thinking. Broadening the ministry across borders to unreachable regions could be made possible through digital communication.

Another advantage of the digital church was the cost-effectiveness of its use and the essential role of sharing information. The cost benefits of using digital communication outweighed that of traditional television and radio services used for congregational worship (Hennessy, 2020). Using this new social space allowed churches to address diverse spiritual needs; the perceived digital space created a sense of belonging. According to Naidoo et al. (2021), the restrictions imposed by the COVID-19 pandemic provided the churches that survived the absence of worshippers through the disruption with a unique opportunity to rethink how they can continue their ministries.

According to Joubert (2020), cyber reality created unprecedented opportunities to share the gospel with millions as digital communication has connected people worldwide at all times. Lim (2017) asserted that the digital church provided an excellent opportunity to build relationships with people. Electronic platforms now provide more significant opportunities for believers to be exposed to various types of worship, as Pillay (2020) observed. Reimer (2021) found the digital church involved reformatting worship so that it had a new approach from the former ways. Telemediated virtual services broadened the reach of churches' ministries (Bryson et al., 2020). The digital church continued the tradition of providing social support by encouraging fellowship and sharing their faith with others (H. Campbell, 2021). The digital church can continue to accomplish God's mission beyond the pandemic (Chow & Kurlberg, 2020). Digital communication seems to be the most reasonable solution for ministry leaders to

implement a quick solution to provide support services amidst an unforeseen urgency. Still, a closer look at the disadvantages could provide ministry leaders with the information needed to make a sound decision.

Disadvantages of Digital Technology

The most recent innovations in digital church broadcasting received mixed emotions (Roso et al., 2020). Although the ability to stream a church service may be a positive communication tool, researchers found that channel flipping or wandering occurs as individuals desired exposure to other forms of worship. The COVID-19 pandemic may have made the church more accessible online. Still, it only provided a consistent connection to the faithful and rarely targeted the unchurched, as Pillay (2020) noted in the South African context.

One challenge that ministry leaders may consider when deciding to use digital communication in their church is the issue with internet service connectivity. In their cross-continental analysis of Christian communities using digital technology, Chow and Kurlberg (2020) observed how various churches decided to implement or reject online services. Different perceptions revealed barriers to using technology, such as the need for senior members to receive individual help accessing online access. For leaders to address all connectivity challenges and possibly provide some congregants with resources to obtain necessary devices, another challenge was training to ensure everyone was familiar with using their computers. Therefore, the issue of churches providing support for elderly members in using computers and accessing services may be ongoing.

Chow and Kurlberg (2020) also demonstrated that there were practical differences in how churches implemented online services. Leaders had to adopt online services so rapidly that they may not have had time to consider the readiness of congregants to accept digital church or the

theological implications of delivering church services online. Those opposed to the digital church strongly believe the digital presence is not genuine. One concern was that human bodies were absent and not congregated in the same physical space. An investigation of attitudes about the importance of attendance at a worship service by Kruger (2021) revealed that 90% of the participants strongly agreed that attendance should be in person. Eighty-five percent of the participants expressed concern for the inability to engage fully in worship during digital church and specified that community with other believers was important. Sixty percent of the participants indicated that it was impossible to maintain their local church's identity or ethos in a virtual environment. Seventy-five percent of the participants agreed that they missed vital features of Christian fellowship in the digital experience for worship services. Eighty-five percent agreed that the digital church would negatively impact the congregants' understanding of church characteristics such as the worship service, pastoral care, and the celebrating of sacraments (Chow & Kurlberg, 2020). These reports of the challenges digital communication presented to the congregants could provide church leaders with insight for decision making to plan ways to improve and implement communication and strategies that would help their congregants overcome technological challenges.

Church Responses to Mental Health Concerns

Since the COVID-19 pandemic, churches across the globe have had to address the impact of social distancing. Mahiya and Murisi (2022) found that loneliness and depression are becoming prevalent in Zimbabwean churches because of individuals' disconnection, partly because of difficulties accessing video conferencing services. Considering this new challenge imposed by the COVID-19 pandemic, the role of African American church leaders has broadened to that of healthcare advocates as they actively addressed complex health issues by

intervening where needed. In their qualitative study, L. F. Williams and Cousin (2021) sought to understand these leaders' perceptions and their influence on health behaviors and outcomes in their churches. L. F. Williams and Cousin's phenomenological study of 12 ordained Black pastors in Florida revealed the following four emergent themes:

1) Importance of community resources and health programs
2) Misperceptions of health awareness from congregants
3) Pastoral self-reflection of health
4) Pastoral leadership that encourages health promotion. (p. 1074)

The study further revealed that the pastors preferred individually assessing and addressing mental health needs. Many pastors in the study believed that the Black community underused services for mental health and agreed that developing partnerships with professionals would ensure the conveyance of current and precise health information to congregants.

Another study by Brand and Alston (2018) highlighted the importance of bolstering change readiness for the church to engage in addiction recovery support programming. They defined readiness as having the capacity or preparedness to participate in health programming. The researchers aimed to develop an assessment tool guided by the community readiness model as the framework to predict the readiness of African American churches to participate in health promotion programming (HPP). Through their Predicting Readiness to Engage African American Churches in Health assessment tool, they focused on assessing whether there were relationships between the churches' infrastructure and readiness to engage in HPP. Infrastructure factors were (a) physical structure, (b) personnel, (c) funding, and (d) cultural or social support. The study confirmed that infrastructure was associated with and predicted readiness to engage in HPP.

Programs and Partnerships

Studies have indicated that many smaller churches failed because of the COVID-19 restrictions, and others struggled to continue ministering to their congregants at the onset of the pandemic (Evener, 2020). Alternatives to closing the church were to meet in smaller groups, merge with other churches, or use digital communication. Mithani (2020) studied organizational adaptation and resilience factors that lead to an organization's recovery from life-threatening events such as the COVID-19 pandemic. The following five resilience models were detailed in the study: avoidance, absorption, elasticity, learning, and rejuvenation. They determined that operationalized resilience was when the organization interfaces with its external support in continuous protection, assessment, and improvement processes.

In the wake of an abrupt change impacting their church, leaders had to calm the congregants' fears and provide real-time information regarding the pandemic. Church leaders had many other decisions to make besides ministering to their congregants. Strategizing and communicating a plan of action to implement or to continue needed support services was critical when transitioning their flock to a new way of doing church. Many church leaders were unprepared to navigate the terrain alone. Programs offered through partnerships can improve congregants' perceptions of their churches' readiness throughout the pandemic, as there was an emergent need to fill a gap or create a bridge to access support services. Implementation of partnerships with community agencies or other churches could strengthen each church's sustainability and prepare them to survive future crises. These alliances would involve collaboration between church leaders and various community agencies.

According to Stewart-Ginsburg and Kwiatek (2020), interagency collaboration was a process of providing support from more community agencies. Support could come from any

community agency to form an interagency collaboration that may assist in filling the gaps in delivering the needed support services. The authors focused on engaging religious organizations as collaborative service partners for transitional students. Steps for engaging religious organizations in collaborating with their wider communities were shared. In addition, they argued that the church has the potential to provide critical opportunities for community-based instruction.

As transitions occurred, one measure for churches to successfully begin their new way of operating was a partnership introduced by Maxwell et al. (2019) that could conduct health programs through community health advisors. This program trains laypeople well-known and respected by other church members to become referral sources, role models, and advocates on behalf of the community. This type of partnership with a community health advisor usually needs support from congregants to implement the components that sustain the program successfully. For example, in a mixed method study, Gore et al. (2022) found that many African American churches do not have programs or knowledge of dementia resources to support or accommodate families. In this case, the same could be true for depression and anxiety. For churches to meet their congregants' needs with programs or support services for mental health, possible partnerships with a community health advisor could help them gain the knowledge needed.

The study by Gore et al. (2022) that aimed to evaluate the Alter™ program for diabetes also included an assessment of the COVID-19 pandemic's impact on the church's ability to implement activities and modifications. Alter™ is a faith-based, dementia-friendly community program that equips African American churches with needed tools to support families affected by dementia (Epps et al., 2022). The study revealed that most required partnership activities and

modifications to those activities were at least moderately helpful. Some items (themes) that differed across church partnerships included barriers to implementing activities, the support provided and needed, and the use of program funding.

Brewer et al. (2020) investigated a partnership between African American churches in Minnesota and the Mayo Clinic to disseminate health information, which was the Fostering African American Improvement in Total Health program founded in 2013. In March 2020, when the first reports of COVID-19 cases occurred, 120 African American churches implemented an emergency response plan. Their plan included fostering trust and a supportive culture (Epps et al., 2022).

A growing body of literature surrounds the science of implementation and sustainability strategies of health promotion programs. Evaluating a program's outcomes is essential as healthcare professionals expand beyond implementing programs in clinical settings to community settings and into faith-based organizations. Therefore, community organizations must understand the strategies and approaches to implement evidence-informed health programs (Jull et al., 2017). The church's partnerships with community organizations that understand the right fit strategy and approaches to implement health programs could strengthen the church and the surrounding communities.

Barriers to Program Implementation

The COVID-19 pandemic was the main barrier to program implementation (Gore et al., 2022). Congregants experienced the loss of jobs because of the destabilized economic situation, which reduced the church's financial support (Darmawan et al., 2021). Maxwell et al. (2019) found that 37% of the churches researched were unsure of what topics might interest their members, and more than one-third of churches lacked a commitment from the leadership.

Membership size was a barrier to implementing wellness activities for small churches compared to medium and large ones. Brand and Alston (2018) found that the church's infrastructure was associated with its readiness to engage in HPP. Barriers to readiness included not having an adequate physical structure, not having enough personnel, not having enough funding, and not having enough cultural/social support.

Conclusion

The literature revealed that the challenges African American women faced at the intersection of gender and race disparities and the façade they subconsciously displayed from cultural and societal influences could impede them from seeking help. Yet in many cases, the church has been the resource for counseling, guidance, and community that makes these women feel supported. The review of the literature included a brief exploration of the superwoman/strong Black woman schema, followed by this community's reliance on the church for support, organizational change considerations for the church, and community partnerships that have and continue to be sought through external services and in church administration. Exploring how these churches implemented or continued delivering support throughout the COVID-19 pandemic shed light on a possible framework for organizational change in the church.

This study adds to the literature on organizational change processes for church programming during social and economic upheaval. It investigated AACW's experiences with their churches' readiness to provide support services. Most literature has focused on the church leaders' mental health concepts, their perceptions of their pastoral role, the church's role, and whom they feel should provide support services. Limited research has focused on the

congregants' perspectives. To my knowledge, none exists that focuses on AACW's experiences of the support services needed from their churches throughout the COVID-19 pandemic.

CHAPTER 3: METHODOLOGY

This chapter describes the study's research questions, protection of human subjects, positionality statement, research design, population and sample, data collection, reliability, data analysis, design, and instrument limitations, and concludes with a summary and plans for presenting the results.

Purpose Statement

The aim of this qualitative descriptive study was to explore AACW's perceptions of their church's readiness to deliver needed support services since the beginning of the COVID-19 pandemic.

Research Questions

Central Research Question

What are AACW's perceptions of their church's readiness to deliver needed support services since the beginning of the COVID-19 pandemic?

Research Subquestions

1. What are the experiences of AACW regarding their church's delivery of social support services in response to COVID-19 restrictions?
2. What do AACW identify as factors that contributed to facilitating or creating barriers to needed social support from their church throughout COVID-19 restrictions?
3. What do AACW believe churches could have implemented to provide their needed social support services in response to COVID-19 restrictions?

Protection of Human Subjects

I recognized that interviewing the AACW for this study and these women talking about their experiences may traumatize them. I submitted a request for approval from the California

Baptist University's Institutional Review Board (IRB) to ensure these human subjects did not experience any psychological or physical harm by being involved in this study.

IRB Requirements

Approval was sought from the IRB at California Baptist University, because research involving human participants requires review by an interdisciplinary board before carrying out this project. This study met federal standards for conducting ethical research with human participants by complying with the revised common rule (Department of Health and Human Services, 2018). Participants received informed consent (see Appendix A) before conducting the study. I reviewed the informed consent with the participants and obtained their consent.

IRB Protocol

Federal guidelines are found in the revised common rule (Department of Health and Human Services, 2018) and require the following principles for conducting research involving human subjects to be adhered to:

- Respect for persons, which includes treating individuals as autonomous agents, and individuals with diminished autonomy are entitled to protection. The Informed Consent was acquired from participants before the study began, providing details of rights, the scope of this study, voluntary participation, and assessment of risks and benefits of participating, following the U. S. Department of Health & Human Services rules (see Appendix A).
- Beneficence, which entails ethically treating individuals by respecting their decisions and making efforts to secure their well-being. Two rules that were adhered to were (a) do no harm and (b) protect from harm by maximizing anticipated results and minimizing possible risks of harm.

- Justice, which requires that the benefits and burdens of research be shared equally and applied in selecting research participants.

Participants were notified of security measures to protect their identity and personal information by selecting identification numbers and storing them in a locked file cabinet.

Positionality Statement

As a researcher, I prioritized establishing fair, respectful, and trusting rapport with the African American women participants. Each participant in this study knew their viewpoints and subjective views were respected by me. I gave them time to answer questions as I actively listened and asked follow-up questions (Carignani & Burchi, 2022). The close interaction with each AACW required for this study involved virtual interviews and telephone interviews. This method was the most suitable to acquire answers to the research questions.

I am the president of an organization formed in 2008 by a psychologist who integrated psychology with Biblical principles and developed a certification program for Biblical counseling and coaching. The organization now provides Biblical courses to men and women who seek a closer relationship with God and want to learn Biblical principles to help them overcome life challenges. The biblical courses, previously offered in-person, transitioned to training online because the COVID-19 pandemic restricted gatherings since April 2020. This organization gives online access to men and women throughout the United States to attend classes; however, women have been the predominant students since 2008. Most of the trainings are interactive, which gives voice to the women attending weekly studies to express their challenges and concerns. It was through hearing about the AACW's challenges during the weekly discussions that I grew to discover more about the support services their churches were or were not providing to help them overcome their issues aggravated by the pandemic.

Having supported the founder of this organization before taking over as president, I have networked intermittently with some members of this study's population since 2008. I have interacted with all study participants for over 5 years through various training events offered by the organization. Therefore, I know many women who participated in this study. Interpreting the AACW's experiences arose from my personal, cultural, and historical experiences. Relating to the struggles of this population comes from my own experiences as a mixed-race AACW who grew up in the African American community. Attending African American churches with family and now as an adult has not been merely by choice but has been determined by my various relationships in the African American community. At the time of this study, I attended a predominantly African American church in the United States and have witnessed first-hand the organizational changes implemented in the church as it struggled to recover and stabilize the programs impacted by the COVID-19 pandemic. I was motivated to explore AACW's perceptions regarding the needed support from their churches after observing those who attended Biblical courses through my organization and witnessing my church struggle and stabilize programs.

Reflexivity and Bracketing

Because of my positionality, I incorporated the strategy of bracketing to suspend judgment and acknowledge that I set aside my preconceived notions while collecting and analyzing data (Terrell, 2016). Throughout data collection and data analysis for this qualitative descriptive study, I was careful to maintain an objective stance to focus only on the perceptions of the AACW and the words they used to express their experiences. I engaged in bracketing any existing beliefs about this phenomenon. I fixated only on the verbatim reports of each participant, being mindful of not leading the participants and allowing them to share their

experiences and clarify their meanings and viewpoints. One bias mitigated through bracketing was my subjective concern for some women whom I knew avoided seeking help and referrals for Biblical counseling.

Research Design

I used a qualitative descriptive research design to collect and analyze this study's data. The philosophical perspective of this approach was social constructivism, which gave way to multiple and subjective realities of meaning (Creswell & Creswell, 2018). I used a qualitative descriptive research design in the data collection, analysis of data, and summary. The primary purpose of this study was to learn the perceptions of AACW related to social support services their church provided during the pandemic. Qualitative research provides an effective tool to acquire answers to questions regarding participants' experiences of the effectiveness of care services (Magilvy & Thomas, 2009; Willis et al., 2016). Qualitative descriptive research presents a comprehensive summary of everyday events experienced by individuals, with researchers staying close to their data (Lambert & Lambert, 2012; Sandelowski, 2000).

Coupling the exploratory aspect of qualitative research from Stebbins (2001) and the descriptive techniques from Sandelowski (2000), this study's design provided flexibility while investigating data. It allowed the topic under investigation to emerge naturally. It helped me to understand human experiences in a natural setting because qualitative research generates data by interviewing participants about their everyday lives (Kim et al. 2016; Magilvy & Thomas 2009). The topic of this study was suitable for descriptive research because it allowed participants to contribute to the development of new knowledge on the subject (Magilvy & Thomas, 2009).

This research design involved a clear and precise straightforward descriptive summary that provided experiences within a cultural context (Lambert & Lambert, 2012; Willis et al.,

2016). The findings from this qualitative descriptive study provided a starting point for developing an educational or behavioral intervention from participants' described ideas, themes, or concepts (Sullivan-Bolyai et al., 2003; Willis et al., 2016). This method allowed me to extract a rich descriptive database using open-ended questions during semistructured interviews with participants to explore experiences, beliefs, attitudes, or values (Kim et al., 2016; Lambert & Lambert, 2012; Sandelowski, 2010; Willis et al., 2016). Criticality and integrity were enhanced by me reflecting on bias. I used a reflexive diary notating thoughts, feelings, and personal experiences.

The worldview of social constructivism guided and provided a focus for the initial interview questions. This worldview was the most appropriate lens to explore the multiple and subjective reality of the AACW's meaning and gain deeper insight into their perceptions of their churches' readiness to deliver support services. I aimed to understand the AACW's interpretations of the world (Creswell & Creswell, 2018). I did not attempt to establish the extent of an issue or correlation in this study, so quantitative instruments were inappropriate.

Population

The population of this study consisted of all AACW. There are roughly 24 million African American women in the United States, and 72% of African Americans identify as Christian (Mohamed et al., 2021). Therefore, the population of AACW is about 17 million.

Sample

Three hundred seventy-two Christian women gave consent for my organization to keep their contact information in a Flocknote database, a church management system software. Ninety-eight percent of the women on Flocknote have self-identified as African American. These women have attended an offline and online Bible study offered by my organization. Their ages

range between 50 and 85, and they live throughout the United States. I had personal contact with each of these women within 5 years, some on a personal level and some during registration procedures as they enrolled in our studies.

The recruitment procedure began with emailing an invitation letter to the population through the Flocknote church management software (see Appendix B). This software was an effective tool for communicating with students by sending confidential notifications, updates, and links to various events with the ability to receive responses. An informed consent was attached to the invitation (see Appendix A) that provided the recipient with the study details. The data source belongs to my organization; there was no need to request permission to access and recruit the population. Twenty AACW participated in the study. I used purposive sampling aligned with qualitative descriptive design to recruit participants who could provide detailed information about their experience (Creswell & Poth, 2018; Ritchie et al., 2014; Sandelowski, 2000).

Setting and Participant Data

I conducted virtual interviews via the Zoom platform. The participants of this study live in various states across the United States. During the COVID-19 pandemic one participant lived in Georgia, one participant lived in North Carolina, one participant lived in Louisiana, and 17 participants lived in California. The age of the participants ranged from 50 to 85, and all self-reported their race as Black or African American. Table 1 illustrates the demographics of the participants during data collection.

Description of Data Collection

This section provides information on the procedures employed throughout the descriptive data collection process. The recruitment procedures aligned with qualitative descriptive data

collection after the IRB's approval at California Baptist University. This method of collecting data for this study allowed data to emerge from the stated opinions, feelings, and interpretations of the participants. My goal was to discover the participants' who, what, and where of events or experiences to understand better their perceptions of their church's delivery of needed support services throughout the pandemic (Sandelowski, 2000).

Table 1

Self-Reported Participant Data

Participant	Pseudonym	Gender	Age	Ethnicity	Race
P1	Joclyn	Female	51	African American/Black	African American
P2	Shirley	Female	62	Black/African American	Human
P3	Shelly	Female	50–65*	More than one	African American
P4	Arlene	Female	58	African American	African American
P5	Lorraine	Female	78	Black	Black
P6	Chela	Female	63	Black American	Human
P7	Resolved	Female	74	Black American	Black
P8	Annie	Female	67	Black/African American	Black
P9	Cherise	Female	74	Black/African American	Black/African American
P10	Ashley	Female	60	Black/African American	Black/African American
P11	Domonique	Female	66	Black	Black
P12	Belinda	Female	73	Black	Black
P13	Marsha	Female	85	African American	Black
P14	Jackie	Female	72	African American	Black
P15	Jennifer	Female	71	African American	African American
P16	Renee	Female	62	African American	African American
P17	Barbara	Female	68	African American	African American
P18	Audrey	Female	72	Black/African American	Black/African American
P19	Rozlyn	Female	67	Black/African American	Black
P20	Opal	Female	63	African American	African American

Note. *Participant provided an age range instead of their actual age.

Participants were assigned a pseudonym before data collection to ensure confidentiality. Each transcription indicated their pseudonym only to protect the participant's identity further. I programmed the Zoom software to transcribe and record each interview. I deleted the video recording at the end of the interview and retrieved the audio recording and transcript electronically from Zoom. I converted the Zoom transcript to a Word document. I also used a second recording device to back up the audio recording on Zoom. I reviewed the interview transcripts and proofread them twice while listening to the audio recording of the interview session and considering qualitative descriptive principles of inquiry by staying close to the surface of the words and events.

I used the review of current literature to develop a seven-item interview guide (see Appendix C). The intended duration of the interviews was 45 min to 1-hr, and actual durations lasted from 19 min to 1 hr and 5 min, with an average length of the interview lasting 42 min. The interviews began with four preliminary questions gathering the AACW's brief demographic information illustrated in Table 1 and seven open-ended interview questions that were presented in the same order. I was in a private room and confirmed that each participant was in a quiet and private environment before the interview. The principle of data saturation with qualitative designs determined the sample size for this study, having reached a point of gathering enough information during the data collection to fully develop the model (Cresswell & Poth, 2018).

Rationale for Instrumentation

Open-ended semistructured interviews are best suited to gain an in-depth, rich knowledge of the participant's perceptions of the research topic. I prepared questions for a semistructured interview informed by the literature review and allowed additional questions to emerge during

the interview. Presenting general open-ended questions enables the participants to express their views and opinions freely (Creswell & Creswell, 2018).

Familiarization With the Data

During the interview session, I engaged in notetaking and began to apply labels for initial coding, then retrieved the initial transcript from Zoom at the end of each interview. Zoom formatted the transcripts with a timestamp on every line, which I deleted. The Zoom transcript also included the participant's screen name, which I deleted from the transcript and replaced with the assigned pseudonym. I converted the Zoom transcript to a Word document and proofread the transcript data while listening to an audio recording from another device. Before sending transcripts to the participant for member checking, I listened to the audio recording twice and made additional notes to better understand the participant's experiences. The audio recordings were reviewed while note taking, ensuring the interview transcripts' accuracy.

Data Analysis

This qualitative descriptive study began by asking four demographic questions, which related to (a) age, (b) ethnicity, (c) race, and (d) members living with them during the COVID-19 pandemic, followed by asking seven open-ended interview questions. According to Lambert and Lambert (2012), data are collected and analyzed simultaneously for qualitative descriptive studies. My notes provided the initial coding employing standard content analysis. Transcripts of each interview were uploaded to Dedoose® (9.0.86), a web-based data management application that facilitates the organization and analysis of research data. The open coding was then systematically applied to the first six transcripts based on relevance to the research questions. Each transcript was reviewed line by line on Dedoose® to verify and extract meaning and generate a code. The remaining 14 transcripts were then uploaded to Dedoose®, revealing

additional codes. Table 2 illustrates a sample list of the initial codes with corresponding code descriptions. A complete list of initial codes is provided in Appendix D. Initial categories and their meaning are listed in Table 3.

Table 2

Sample List of Initial Codes

Code	Code description
Began women's ministry online	With that my daughter was able to get drawn into that
Using technology	Spiritual content not readily accessible in normal forms
The church does not know how to help	They don't have the people that have the knowledge, to deal one-on-one with a person with mental health problems
Missed physical contact	I like to see people; I like to touch people
Church unprepared to meet people's needs	There was an absolute unpreparedness to be able to address the needs
Church should delegate individuals for outreach	Churches need to have delegated individuals for outreach … see about elderly … look out for single parents with children

This design involved note taking throughout the interview process of observations, decision making, and nonverbal communication of the participants and my perceptions throughout the study (Willis et al., 2016). The descriptive data collection and analysis transpired simultaneously while I considered similarities and differences in the reported experiences.

Qualitative descriptive studies can have overtones of grounded theory because they use constant-comparative data analysis (Creswell& Poth, 2018; Merriam & Tisdell, 2016). Considering the inductive nature of qualitative research, data analysis began with generating open codes during the interview and reflection throughout the study. It is a process of creating open codes and axial codes into themes, then further analysis of the data groups the codes into categories (Creswell & Poth, 2018). Merriam and Tisdell (2016) carefully focused on the

Table 3

List of Initial Categories with Corresponding Initial Codes

Initial category	Category meaning	Corresponding initial code
Congregants' experiences through the pandemic	Perspective of congregant's lived experience of support services	Switched quickly from in-person to remote Church was remote via YouTube Through group text, everybody would be made of any updates, any challenge, any barriers, any concerns Health information was definitely communicated
Support that was helpful	Perspective of relevant support	Phone calls from ministers and volunteers to people Community of churches coming together to meet the needs We did switch over to like free conference calls, and to Facebook
Changes made	Perspective of significant changes	Online church Online ministries Reduced to smaller groups
Changes needed	Perspective of needed change in church	Have something that's focused more on the sick and shut-in Have wellness checks We can come together and plug in together Need for some resource center

participants' perceptions to describe their experiences and opinions of their experiences. Data analysis steps influenced by grounded theory methods included:

- Coded the data throughout the interview
- Analyzed data for common themes and assigned them as open code
- When similar open codes repeated several times:
    - Codes were grouped into categories to indicate their similarities
    - Once grouped, names or labels were (axial code) applied to show similarities
    - Once all of the similar open codes were grouped and assigned names, these are axial codes
    - A code identifying the grouping of similar axial codes was created (Merriam & Tisdell, 2016, as cited in Creswell & Poth, 2018, pp. 85–87).

Rationale for Data Analysis Process

Dedoose®, a data analysis software, was used to organize the qualitative data. This process involved uploading transcripts to Dedoose® and identifying text segments early in the project. Applying code labels indicating the key categories and continuously searching for themes revealed related concepts, which were grouped and coded as levels of meaning to the research became apparent (Creswell & Poth, 2018).

Design and Instrument Limitations

One limitation of this study was the lapse in memory some participants displayed and the reluctance of participants to disclose their true feelings about their churches' provision of social and emotional support services. I anticipated this possibility and developed the instrument to present questions to help participants open up and share their stories. Overall, the instrument presented broad, open-ended questions to make the participants comfortable sharing their experiences. This study was designed to collect data from AACW attending an online Bible study and may not be generalized to other populations.

Trustworthiness

The study met the criteria for authenticity by me, allowing the participants to speak freely and represent their perceptions accurately. Conveying the precise details reported by the participants ensured descriptive validity. Interpretive validity was confirmed by accurately describing the meaning participants gave to their experiences and through member checking (Willis et al., 2016). I promised to carefully plan, write, and conduct this study to establish trustworthiness through the following five key components: credibility, transferability, dependability, data checking, and confirmability.

Credibility was established by soliciting participants' views of the credibility of the findings. To ensure this, I employed the following data collection strategies: (a) recorded the interview with more than one device, (b) took interview notes, (c) retrieved Zoom transcripts electronically through Zoom program software, (d) proofread the transcript while listening to interview recording, and (e) performed member checking. Member checking is a way of seeking participant feedback to reflect on the accuracy of the account of the written analysis (Creswell & Poth, 2018). Using the transcript for member checking, according to S. Doyle (2007) and Harvey (2015), was congruent with the epistemology of constructivism as it coconstructed new meaning and validated previous interpretations. Transferability was established by providing a thick description and applying the findings to other situations and contexts (Creswell & Poth, 2018).

Dependability was established by demonstrating that the results of this study were consistent and can be replicated by providing sufficient details and contextual information. Dependability was also ensured through member checks. After the themes emerged, the participants reviewed the transcript and feedback received from participants regarding their answers to the research questions. Member checking involved the research participant confirming an interview's results or analyzed data (Birt et al., 2016).

Data auditing was conducted as a validation strategy for documenting thought processes to clarify understandings and allow the retrace of the process of how the final findings were determined (Creswell & Poth, 2018). Confirmability was established by detailing how I ensured neutrality in this study and how the results reflect those of the participants without any outside influence (Terrell, 2016). Finally, care was taken not to interfere with or influence the study by forces negatively outside of the study.

Audit Trail and Member Checking

The reliability of this qualitative descriptive study was completed through qualitative rigor which included (a) audit trail and (b) member checking. I interviewed participants who have been attending Biblical courses through the organization. At the time of the study, I was the president of the organization. The long-term attendance to these courses created a relationship of trustworthiness between the participants and me.

The interview questions were presented consistently and each participant was allotted the freedom to share their experiences. Topics were reiterated only when deviations occurred. I noted the participant's verbal and nonverbal expressions and intonation during the interview. My reflective journal provided additional details of observations. The findings in Chapter 4 offer direct verbatim quotes from each participant.

All participants received an electronic copy of their transcripts for member checking. The transcripts were emailed to each participant, requesting them to review their transcript and inform me of any needed changes or statements that needed clarification. Only three participants requested changes, and two out of 20 did not respond.

Summary

This chapter detailed the research method for this qualitative descriptive study. A qualitative descriptive study design helped answer the research questions and provided clear, simple descriptions of the participants' experiences and perceptions in cases where little is known about the problem (L. Doyle et al., 2020). Participants were interviewed, the interviews were transcribed, and then the transcribed data were uploaded and organized using Dedoose®, a data analysis software. The analysis results presented the findings that are easy to understand

in Chapter 4 of this dissertation report, and the discussion of these findings are presented in Chapter 5.

CHAPTER 4: FINDINGS

The aim of this qualitative descriptive study was to explore AACW's perceptions of their church's readiness to deliver support services since the beginning of the COVID-19 pandemic. This chapter provides a review of the data collected and the findings of this study. The central research question of this study was, "What are AACW's perceptions of their church's readiness to deliver needed support services since the beginning of the COVID-19 pandemic?" The research subquestions that guided the interview questions were

1. What are the experiences of AACW regarding their church's delivery of social support services in response to COVID-19 restrictions?
2. What do AACW identify as factors that contributed to facilitating or creating barriers to needed social support from their church throughout COVID-19 restrictions
3. What do AACW believe churches could have implemented to provide their needed social support services in response to COVID-19 restrictions?

The central finding from this study was that participants' churches quickly responded to COVID-19 restrictions with innovations such as implementing small study and outreach groups, phone calling ministries, digital communication, and various new services that provided needed support. However, participants also reported improvements needed in partnering with other churches and health professionals and creating contingency plans as vital changes churches should implement. Table 4 illustrates an audit trail showing the frequency of the emerging thematic codes.

The following sections expand on this understanding by systematically reviewing the repetitive themes that emerged concerning each of the three research subquestions, and the comments are shared verbatim from the participants. The AACW's perceptions presented three

categories: (a) experiences with delivery of social support, (b) bridges to services and barriers of accessibility, and (c) practical implementation regarding the provision of needed support services.

Table 4

Frequency of Themes

Category	Theme	Instances	Number of participants reported
Experiences with delivery of social support	Creating smaller study groups	11	6
	Creating phone calling teams	11	7
	Incorporating digital communication	22	12
	Implementing new support services	32	8
Bridges to services and barriers of accessibility	Higher use of skills and professions of the congregants	8	17
	Creating communication channels	18	17
Practical implementation regarding the provision of need support services	Establishing partnerships with health professionals or other churches	6	6
	Create crisis management protocol	33	12

Experiences With Delivery of Social Support

Research Subquestion 1 asked, "What are the experiences of AACW regarding their church's delivery of social support services in response to COVID-19 restrictions?" There were four emergent themes aligned to this question. Theme 1 was creating smaller study groups. Theme 2 was creating phone calling teams. Theme 3 was incorporating digital communication. Theme 4 was implementing new support services.

Creating Smaller Study Groups

Responses from six of the AACW who participated in the study revealed that their churches implemented smaller groups for outreach and study sessions. The creation of small groups helped participants feel connected while sharing experiences, praying and enabling the church to dispatch needed services to the surrounding community. For instance, an outreach ministry was reduced to smaller groups to continue distributing food and other supplies to the community. Audrey reported,

> Since that time, we would all go out in groups and everything … they're still going out now. However, it's not in big groups like it was before. You may service someone here, but you'd have several groups … they're smaller.

She shared that her church was the only Black church in the area where the metro line comes through, so the small groups assembled various items they purchased from Costco or Sam's Club and distributed them to the community.

Another church intimately formed smaller study groups to facilitate congregants to stay connected. Shelly shared that her pastor considered their small groups as life groups. Because he knew members would have problems during the pandemic, he believed life groups were essential to support them. She described the life groups as follows:

> We also have life groups once a week and those remote meetings … well they were in person one was remote at the time of the COVID-19 restrictions, but they all went remote via Zoom and those are smaller groups to have members connect in smaller groups.
>
> In those groups that was another way that you could connect with others even though you were at home alone or at home with your, you know, your spouse and children and you can connect there.

She added that the members could submit prayer requests during these small group sessions, which was one of the benefits of being a member of such a group.

Another benefit of the life groups was their constant contact with the group leaders, who kept in touch with members personally; in some cases, the leaders found ways members could meet more days and times during the week. Barbara seemingly had limited memory of her church experiences during the pandemic as she reflected on whether her group met online or at home. She explained,

> I do believe that there still was a Bible study that the leader was having, but not many people came out so she just sort of shut it down again and said, "Okay, we're just going to do it," and she changed the location and made it a smaller, at her home even, with the little handful of people coming. "Just come to my house."

Barbara recalled her group leader reached out to members to be sure they were okay, which she felt was very helpful, knowing that the group members could rely on their leader.

Renee reported that the pastors were beginning to realize the church could benefit by forming small group sessions during the lockdown and began encouraging the congregants even more to join a group. She shared,

> Then they had the small groups, and the pastor had Zoom and asked for all the members to join a small group and have the small group leader watch over … keep an eye on the people within the group and exchange information that way.

Renee added that the group leaders at her church always used their time during meetings on Zoom to check on how the members were managing through the pandemic. Opal expressed that she preferred meeting the small groups because fewer people would attend; she said the smaller groups felt less crowded and more like a community. She reported,

> One of the things that they did introduce for us was … I think this was during a time that my husband and I started going to a small group; a small group discussion, which felt a little bit better, if you will. It wasn't as big … it wasn't as crowded.

The smaller groups also helped members to open up and share what they had been experiencing through the pandemic. Lorraine recalled her feelings about how small groups helped her after losing her husband. She explained, "I was able to share a lot of grief and loss … we had an hour and a half, [or] 2 hours, twice a month, and I was able to open up and share."

Responses from the AACW reflected how small groups impacted them in positive ways. Their experiences conveyed feeling safe and connected in a smaller community and being able to share their prayer needs, challenges, and concerns freely. Outreach services became seamless as smaller groups assembled and organized packages to distribute supplies to the community.

Creating Phone Calling Teams

In addition to forming smaller groups, seven participants reported that their church created phone calling teams. The creation of phone calling teams helped the participants care for other congregants and felt cared for when they received calls from other team members. The church members willing to volunteer their time to place calls received a list of names and numbers from the church and instructions to call and check on congregants. Some participants reported receiving calls from members assigned to call teams, and others shared their perceptions of how making the calls made them feel.

Belinda reported her church "designated people to call to check on people, especially if they had not heard from them...they checked on their seniors continually." Jennifer shared that her church had members call each other. She commented,

> [The] pastor would give us a list … [Take] these numbers … call them … see how they're doing … having us call one another and make sure one another was okay and what we needed between one another.

The AACW also recognized that these calls benefited vulnerable populations such as seniors and parents with school-age kids. Renee shared,

> They had a calling list for vulnerable people … and just making sure everyone was touched, and that was one of the things that contributed during that time … was to call people and encourage them and find out what their needs were.

She added, "They had groups—a special task force—that was developed to call people on the telephone to ask them particular … certain vulnerable populations like seniors and the parents who had school age kids."

Shelly described her perception of calls she received from church members. She stated, "We received phone calls intermittently from church volunteers to check on us...church ministers to check on us to see if we were okay and if we needed anything … phone calls from ministers and volunteers to people." The small group leaders also kept watch over the members of their group by calling them. Lorraine reported, "The leader of the group called … he was in charge of the group; he called every member of the grief and loss … that was on the roster, to check on everyone."

Incorporating Digital Communication

In addition to forming smaller study groups and creating calling teams, 12 participants reported that their church began using digital communication to broadcast virtual worship services or Bible studies. Some mentioned that digital communication started immediately, and others reported that their church went through gradual phases before they adopted digital

communication for live-streaming church services. Joclyn recalled, “They just wanted them to get online. So, we did switch over to like free conference calls and to Facebook.” Domonique shared, “Once COVID started, online services started. Maybe weeks after COVID and the world was shut down.” Ashley reported,

> As far as the pandemic … I don’t recall anything other than starting the Zoom. And I don’t know if that was for the pandemic, or just to keep the church. I think that was probably more so just to keep the church going some kind of way, than answering any pandemic issues.

Shelly recalled, “It was amazing that we switched quickly from in-person to remote.” Audrey shared, “What was new was the Zoom broadcasting, because we didn’t have that before.” Resolved stated, “We began, I think a week or two after the announcement … decided to just do church via Zoom and that’s how we came together.”

Responses to the digital platform for worship services and other activities were mainly positive, and some found that adapting to digital communication was a little challenging. Those who expressed excitement about the transition to digital communication revealed they were pleased about the transition because of the ease of accessing church service without leaving their homes. Belinda reported, “We could continue to go to church within the home, through Zoom, through Facebook; so that part of my life—which was my faith part—wasn’t affected.”

Other participants were amazed at the various ways the church conducted worship service. The church leaders found ways to make virtual service more than just sitting in front of a camera delivering a sermon. Some put extra care into setting up an environment or background and having additional activities online that helped participants feel they were attending a genuine

in-person church service. They shared that digital church was like their usual services; the only difference was that they weren't in person. Jennifer stated,

> Then on Sunday our pastor would come on and he would preach from his … he had a big fireplace … then he stood up in front of it with the candle, and so he had a service; he sings, his wife sings and so we all sang.

Marsha shared, "Every Sunday we could go on internet … he had praise and worship leaders there. It was just like having church altogether, but … it just wasn't in the building."

Of the church that had previously used conference calling to create a shared space for worship service, Jackie reported her experience with live streaming was better. She shared, "They can live stream now and that's better because you're not getting all that feedback and all the noise from a conference call."

Conversely, difficulty adapting to digital communication came from a few had little to no computer experience and on shared she missed the close, intimate contact that you do not get with digital communication. Rozlyn reported,

> Like a lot of people that are much older than myself, they don't know anything about getting on a computer, or getting on their phone or getting on their iPad or their tablet to try to do Zoom. There was no streaming of the church service prior to COVID.

Arlene recalled,

> I had to learn how to use technology which I'm not really a fan of. So, I had to learn how to use my phone and laptop to be able to remain reengaged. We were live streaming on Facebook, so that made the ministry available to me but not the close intimate contact.

Jackie reported that her church implemented conference calls for worship service, which presented challenges for the senior congregants. She stated, "The technology was okay but when

you have elderly members of the church that are not familiar with how to operate the conference call and not muting their phones, that was a challenge for us."

Implementing New Support Services

Eight study participants reported that their church delivered various new support services. These services were linked directly to the personal needs of the AACW who participated in this study. Some shared that their church created a call-in number for members to contact someone at the church to express areas of need. It was through the call-in number that the church began connecting congregants to resources, whether they needed a babysitter or just needed to talk with someone. Belinda stated,

> There was a line that they could call in … if they would tell them "I need to get out and go and I don't have a babysitter." They offered mental health services for people that they could … call on the phone and talk to someone.

Jennifer shared,

> They did have a line that was open that if anybody was in need … if you needed a way to the doctor, or if you didn't have food, and they had something that they could bring from their home, they would bring it over.

Lorraine recalled, "This counseling center was started there, but it's in a different location, and anyone could go there to get whatever they needed."

If participants needed food or transportation or could not shop for groceries on their own, the church created ways to meet those needs. Belinda reported that when she knew someone needed something, she was responsible for creating a schedule to shop for individuals personally. She shared, "Those that were totally isolated … they made sure they brought their food to them." Audrey reported,

> One lady hurt her leg and she needed groceries … "Well, we heard you needed groceries. What do you eat?" And they just went and bought the stuff and took it to her house. We would donate and then the team would go and purchase according to how many people that we thought we might service, and we'd make sure that they get a gift card along with the prepackaged food.

Jackie reported, "They did do for those people that could not get out for those people that had needs of food, they would deliver food, take food to them." Renee stated, "They actually distributed food and water and resources." Joclyn shared,

> If they needed groceries for those who could not go out and about, I had set days where I would go, and pick up groceries for two sets of ladies, and go get their groceries and then bring it home to them, and you know, I would leave it at their door.

Although participants of this study reported the church discontinued many services as the pandemic impacted them, the church created many new services that provided mental health information, and ways to provide for their personal needs. Food delivery and personal help filled gaps in areas of need that would have been impossible without the congregants' participation. The church's creation of a hotline or call-in number provided a means for vulnerable, older adults and anyone who needed immediate assistance to reach someone representing the church who could quickly provide information or dispatch help.

Bridges to Services and Barriers of Accessibility

Research Subquestion 2 asked, "What do AACW identify as factors that contributed to facilitating or creating barriers to needed social support from their church throughout COVID-19 restrictions?" Two emergent themes aligned with the bridges to support services during the COVID-19 pandemic. Theme 5 was the higher use of skills and professions of the congregants.

Theme 6 was creating communication channels. Both are followed by perceived barriers that were encountered.

The AACW reflected on the emotions they felt during the pandemic and how listening to the news and others in grocery stores talk about their fears increased their concerns. Reports echoed a feeling of doom and uncertainty throughout the pandemic by most of the AACW. Research Subquestion 2 allowed them to voice their perceptions about how their church helped them through uncertain times as they recalled church members stepping up using their skills to help and church leaders find ways to keep communication flowing.

Higher Use of Skills and Professions of the Congregants

Seven AACW revealed that professionals in the congregations used their skills and contributed their time, enabling congregants to receive needed support services. There were fewer instances of this theme mentioned verbatim but were implied subjectively by professional members of the church who participated in this study. Assistance provided by these professionals occurred through counseling, sharing updates from the current Centers for Disease Control reports, and providing information sessions to clarify and convey knowledge gained about the pandemic from their workplace. These professionals also brought needed supplies such as masks, gloves, and hand sanitizer. Jennifer stated,

> I think the reason we followed the guidelines so is because we had an emergency nurse in our church that was on the line, and we had a doctor. So, they were giving us information also about why … because a lot of people were asking, "Why do we have to do that?"

Audrey shared, "Because we do have a couple of psychologist and psychiatrists that go to the church and of course they were the go to people for 'I've got a problem.'" Renee recalled, "They were establishing a … based upon the wellness again, they were establishing people in-house

who had credentials from wherever … and churches always have a hodgepodge of people from wherever, teachers and whatever industries." Lorraine shared,

> We have a person that's grown up in the ministry who has her doctorate degree and I understand that there was a counseling center there at the church that was given to them. So they have … they offer through their counseling center, and they are connected … they're leaders at the church.

One participant who offered her professional services shared her experience as a congregant. Chela stated, "I am registered … they have a registry where people call in, and want mental health, the church will refer them. I have gotten people who were referred by my church to mental health services." The service professionals stepped forward and used their expertise to educate and support the congregants. Shirley shared, "The therapist that I started to see is a member of my church. Yeah, our pastor brought in experts, medical doctors. We even have them in our membership who made presentations, you know." Ashley recalled,

> There were times when the doctor that we do have in the church … something like a blast had gone out and like stuff that you see, probably on Facebook, or the little mass statements that start going around creating whatever it creates … that particular person spoke on it and said that it wasn't factual and stuff like that.

A barrier to using professionals reported was that services were wasted if the church leaders were not on board. Chela shared an example of her church leader not supporting a service. She revealed that she was a marriage and family therapist and a member of her church and recalled a time when she reached out to her pastor during the COVID-19 pandemic to help with another church member who was her client and did not receive support. Chela described her disappointment in leaders not responding to her request for help,

> But one thing I did … that disappointed me about my church; I sent the [chief executive officer] a text asking them to help me with a client … the answers that he gave were so shallow, and I think that if he had taken the time to talk with me, he would have been able to help someone else that was in need of help through me.

The AACW of this study described professionals such as therapists, counselors, doctors, and nurses volunteering their assistance in various ways. These professionals used their skills and gifts in the church during the COVID-19 pandemic to provide assurance and comfort that participants may not have sought outside the church. Their presence helped congregants feel at ease when seeking the truth about the pandemic and making informed decisions about their health concerns. The church organization benefited from these professionals volunteering their expertise in many ways throughout the pandemic.

Creating Communication Channels

Another bridge to services was the increase and improvement of communication channels. Seventeen study participants reported that the church leaders began conveying messages about the COVID-19 pandemic and health tips through various communication channels. They also shared how they could communicate their needs through those channels. Participants felt one of the communication channels that was effective included postings on the church's social media platforms. Another communication channel that increased during the pandemic, which the church used to share information or make announcements, was the number of emails sent. Belinda stated, "They did send out information through Facebook, and then they had your email, so if there was any information that needed to be sent to you, you could get it through your email as well." Barbara stated of a communication channel, "But the one I transitioned into … because while the pandemic was going on, I noticed that through Facebook,

they advertised that they were having a Bible school." Domonique stated, "We had emails. He let requests be known via the pulpit, on the Zoom services, and letters if people didn't have emails." Chela reported,

> They have something, it's through their website or they'll make an announcement in the church … they make an announcement on Facebook if they're having something. If they have your email, they may send out an email. They used to have church bulletin announcements. They would have all the things on the things … the calendar of the church in there, and that was that was online, too.

Shirley shared,

> We get letters in the mail. We also get announcements on Sundays and Tuesdays. We get weekly emails, we get monthly letters; it may be quarterly though. Then we get weekly announcements in person and online on Sunday and Tuesday.

Jennifer stated,

> Ours was mostly emails. And we still have the same setup now. Before … just like regular. I guess the pandemic changed a lot of ways people have to think and deal in the world because before you got the information about what was going on with the church on the back of your bulletin.

Resolved shared, "I think three or four mediums, how he communicates through the email, through the app, a couple of apps that we have through the church." Arlene recalled her church using group texts to communicate updates. She stated,

> Like they have what's called … like group texting. And so through the group text, everybody would be made of any updates, any challenges, any barriers, any concerns, what was going on, any revisions to regular protocols and things like that.

Lorraine shared, “So we always got a text, the website … he put up a website, and we would read it, and we always knew what was going on at the church.” Rozlyn recalled,

> So, during the pandemic our new pastor … what he would do is … he would have weekly emails or weekly text messages to us couple with weekly like a like a like a little video like a podcast through Facebook where he would send us a nice message. He was open to it and he was doing what he could in terms of these weekly text messages and weekly podcasts through the Facebook, coupled with the Bible studies.

At the onset of the COVID-19 pandemic, Zoom was the platform everyone had to learn to connect to all church activities online. The church leaders used the Zoom platform for two-way communication so congregants could discuss concerns with each other, ask the church leader questions, and make suggestions. Audrey shared, “During their Bible studies and intercessory prayer, individuals could communicate with each other on a digital platform” and added that everyone had many questions and seemed to want to talk simultaneously. She reported that her pastor used every church meeting to communicate updates on current events, plans, and procedure changes.

Another communication channel that increased during the COVID-19 pandemic was how the church leaders disseminated information to congregants during worship service. Some participants reported that the pastor began including pandemic information during his announcements. Cherise shared that although their church website posted communication about vaccinations when the pastor announced current information about the pandemic, he positioned those messages just before the sermon. Joclyn recalled that the pastor shared health information from the pulpit during Sunday service, and her church distributed safe practice information through Flocknote. Flocknote is a church management system that enabled her church to send

information on flyers through email and texts. The church used flyers often to communicate to the congregants. Joclyn stated,

> You know, you use those user-friendly flyers telling you about if you happen to get sick, what you need to do and to protect the rest of the family. And then, when it's okay to come back out after you quarantine yourself. So, we have flyers for that.

Shelly shared that communication on the Zoom platform increased during the COVID-19 pandemic. She expressed that being able to meet on Zoom was critical for the congregants to voice their concerns about their health and ask questions. Belinda concurred that it was during the weekly Zoom services that congregants could get their questions answered. Congregants had many worries at the time, not just about their health but also about their family members, especially their senior family members. Renee perceived that her pastor communicated his caring for the congregants by coming on the Zoom platform and checking on them. Her pastor did what she called a wellness check when meeting with congregants. A wellness check meant that he questioned them on the dimensions of wellness, which were spiritual, emotional, physical, social, financial, environmental, and occupational. Her pastor also used this time to encourage them to gather and support one another by attending Zoom sessions.

Barriers to service delivery because of the uncertainty reported by the study participants caused congregants to be cautious about where to obtain correct information and updates about the course of the COVID-19pandemic. Trust in the news reports and the church was diminishing as messages conflicted. A barrier in communication reported Ashley caused great concern as she felt her church needed to centralize communication and ensure information was trustworthy. She shared, "It could have been more intentional and professional. So, it would be very important they did get someone that's gonna disseminate the information that is factual." The church

leaders who kept communication channels flowing with encouraging messages, helpful information, updates from the Centers for Disease Control, and the church's current status comforted the AACW.

Practical Implementation Regarding the Provision of Needed Support Services

Research Subquestion 3 asked, "What do AACW believe churches could have implemented to provide their needed social support services in response to COVID-19 restrictions?" There were two emergent themes aligned to this question. Theme 7 was establishing partnerships with health professionals or other churches. Theme 8 was creating contingency plans.

Establishing Partnerships With Health Professionals or Other Churches

Six AACW reported a repetitive theme of partnering with health professionals or other churches. They perceived these partnerships would enhance their church's readiness to provide needed support services should another crisis such as the pandemic occur. Resolved reported that churches need to know medical professionals in the community who could help individuals without insurance. For instance, she described this kind of help as pointing them to free education and resources that would help them know how to respond if they thought they were infected and where to go. Resolved shared,

> I think that if we had something through the medical professionals, for instance, like, where do you go if you felt that you were infected and had no insurance? Where would you go? What would you do if you thought you were infected? Do you go here? What do you do? What are some of the things that we could offer? So I think the medical piece has to be in place to provide references.

Belinda stated that churches could partner by providing supplies the other church may not have or may run out of and for church leaders to coordinate their schedules to alternate days they distribute provisions. She stated,

> I didn't expect to run out of food in the middle of the week, and I didn't have any money and I didn't know what I was going to do and I know that my church only served second Saturday of the month, so because if the other churches engaged with each other, there would be other churches that they could go to, to get that need met.

Barbara shared,

> We can come together and plug in together. Because what your congregation may have, mine doesn't have and vice versa. We can come together and draw resources and I know that has a lot to do with the leadership and how they equip their under shepherds, to be able … a lot of this I know starts off with character building.

Another report of needed change was for the church to provide mental health support services for individuals who suffered from loneliness during isolation periods. The church needed to bring in a medical professional to educate the congregation about the mental struggles members were experiencing and help them learn ways to self-care. Jennifer clarified,

> When I told you that there was a doctor in our congregation and nurse, I think somebody should have been there to talk about mental struggles, the loneliness, because you can even have loneliness … be lonely with somebody else in the house, and you could be burdened as being a caretaker.

Jackie reported, "I would probably bring in more medical professionals, especially to speak to our Black community about taking better care of themselves."

Joclyn reported that improved collaborations within a group of churches and focused communication that points congregants to mental health support services through therapists within the group of churches was needed. This collaboration described the church leaders finding service providers within the church and creating a referral directory or someone assigned to receive calls to connect congregants to the help they need. Joclyn stated,

> Utilize the people that are within the church, and if it's not just the people within it in the church it's the collaboration where yes, we were connected, but was it a streamlined connection to where hey, you call this number, you'll be connected to a mental health. We have, I believe, therapists amongst our group. We could provide therapy sessions if people need to talk.

Shelly suggested, "I would also add that counseling would be free. If it was more organized as a counseling center, even though there would be only two to start."

Create Crisis Management Protocols

Twelve participants observed events in their churches that led them to believe that leaders should consider developing an emergency procedure plan. These plans were like emergency plans in business sector procedures to have provisions on hand and to get to a safe place or an earthquake preparedness plan. Church leaders could reflect on what worked and what needed to be improved, then draft a plan of action to prepare the church for a crisis affecting their ability to convey God's message in person. Resolved reflected,

> And as an administrator in church, one of the first things that I would want to do is set up something like we did … we do with the earthquake. You know the first thing you would do with the pandemic is stay calm and know that because we don't know where the effects of it's coming, we're asking you to cooperate fully by doing one, two, three.

Opal expressed that churches could begin with discussions about the previous 2 years. She shared,

> They certainly haven't asked you to think about the last 2 years … let's talk about that. Do you not realize that we all need community therapy at this point? What was really needed during the last 2 years is not just small groups, but I would love to see small groups where people really do break bread together, live together, love together, be accountable to each other, not afraid to be their authentic genuine selves.

High on the list for church improvement included becoming a resource center. Ashley proposed, "The resource center would be a big one. I believe assigning maybe someone … creating a role for someone that might be interested in passing along helpful information in regard to that." Arlene commented on support services needed. She stated, "I am talking about customized to the needs of the people. If I'm part of a church, I want to better understand the people and the struggles that they're having. Being able to be proactive in preparing people."

Another part of the desired contingency plan shared by study participants was to train those interested in learning how to support individuals with mental health problems through a crisis. Participants in favor of an emergency plan described that the plan's content should include training on what comes first and then the next steps. Resolved shared, "Also, having some professionals in place to tell us, or to even suggest maybe simplistic things of one, two, three, four, five things that you could put in place." Audrey expressed,

> They don't have the people that have the knowledge to deal one-on-one with a person with mental health problems. People that are just having mental breakdowns from the vicissitudes of life, or the pandemic … there are people who can deal with that. Talk to them, go by their house, call them on the phone, I know this because they told me, and

> I've seen it in action. They can deal with that, but when it comes to something more severe, we're not set up for that.

Barbara shared,

> We have to prepare … and part of preparation, I believe is in preparing people and teaching them or showing them the first thing … you know the first thing they tell you not to do when something happens—don't panic.

Some study participants reported a contingency plan to include a safe place to overcome challenges. They described taking care of the needs of individuals and providing a safe place where congregants won't hesitate to seek help for fear of stigmas. Resolved submitted, "It needs to be a safe place where one could go, and it not be exposed to where they can't get help, because they're being treated like a leopard or something." Barbara reflected, "I would love to see for my church to have those small groups that I don't see that are there, that help to inform and help people to … into a safe place to heal in areas where they can be strong."

Some participants suggested that the church needed to take note of what worked and document everything as a strategic plan to keep everyone's needs met and keep them safe. Renee reported,

> They did the right thing but were they able to capture what they did to make sure that they can duplicate it and make it better, should we have another situation? Document what they did to make sure that there's a contingency plan in place.

Jennifer suggested the need for everyone to stay connected even after the pandemic by making the same effort the churches made during the pandemic. She stated, "Maybe follow up. Just as you took the time to call during the pandemic, maybe take time to call after the pandemic."

Another component of a contingency plan was related to the churches transitioning to digital communication to live stream worship services. Some encountered trouble with their streaming services, and some had difficulty accessing digital communication or staying connected. Overcoming these issues takes proactive planning from leadership. Domonique reported, "I don't know the inner workings of the church … like as an example, we were having trouble with our online transmissions. It was sketchy … [it] would kick [people] out … it would freeze." Jackie conveyed needed changes to church leadership in managing the congregants and the projects. She shared,

> A good leader is going to delegate and let you handle … I want to say a good leader … when you're trying to be in every single thing that's going on, it's hard to manage all of those projects, all of those situations in an efficient manner. When you delegate and give somebody something to do, then you don't have to worry about it, you can go on to the next thing on your agenda. But if you don't delegate, or if you still stay in the mix of things, and you have too much on your plate, I think what happens with them, and so therefore they don't accomplish, or things don't run as smoothly as they could.

Although some participants reported professionals in the congregation that assisted in getting support services to the congregants, the issue of needing support for mental health was a constant issue throughout the pandemic. Shelly perceived that the church needed to categorize available resources and have a consistent schedule for members to access them. She stated,

> We have another one, another licensed counselor on board, but I think what would help if those resources were more, what's the word, more codified into an actual resource that has office hours, that you can make appointments rather than you know, see Individual 1, see Individual 2.

The church had been the only support some AACW could depend on, but the COVID-19 pandemic caused an unsettling experience that shook their support. Lorraine stated about the church, “The only thing that I had … it was unsettling … was the church. That was my support, my total support.” Jackie shared, “We need to broaden our understanding of what the church is about. It’s not just about saving souls; it’s about taking care of the needs of the people.” The AACW in this study expressed that the church can only meet their needs if it seeks to know them.

Summary

This chapter presented findings from 20 semistructured interviews with AACW from various churches in the United States. The aim of this qualitative descriptive study was to explore the perceptions of AACW and their church support programs and whether any services needed improvement to deliver support through a crisis. Eight emergent themes of church support from this study’s findings were (a) creating smaller study groups, (b) creating phone calling teams, (c) incorporating digital communication, (d) implementing new support services, (e) implementing higher use of skills and professions of congregants, (f) creating communication channels, (g) establishing partnerships with health professionals or other churches, and (h) creating contingency plans. Chapter 5 details the implications of these findings, the extent to which this study aligned with current literature, and recommendations for further studies.

CHAPTER 5: DISCUSSION, RECOMMENDATIONS, AND CONCLUSIONS

The aim of this qualitative descriptive study was to explore AACW's perceptions of their church's readiness to provide needed support services since the beginning of the COVID-19 pandemic. This study built on research on African Americans' dependence on their church for spiritual and social support, adding to the backdrop of social isolation imposed by COVID-19 restrictions. The AACW's perceptions provided crucial information about their experiences and mindset for stakeholders to understand better the needed support services and organizational changes to create a culture relevant to this population and establish church readiness and sustainability to overcome future crises. This section discusses findings, limitations, implications for practice, recommendations for further research, and conclusions.

Discussion of Findings

Through data analysis, the emergent themes revealed the AACW's central perceptions of their churches quickly responding to COVID-19 restrictions with changes such as

- creating smaller study groups
- creating phone calling teams
- incorporating digital communication
- implementing new support services
- higher use of skills and professions of congregants
- creating communication channels

Study participants also suggested changes to implement in the areas of

- establishing partnerships with health professionals or other churches
- creating crisis management protocols

The themes aligned with the delivery of support services and the bridges and barriers of the support services emerged from the AACW perceptions of changes their churches implemented to provide support services throughout the COVID-19 pandemic. The themes associated with the suggested changes were improvements the AACW perceived were needed out of concern for church readiness to overcome future catastrophic incidents. Preparing for future incidents enhances the church's sustainability and the ability to support congregants effectively. Learning from the experiences of these AACW can provide the churches with insight into adequate support services that meet their needs during an uncertain time.

Church leaders are at the helm of decision making, strategizing, and executing changes to implement appropriate support services and guiding their churches to create a culture that attracts and retains African American women in their congregations. The influence of church leaders extends beyond their congregation into the community, and with the assistance of digital media, their influence can extend anywhere in the world. Some AACW perceived using digital media to communicate and stay connected helped participants feel part of the church community and build relationships with each other. The AACW specified the importance of partnering with other churches within the community or with health professionals. These partnerships were perceived to enhance the support services offered by the church and add sustainability, especially for the smaller churches that struggled to keep their ministries afloat throughout the COVID-19 pandemic.

The AACW shared many needs in general, but they specifically needed the church to provide a safe space. A safe space is described as nonjudgmental if they need professional help to overcome challenges and a place to talk to each other about life's challenges without feeling stigmatized. In addition, the AACW voiced their need for the church to create emergency

preparedness guidelines. They suggested that these guidelines mimic earthquake preparedness instructions and should include the dos and do nots the church learned from their experiences responding to the pandemic.

Discussion of Experiences With Delivery of Social Support

Research Subquestion 1 asked, "What are the experiences of AACW regarding their church's delivery of social support services in response to COVID-19 restrictions?"

Discussion of Theme 1: Creating Smaller Study Groups

The AACW indicated that the smaller groups formed in response to the pandemic created social and safe environments for congregants to discuss their challenges openly. Forming small groups aligned with a human resources management strategy of reducing larger groups to smaller teams facilitated management and collaboration efficiently. These smaller groups fostered closer relations, growth, and commitment. In their mixed method study, Naidoo et al. (2021) explored ways pastors in South Africa adopted digital churches to continue teaching God's Word and addressing their congregants' needs during the COVID-19 pandemic. The study highlighted the unique opportunity the pandemic gave the church to reimagine how to continue its ministry despite social distancing. They found that in small groups, "relationships with their members will continue to grow, which will translate into retention and participation of members" (p. 5).

Forming small groups in churches and organizations is not a new concept, according to Werner (2017). His mixed method study of United Methodist congregations examined missional factors that developed spiritual growth using small groups. In this study, Werner found that

> Small groups can help disciples live more consistently in obedience because of the mutual accountability, encouraging relationships, and engagement in habit-forming

> practices. Three characteristics found to be vital for small groups to develop spiritual growth are (a) creating authentic community, (b) engaging the Holy Spirit, and (c) helping participants make applications to their daily lives. (p. 116)

Additionally, throughout the Old and New Testaments, group meetings are described in homes where small groups gathered to fellowship and minister to one another (Donahue & Gowler, 2014). The small group dynamics were evident in that members supported each other and encouraged each other during these gatherings. Currently, many business sectors have integrated a small group or team culture to improve productivity. These small team collaborations to execute projects or find solutions to enhance an organization's success have gained researchers' attention. Small groups are beneficial for many reasons; two worthy of mentioning were out of necessity to establish manageable groups and to create a space for commonalities to merge.

Chapter 4 indicated that AACW expressed that these small study groups provided the intimate connection they missed throughout the pandemic. A qualitative study by Mikaelian (2018) of 22 congregants' experiences from six churches of various denominations throughout Southern California revealed that the small group provided a space to share their life challenges. Mikaelian intended to explore the features that influenced change and transformation within the members and discovered that these small groups enhanced the opportunity to share and be transparent. Further, members felt accountable to each other as they prayed for one another. These studies align with the current research. For example, Opal shared she liked the small groups because they felt less crowded, more like a community, and she could open up and share her challenges.

The AACW mentioned in Chapter 4 that the small group leadership was a factor in facilitating a caring and safe environment for the AACW to share and have a sense of community. According to Rose (2017), the small group leader is charged with learning to facilitate discussions and create experiences that encourage members to participate and renew their minds in each session. Rose emphasized,

> If small groups exist as a space where truth meets life, then small group leaders should alter their paradigm to view small groups as a rhythmic community with lifecycles replete with growing seasons, storming seasons, and celebratory and sorrowful seasons. (p. 372)

Small groups assisted members in finding their gifts and provided opportunities to serve others with their talents. Spiritual growth was another benefit of smaller groups. Donahue and Gowler (2014) found that these groups made significant strides in promoting spiritual growth and community throughout Christian history. Their study was built on extensive research that gathered data on church-based groups' effectiveness in fostering community and spiritual growth. They determined, "Small relational groups will become even more important to spiritual growth and development" (p. 129).

Mikaelian's (2018) study indicated that the church should provide opportunities to teach the Bible and develop relationships as group members fellowship and pray together. Mikaelian stated, "The Bible should be taught, but also relationships should be nurtured, and time should be set up for discussion, sharing, fellowship, praying for each other and holding each other accountable" (p. 185). This statement aligned with the reports of the AACW of this study, who viewed small groups favorably in building and nurturing community and relationships. This

statement also addressed the leadership qualities of the small group leaders to create an environment that fosters open discussion, fellowshipping, and praying together.

Werner (2017) found that members of small groups experience spiritual growth by engaging the Holy Spirit. He defined spiritual growth as "a change of heart that is evidenced in a change of behavior" (p. 111). He further explained, "This growth is a partnership of the work of the individual and the work of the Holy Spirit within the individual" (p. 116). This statement emphasized the most essential purpose and benefit of small groups, highlighting the presence of the Holy Spirit as the most vital factor to enhance spiritual growth. The results of this present study spotlighted the small groups' positive effects on the AACW, such as creating community, building relationships, open dialogue, and spiritual growth. Various studies have indicated that church group leaders must learn how to facilitate the small group effectively.

According to Mikaelian (2018), barriers to the success or effectiveness of small groups were

- lack of commitment
- not enough interactive learning compared to lecturing time
- no opportunity to be transparent and vulnerable
- not challenging participation to apply what they learn
- not going deep into the studies
- adding too many people to the group. (p. 183)

Further, the community of small groups was the most important to maintain amid a culture that tries to undervalue the Biblical community.

Discussion of Theme 2: Creating Phone Calling Teams

The AACW explained that the support they received through telephone outreach helped to keep connections and communication with the church members. The relationships and encouragement they received through placing the phone calls or receiving them helped them overcome their lack of knowledge about digital technology. In some cases, the AACW reported that they just wanted to know someone cared for them or had someone they could share their concerns with. Even if not familiar, hearing a voice comforted these women; some participants mentioned it would be nice if calls would continue even though the pandemic seemed over.

Studies on how churches formed phone calling teams during the pandemic to stay connected to church members are limited. According to Brown and Greenfield (2020), phone calls were not prominent during the height of the COVID-19 pandemic because social media transitioned the populace to various forms of digital communication. In contrast, participants of a study conducted by Newbronner et al. (2022) reported that support at the height of the pandemic became limited, and phone calls were the only support available when restrictions heightened. Newbronner et al. stated, "During the most severe pandemic restrictions, this support became more limited and was often only available by phone, which led to some participants feeling extremely isolated and lonely" (p. 6). During a time when in-person conversations were restricted, women showed a slightly higher increase in voice calling and text messaging with friends and family (Brown & Greenfield, 2020). According to Brown and Greenfield, "We found that voice calls, video calls, and text-based messages increased with friends and family during the stay-at-home order. The pattern held for both genders, although it was slightly stronger for women" (p. 152). The AACW of this study repeatedly expressed their need to feel connected

throughout the pandemic. Because some were not technically savvy, phone calls made reaching out and connecting to friends and family more accessible and more comforting.

The AACW recognized phone calls to older adults were a critical service as they were the most vulnerable population. Various telephone outreach programs have been implemented across the United States to help reduce the impact of social isolation on older adults (Rorai et al., 2021). Because of the COVID-19 pandemic, older adults faced various challenges, and telephone outreach provided a way to connect them to resources to meet their needs. Rorai et al. (2021) explored and described the experiences of 557 African American participants who were registry members of the Healthier Black Elders Center in Detroit, Michigan. They conducted telephone surveys "as an innovative mechanism to overcome the digital divide during the first year of the pandemic to inform health education programming" (p. S92). The majority of participants were 489 females, ages 57 to 101. The researchers found that telephone outreach costs were reasonably low and did not require older adults to learn new skills. They concluded this type of outreach could provide needed support and expanded outreach to the senior populations because it is effortlessly available. According to Rorai et al., "Telephone outreach programs implemented throughout the USA have aimed to reduce the impact of social isolation among older adults during COVID-19" (p. S93).

Students and staff members at the Feinberg School of Medicine reached out to older adult patients to support them through their challenges during the height of COVID-19 restrictions (Office et al., 2020). Their telephone outreach programs helped older adults at risk of social isolation during the pandemic, benefiting the recipients and volunteers. According to Newbronner et al. (2022), connecting on the phone was helpful to volunteers as they gained a deeper understanding of the needs and had a sense of usefulness. Another telephone outreach to

older adults in nursing homes conducted by Yale School of Medicine revealed that older adults were experiencing restlessness and anxiety because of COVID-19 restrictions (Van Dyck et al., 2020). The nursing home administration conveyed to Van Dyck et al. (2020) that the recipients of calls benefited from meaningful conversations with the volunteers. The volunteers reported positive experiences and increased awareness of their purpose from conversations with the older adults. The AACW of this study reported similar results of their participation with call teams and the fulfillment they experienced learning of congregants' needs. Others who were not on call teams described benefiting from receiving the calls from volunteers which made them feel connected. The phone calls helped them feel united by just hearing a voice and the caller encouraging them to share their needs.

Discussion of Theme 3: Incorporating Digital Communication

The AACW indicated that their churches incorporated digital communication as an alternative space for worship service in response to the COVID-19 lockdown mandates. Digital communication for some just began, and for some it increased online activity during the pandemic. Technology seemed perfectly positioned to provide a way to continue meeting on various digital devices. The AACW described implementing technology as a gradual change in some cases, and others experienced a rapid shift to using digital communication to keep congregants linked with the church throughout the pandemic. The primary motivation for transitioning to digital ministry was to provide fellowship opportunities and discipleship activities during times of uncertainty (Boaheng & Abubekr, 2022; Dunlow, 2021).

A study using a qualitative survey to explore how 21 churches in New York shifted their church to use technology to continue ministering to their congregations resulted in 95% of the surveyed churches converting to digital ministry to overcome the impact of the COVID-19

pandemic (Dunlow, 2021). Participants of that study were senior and lead pastors from Baptist churches, half of whom perceived digital ministry was effective in continuing ministry. Dunow (2021) explained, “We see that half (10) of the churches found digital discipleship to be an effective discipleship ministry” (p. 467).

Boaheng and Abubekr (2022) echoed the effectiveness of what they referred to as online religion. Researchers observed three churches in their study to explore how they used online media to accomplish “the great commission.” Researchers found that online services provided a broader and faster influence to spread the great commission, which was a command Jesus gave to His disciples to go out into the world and share the Gospel with all nations. They emphasized that the “internet’s efficacy has been seen in the conversion of people who live in countries where missionary activity has been banned; house churches are growing in Asia and other parts of the world through access to the gospel content” (p. 37).

Some participants reported their church began live streaming worship services immediately. One possible reason churches could switch to digital services is that sharing information online was cost-effective, especially compared to traditional television and radio channels, according to Naidoo et al. (2021). Based on studies on churches converting to digital communication in Asia and Europe, the digital readiness of the community, church leaders, and congregants was another critical aspect that affected the adoption of digital technology (Chow & Kurlberg, 2020). Digital readiness is directly related to church readiness in having the capacity to adapt to new technology. According to Chow and Kurlberg (2020), “Another important factor that influences a church’s adoption of technology in the wake of COVID-19 has been the digital readiness of society, church leadership, and church members” (p. 302). Further, digital readiness started with the church leader having the skills and knowledge to guide change.

Some participants expressed excitement about attending worship services online. Those who shared the reason for their excitement was the ease of accessing church service without leaving their homes. Some participants had a computer or mobile phone, and were familiar with internet access. Conversely, although the pandemic allowed church programs and services to become more accessible, it also limited access to congregants who were not technically savvy or who were unable financially to have an internet connection (Pillay, 2020). Pillay (2020) explored the pandemic's impact on the church's mission and theology. He contended,

> While COVID-19 has generated the possibility of making the church accessible to many more it unfortunately has also restricted the church to only those who can access the electronic platform. This inevitably excludes the majority of poor people who cannot afford to connect on the internet. (p. 269)

This statement aligned with reports from the AACW of this study, who were concerned for the older congregants. Many expressed that the seniors had limited income and access. In many cases, church members reported congregants suffering from financial hardship. These congregants would be the ones excluded from accessing the electronic platform. Members who lacked the ability or the resources to access digital communication could suffer even more if the church leaders, unaware of digital exclusion, neglected potential remedies to overcome the threat of further isolating congregants. Cooper et al. (2021) explained,

> Situations where church online increases in prevalence beyond church offline (as is the case in several countries at the time of writing this article, owing to the lockdown measures imposed in response to the COVID-19 pandemic), church leaders will need to be careful to ensure the digital exclusion does not threaten to isolate section of the church community who lack digital resources and skills. (p. 7)

Pastors of a study conducted by Naidoo et al. (2021) reported challenges with implementing digital technology because all members did not have digital access. Those participants who reported difficulty adapting to digital communication shared that they had minimal computer experience. Rozlyn shared she missed the close, intimate contact. Although digital communication was necessary to ensure church leaders could continue ministering the Gospel and staying in touch with the congregants, Naidoo et al. maintained that physical contact with individuals could not be replaced.

Offering another perspective, Cooper et al. (2021) contended that digital platforms could create new ways to present spiritual experiences close to reality. The researchers illustrated, "For instance, a virtual reality extension transfers the worshiper to experience a storm on the lake of Galilee" (p. 2). Further, digital reality's temporal and spatial characteristics could provide a sense of belonging and community as congregants were present online. Cooper et al. emphasized that whether in person or online, the interaction among individuals was at the heart of the experience. This statement contradicted the study participants' report, as many expressed missing physical contact. Some missed hugging and needed personal fellowship and the presence of others.

Discussion of Theme 4: Implementing New Support Services

In this study, the AACW shared new support services the church implemented in response to the pandemic. These new services emerged in response to the pandemic and the increased difficulty of accessing private and public services (Nguyen, 2018). One support service added was a hotline for individuals to call in and discuss their challenges and needs. Jocobi et al. (2022) found that mental health was positively affected by the ability to share problems. The AACW reported the need to feel safe when opening up to discuss their issues and needs. The need for them to be safe in a trusted space posits the African American church as a potential

provider and deliverer of solutions to meet African Americans' mental health needs (R. D. Campbell & Winchester, 2020). R. D. Campbell and Winchester (2020) stated,

> With the Black Church delivering services in a more culturally informed manner and providing a safe, trusted space for member of the community, respondents believe that more people will seek out services that can heal and make individuals, families, and communities whole. (p. 118)

A second support service reported by participants and reinforced by previous research was the start of a counseling center where congregants could receive counseling from a church leader, which is often a preference for African American women. According to Hankerson and Weissman (2012), this population preferred to use the trusted services of pastoral counseling over professional mental health services. Data from a survey of women suffering from depression indicated that African American women reported an overwhelming preference for clergy-delivered interventions for their mental health needs (Iheanacho et al., 2021).

Food provision was another support service that began in response to the COVID-19 restrictions. Naidoo et al. (2021) revealed that the need for food parcels ranked at 85%, the second largest need among their church congregants. In addition, churches with outreach programs made it possible to provide financial support and food to meet the community's needs. Participants of this study reported that the church created ways to meet the needs of congregants needing food; if not the church, congregants took it upon themselves to respond to the requests or when recognizing the need.

Bruce (2020) sought to establish that a comprehensive response by African American churches was imperative to provide needed resources during the COVID-19 pandemic. They asserted that these churches were historically in the position to respond during an emergency and

that throughout the pandemic, volunteers of African American faith communities had participated in critical activities such as keeping emergency food pantries stocked and delivering meals to older congregants or vulnerable community members. According to Bruce, "African American faith communities comprise a multitude of potential volunteers who can engage in benevolent but critical activities such as staffing emergency food pantries and delivering meals to elderly or community members with compromised immune systems" (p. 426). These new support services aligned with findings from previous studies and with what participants of this study reported.

Discussion of Bridges to Services and Barriers of Accessibility

Research Subquestion 2 asked, "What do AACW identify as factors that contributed to facilitating or creating barriers to needed social support from their church throughout COVID-19 restrictions?" The participants of this study reflected on the emotions they felt during the pandemic as they listened to the news and spoke to others in grocery stores about their fears or concerns. This research subquestion allowed them to voice their perceptions about how their church helped them through the uncertain times and recall church members stepping up to help and church leaders finding ways to keep communication flowing. Two themes emerged from this question. Theme 5 was the higher use of skills and professions of the congregants. Theme 6 was creating communication channels.

Discussion of Theme 5: Higher Use of Skills and Professions of the Congregants

The AACW in this study conveyed that professionals within the church came forward and shared their knowledge and expertise to help them overcome challenges from the beginning of the COVID-19 pandemic. Professionals in their churches offered valuable information about how to keep themselves healthy during the pandemic. A study exploring African American pastors'

perceptions about promoting health programs and ways to improve communication with the African American community found that pastors sought professionals within the church and community to convey the messages (Lumpkins et al., 2013). Lumpkins et al. (2013) stated, "In other cases, the pastors utilized the training and skills of medical professionals (e.g., doctors and nurses) who were members of their church or who were well known in the local and neighboring community" (p. 1102). Members in the church with medical training enabled the church leaders and their advisors to collaborate about ways to provide discipline, boundaries, and structure for congregants to make healthy decisions.

The use of the skills and professions of congregants corresponded with human resource management practices within various business sectors. Church leaders can apply the human resource practice of talent management to discover congregants who are professionals and are willing to use their expertise and knowledge to benefit the church. Collings and Mellahi (2009) stated,

> We define strategic talent management as activities and processes that involve the systematic identification of key positions which differentially contribute to the organization's sustainable competitive advantage, the development of a talent pool of high potential and high performing incumbents to fill these roles, and the development of a differentiated human resource architecture to facilitate filling these positions with competent incumbents and to ensure their continued commitment to the organization. (p. 305)

In their examination of the relationship between talent management and social responsibility, Bozma and Karcıoğlu (2023) emphasized that "Meeting human needs both materially and morally in working life depends on effective and efficient human resources

management" (p. 82). If church leaders applied human resource talent management strategies from the business model to the church organizational model, they would intentionally identify significant gaps in positions. Once open positions are determined, church leaders search for congregants with the talent and skills to fill roles within the church to benefit and contribute to the church's success. Learning from this talent management approach and applying it to the church organization, church leaders could operate as talent managers of the professional congregants willing to volunteer their services and then place them in strategic positions to support other congregants effectively where needed. For instance, in response to COVID-19 restrictions, the AACW reported that professionals in their church volunteered their expertise to support congregants to overcome health challenges.

Discussion of Theme 6: Creating Communication Channels

Communication channels have implications for church leadership to consider the level of influence they have in their church and community through the words they speak or write. The AACW of this study described the messages they received regarding support services through newly developed communication channels from their church leadership and community professionals. A church leader could convey encouragement and hope as a change agent during the COVID-19 pandemic. Sharing clear, detailed messages using various methods could positively influence congregants, community members, and public organizations during uncertain times. In a study by Berkley-Patton et al. (2022), pastors used communication channels to convey policy and education about the pandemic, preventive measures, testing information and locations, and testing events to the congregants via email, telephone, and text messages. Additionally, Lim (2017) determined that using communication tools such as social media—particularly Facebook—has provided the church with an excellent opportunity to build

relationships. Moore et al. (2022) found that pastors disseminated information about the pandemic vaccines employing multiple communication platforms. They used church websites and other media platforms to post health information about the pandemic and how to find local vaccine clinics.

The AACW of this study reported receiving encouraging, motivating, and informative messages about schedule changes, ways to keep themselves safe, and critical updates regarding the COVID-19 pandemic guidelines. Naidoo et al. (2021) found that congregants reported the pastors' messages of hope and encouragement alleviated their fears and concerns. This study's participant, Audrey, shared that her church created two-way communication channels so the congregants could ask questions, voice their concerns, and provide feedback to the church leaders. Harmon et al. (2018) explored the perceptions of African American pastors of their influence on their church and the surrounding community and found that communication channels for many were reciprocal. They stated, "The responses received showed a reciprocal relationship in which pastors learn about the needs present in their congregations and use their influence to find solutions and resources" (p. 1513). This two-way communication channel influenced a collaborative effort to find solutions and resources as the pastors and members exchanged information and learned from each other.

Lumpkins et al. (2013) investigated the perceptions of African American pastors' health promotions and found that pastors communicating health concerns from the pulpit positively impacted congregational behavior. They stated, "The pastor's intervention by way of communication in the church becomes not only a message from a trusted individual and one that is considered a spiritual guide but also a conduit of information from a higher authority—God" (p. 1096). Pastors that seek to promote health in their congregation reported using personal

assessments to unveil significant health issues by communicating one-on-one. They also shared that they obtained health information from their congregants through surveys to extract vital information that could guide their messages on health challenges.

Conversely, a study participant, Ashley, reported that communication in her church was unprofessional. She did not perceive that her church provided information she could trust and felt her church needed to centralize information to one or two members who could convey factual messages to the congregants. A study of 230 small and medium enterprises in Southern Europe by Pisar and Mazo (2020) revealed a communication strategy for church leaders. They found that a clear message entailed restating the church's mission and vision, providing a coherent message. Pisar and Mazo stated, "An effective communication has to manage its target-groups and messages to obtain their communicational goals, all of them coherent with the corporate strategy-mission, values and vision" (p. 126).

Practical Implementation Regarding the Provision of Needed Support Services

Research Subquestion 3 asked, "What do AACW believe churches could have implemented to provide their needed social support services in response to COVID-19 restrictions?" The participants of this study shared their perceptions of the support services they received from their church throughout the pandemic. Themes 7 and 8 were the AACW's perceptions of changes their churches need to implement to establish readiness for church sustainability. These themes do not highlight the existing community programs that have partnered with the church; however, many programs have successfully partnered with the African American church and have effectively provided excellent support for various health needs. The AACW of this study considered how the church could better serve them.

Discussion of Theme 7: Establishing Partnerships With Health Professionals or Other Churches

Partnering with community health partners would help address the mental and emotional struggles these women reported. This partnership would enable the church to offer training programs for the congregants in self-care, nutrition, and counseling resources for pastors and lay persons interested in providing mental health support. Partnering with other churches would enable churches to support each other with needed resources. They could combine resources or coordinate distribution schedules so that neither food nor other supplies run out. Church leaders could collaborate and assign individuals to stay aware of the needs, keep internal and human resources inventory, and dispatch support and services in an emergency.

The study participants reported that their churches' readiness to respond to a crisis like a pandemic could involve establishing sustainable partnerships with other churches or community partners. Privor-Dumm and King (2020) found that pastors collaborating with other church leaders and working with the government and various institutions can accomplish significant improvements and build trust. They add that establishing partnerships between church and communities by collaborating over challenges could initiate sustainable improvements. Additionally, insights from this study highlight the potential value of programs founded on partnerships between local government, church leaders, and community members in promoting health. Government-community partnerships can increase the community's capacity to shape outcomes by placing community members at the center of co-creating solutions to community issues .

According to Hays (2018), the quality of treatment delivered to African Americans with mental and emotional problems could improve with purposeful partnerships between formal and

informal support sources. Pastors participating in L. F. Williams and Cousin's (2021) study believed that the African American community underused mental health services. They indicated that bringing in health experts to speak to the congregants and to develop partnerships with mental health professionals would ensure the conveyance of current health information. Naidoo et al. (2021) recommended that government and faith-based organizations engage in a joint effort to encourage and support congregants concurrently.

Brewer et al. (2020) explained that churches could serve as channels to connect communities to accurate pandemic health information and critical resources to mitigate and even reverse inequities. Some AACW who attended smaller churches recognized that a partnership with another or a larger church may add significant support services to help their church overcome some challenges. A larger church could provide room to deliver an existing health program of a smaller church that does not have the capacity (Brand, 2019). With this partnership, the smaller church could offer their congregants a health program in a facility within the larger church that accommodates their activities. In addition, the larger church would benefit from this partnership by offering their congregants an existing program without doing the work it takes to design and implement a health program. Partnering with other churches could also provide sustainable supplies to be combined, controlled, and mobilized during the early stages of a crisis (Bruce, 2020). According to Bruce (2020), "These vast resources can be pooled, leveraged, and mobilized during the early stages of an epidemic to 'stand in the gap' to offset scarcity created by 'shelter-in-place' orders" (p. 426).

Discussion of Theme 8: Creating Crisis Management Protocols

In this study, the AACW recommended that the church develop crisis management protocols to improve and continue delivering support services for congregants through a

catastrophic incident. A multiple case study of the resilience mechanisms for five small businesses in Portugal by Sarkar and Clegg (2021) offered insight and a possible guide for such protocols. They discovered that accepting and taking stock of the organization's internal skills and resources contributed to organizational survival following a major crisis like the pandemic. According to Winter (2022), contingency plans are emergency response processes similar to a roadmap created by leadership to help them protect resources and minimize catastrophic effects on the organization. Furthermore, a backup plan is crucial to help the organization return quickly to daily functioning after a devastating event. Brewer et al. (2020) explained that the African American community, already affected by inequalities, could benefit from a pandemic emergency response plan to help reinforce this population's well-being during a crisis.

From the perspective of lessons learned, church leaders already wear many hats besides pastoring and require more staffing and a desire to delegate (Harmon et al., 2018). The AACW echoed this sentiment, recognizing that church leaders cannot be efficient if they hold on to too many responsibilities rather than assign some duties to others. In their longitudinal pilot study of 39 pastors, Noullet et al. (2018) assessed the effects of a formal 3-day training in pastoral crisis intervention from Time 1 to Time 2, which integrated faith-based resources with traditional crisis intervention. Findings from this study revealed that many pastors had not received formal training in crisis intervention. However, their role as pastors puts them on the frontline of an event and often requires them to provide crisis intervention services. Noullet et al. emphasized,

> The results revealed increased resilience and decreased burnout and secondary traumatic stress in this clergy sample and provide preliminary support for the benefits of formal training. This current study suggests that formal crisis intervention training helps increase resilience and decrease compassion fatigue in clergy members. (p. 6)

Another recommendation from the AACW was to develop mental health programs within the contingency plan. Because congregants often seek assistance from the church leader to support them in making decisions regarding their health, it could be beneficial for pastors to receive professional health training to counsel congregants effectively and guide them in making informed decisions (Brand, 2019). An effective strategy to deliver mental health interventions in the community, according to Iheanacho et al. (2021), could be to train laypeople in skilled jobs (in low and middle-income countries) to help fill human resource needs that arise. In addition, researchers recommend that church leaders learn about the signs and symptoms of depression and know the mental health resources available in their community (L. Williams et al., 2013).

Another AACW recommendation was to establish the church as a resource center. Prior research by Avent Harris (2021b) suggested that counselors and counseling researchers consider Black churches ideal mediating institutions that could promote positive help-seeking attitudes, behaviors, and wellness programs within the African American community. Hays (2018) recommended before churches begin mental health training**,** decision making should consider the available resources, including physical space for training, office staff and equipment, church environment, and receptiveness of the congregants to mental health topics. Safely navigating through a crisis takes determining what resources would be needed and preparing organizations with an emergency preparedness plan (Brewer et al., 2020).

Limitations

This study focused on the AACW's perceptions of their church's readiness to provide needed support services throughout the COVID-19 pandemic. Five limitations were noted in this study. The first limitation was the generalizability of the data because the AACW who participated in this study were from various denominations throughout the United States, and

purpose sampling was used rather than random sampling. The second limitation was that the AACW attended churches not identified as predominantly African American; therefore, the study captured individual experiences more than organizational-level insights. The third limitation was the inability to conduct in-person interviews for data collection. Virtual interviewing hindered some nonverbal cues. The fourth limitation was that more than 3 years had passed since the onset of the pandemic, and participants may have lost details of their experiences. The fifth limitation was that the participants may not have been aware of all the support services their church offered.

Implications for Practice

The findings from this study contributed to existing studies exploring the challenges of African American women specifically and the dependence of these women on church interventions to assist them in overcoming their life challenges (Abrams et al., 2019; Avent Harris, 2021a). The perceptions of the AACW revealed much-needed support services offered through their churches throughout the pandemic, including suggestions on organizational changes to improve their churches. Further, the AACW benefited greatly through the smaller groups, giving them a sense of community and relationship. They could ask questions and freely discuss their concerns with other congregants and church leaders. Implications for practice focus on organizational change management, leadership training, and program development.

Organizational Change Management

This study is in line with the belief that organizational change is the outcome of transitioning stages progressing from the old way of doing things to a new way of operating. Through this study, a deeper understanding of challenges experienced by the AACW throughout the pandemic foretells the potential for residual effects the church leaders should consider as they

begin to create an organizational culture that consistently assesses and meets their needs. The findings specified the need to feel they can trust their church, for the church to provide a safe space to share, services to include mental health support to help them through challenges, and establish a resource center to receive information or needed supplies.

A starting point for change would be for church leaders to create two-way channels for congregants to discuss their challenges and organizational changes they perceive would address them. This collaborative discussion could facilitate leaders discovering more of what their congregants need, and their involvement in planning may expedite change quickly. Collaboration with congregants could also lead to locating community partnerships matching their need for services with the church's change initiatives and desired outcomes. Next, of the many potential alliances, partnering with another church or a group of churches would strengthen each church that is part of the coalition and can help fill gaps where needed as each church partakes in accessing and pooling resources. Finally, these collaborative planning sessions can develop the emergency plans many participants mentioned as necessary for change. According to Sarkar and Clegg (2021), churches should create emergency plans swiftly before crises occur for their survival and growth.

Leadership Training

The study indicated leadership factors such as small group leaders receiving training to facilitate the groups effectively. Another training need for church leaders and lay persons interested in helping congregants through challenges would be mental health and emergency preparedness instruction because church leaders are often the first to be called during a crisis (Roso et al., 2020). Consideration for training in communication skills is also crucial for change management, as church leaders must be able to influence through the words they speak and

write. Training in human resource talent management for church leaders is vital. This type of training can equip church leaders with strategies to define roles needing to be filled and for recruiting, engaging, and retaining talent for the churches' success.

Program Development

This study's participants defined support services as church ministries, programs, and auxiliary services. This study found small groups to be the most supportive program in fostering relationships and providing a sense of community. To navigate crises successfully, churches can develop programs that provide interaction, such as women's ministry or seniors ministry for older women. Program development for AACW would require a planning team to reimagine activities that would engage and stimulate social interaction in innovative ways. A starting point for planning could be the eight dimensions of wellness. These dimensions are emotional, physical, occupational, social, spiritual, intellectual, environmental, and financial (Stoewen, 2017).

Recommendations for Further Research

The findings of this study have contributed significant information for the church to provide adequate support services to AACW, especially the recommendations for church improvement to support mental health issues through forming partnerships and creating a contingency plan. This study's participants were AACW who attended various churches throughout the United States. This study could expand interview questions to include additional participants' demographics within a specific region in the United States, considering varying needs that may emerge. Exploring the AACW attending churches with predominantly African American congregations led by African American pastors would also provide information to increase the effectiveness of support services with congregants in underserved communities.

Another recommendation is to study this population quantitatively and their perceptions of church readiness to provide needed support services. This method enables the data collection to reach a broader population and provide deeper insight into the AACW's needs (Creswell & Poth, 2018).

Conclusions

Previous studies on creating small groups, forming telephone outreach teams, implementing digital communication to create a space for community and spiritual growth, partnerships with other churches or public health agencies, and contingency planning supported the findings of this study. Historically, AACW preferred mental health support from their church leaders. Ideally, the church should provide the support they need to manage the escalated mental health issues in their communities. Although the AACW reported that their churches added services to give them access to pertinent information and provided a sense of connection during the COVID-19 pandemic, they conveyed that the church needed organizational changes, such as partnerships with other churches and health providers. They also suggested the creation of emergency preparedness plans.

This research built on studies exploring the Superwoman Schema associated with African American women, the relationship between the African American community and the support they received from their church regarding mental health and other health disparities, adding the backdrop of accelerated stresses from the pandemic and focusing solely on the perceptions of AACW (R. D. Campbell & Winchester, 2020; Kalinowski et al., 2022; Oh et al., 2019; Scott et al., 2022). This study contributes to prior research that explored the mental health needs of African Americans from the perspective of health officials and church leaders. It is relevant and

applicable to current organizational changes within the church so that church leaders can make the adjustments needed to serve this population better.

Cultural and social interconnectedness is most important among religious African Americans and requires practitioners and interventionists to be competent in this understanding when working with these communities (Hays, 2018). As AACW continue to navigate their roles in the family, at work, and in the community, church leaders must implement changes to provide needed support services/programs for this population (Kalinowski et al., 2022). Organizational change requires churches to reimagine their current programs and consider the unique characteristics of the AACW in their congregations during planning strategies. Doing so can change the church's culture and establish its readiness to overcome a crisis and become a more resilient and sustainable ministry.

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APPENDICES

APPENDIX A

Informed Consent to Participate in a Research Study

California Baptist University
Online Professional Studies
8432 Magnolia Avenue
Riverside, CA 92504
(877) 228-3615

Title of Research Project: Voices from the Pew: Exploring African American Christian Women's Perceptions of Church Readiness to Address Depression and Anxiety
Principal Investigator: JungJa Kim Troy
Contact Information of Principal Investigator: XXXXXXXXX.XXXX@calbaptist.edu

What is the Purpose of this Research? You are invited to participate in this research study as part of my doctoral course requirement. The purpose of your participation in this research is to help me understand your lived experience through social isolation and the types of mental wellness support services your church provides.

What will be asked of me if I take part in this study? You will be asked to meet on a virtual platform to answer a few questions at a time convenient to you. The first part of the interview will include questions about your church and your background, and the second part will question your experience of social isolation and the wellness support services your church provided its congregants. The interview will take about 40 to 60 minutes and before the interview ends, you will have an opportunity to clarify or make additional comments. You will also be asked to allow time for a second interview when you can review your interview transcript and clarify or confirm the contents.

Who is involved in this study? This research project is authorized by Dr. Kenneth Nehrbass, Director of Special Projects at California Baptist University.

Are there any risks from being in this study? Although the interview questions will not address any sensitive topics, it is possible you may experience distress as you reflect on various issues. Should a disturbing experience occur, you may contact Dr. Kenneth Nehrbass at California Baptist University at XXXXXXXXX @calbaptist.edu or the Institutional Review Board at IRB@calbaptist.edu. The IRB is a committee tasked with the review of research and the protection of human participants.

What are some benefits of being involved in this study? Although this research will not benefit you financially, you may appreciate understanding the ways your church has supported you. Additionally, your responses may help churches to do a better job of responding in times of

crisis. Last, your participation in this study will help in my educational progress in learning ethical and high-quality research methods which I will utilize in the future.

Compensation: There will not be compensation for participation in this study.

Is this study anonymous/confidential? Your participation in this research is confidential, and I will not publish any personal identifying information linking you to your answers as a measure to protect your identity.

Can I stop participating in this study at any time? Participation in this study is voluntary. You have the right to withdraw from this study at any time. There is no penalty for deciding not to participate, and your decision to participate does not impact your relationship with our Flocknote communication platform utilized to contact you. If significant new findings develop during the course of the research that will impact your willingness to continue, you will be notified immediately. Finally, if deemed necessary, your participation may be terminated by me, the principal investigator, without authorized representatives' consent.

What if I have questions or complaints about my rights as a research participant?

If you have questions about your rights, first contact the Principal Investigator, JungJa Troy at XXXXXXXXX.XXXX@calbaptist.edu or call (XXX) XXX-XXXX. For more information or complaints about this study, to report any adverse experience or for additional information about your rights as a research participant, you may contact Dr. Kenneth Nehrbass at California Baptist University at XXXXXXXXX@calbaptist.edu or the Institutional Review Board at IRB@calbaptist.edu. You may also request our institute's Bill of Rights for Research Participants from me.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understand the above information. I have asked questions and have received clear answers. I consent to participate in this study.

If you agree to participate in this study, please sign and date below.

Thank you, and God bless you,
JungJa Troy

I agree to participate in this study.

Print Your Name Here Signature Here Date Here

APPENDIXB

Recruitment Letter

California Baptist University

College of Business

Online Professional Studies

8432 Magnolia Avenue

Riverside, CA 92504

(877) 228-3615

Dear _____:

I am a student of the Online Professional Studies at California Baptist University, working on my Doctorate in Organizational Change and Administration. I am conducting research to understand your perception of your church's ability to deliver mental wellness support services for you through a time of isolation during the COVID-19 pandemic and would like for you to participate in this study. Your participation would provide the needed information to conduct a thorough analysis of this topic.

Please be aware that your willingness to participate in this research is strictly voluntary and there will be no consequence for you if you choose not to participate. If you do choose to participate in an interview it should last no longer than 45 to 60 minutes. The first part of the interview will involve you answering demographic questions about your age, ethnicity, gender and whether you have family members living with you. The next seven questions will give you an opportunity to share what experiences you had though the pandemic, whether you received

support services from your church and perception of your church's ability to deliver support you feel you need since the COVID-19 pandemic.

I honor your privacy and security, therefore your involvement in this study will be kept anonymous. For your protection and understanding of the intent of this study, a copy of an informed consent is attached, and I am available by phone to review the form with you. The informed consent also includes my contact information and the faculty advisor from California Baptist University who oversees this project.

Thank you in advance,

JungJa Kim Troy

Doctoral Student

California Baptist University

APPENDIXC

Interview Guide

I will start this study's interview by first thanking them for being willing to share their thoughts and experiences. I will remind them that their information will be kept confidential and that their privacy will be protected. Also, I will explain the process of collecting information will take approximately 45 to 60 minutes and will begin with learning a little about their age, ethnicity, and race. I will explain to them that the interview questions have been developed to guide our discussion and not to limit the information they may want to share. I will ask if they have any questions before we begin the interview.

Demographics

1) Please share your age
2) Gender
3) Ethnicity
4) Race
5) Did you have any members living with you throughout the COVID-19 pandemic?

Social Support

1) Describe the experiences you had during any recent social isolation you may have experienced as a result of COVID 19 restrictions.
2) What types of struggles did you personally have with depression or anxiety as a result of restrictions imposed by the pandemic?
3) Share your experiences, if any, of seeking support from church to manage through challenges inflicted by the pandemic.

4) How would you describe your confidence in your church's ability to provide necessary services to support you through a crisis such as the recent pandemic?
5) What do you think your church leader knows about the challenges members experienced through the pandemic?
6) How does your church leadership communicate health information?
7) Share your thoughts of the types of wellness support services you feel your church could provide that may help congregants and why.

I will conclude the interview by thanking them for sharing their thoughts and personal experiences. I will ask if there is any additional information or experiences they would like to share. I will then review their interview transcript with them and ask them to confirm their statements or clarify information that may not be clear to them or me. I will ask them permission to contact them if I have any additional questions and if they would be interested in being part of a focus group to share thoughts with other women who share similar experiences. I will also ask if they experienced any distress during the interview and remind them that they can contact me, Dr. Bowden, or the Institutional Review Board, and that all contact information can be found on the copy of the Informed Consent form I gave them.

APPENDIX D

Entire List of Initial Codes

CODE	Title
1	Anxiety about not knowing how to help or who to help.
2	Anxiety about so far from home and pandemic restricted travel
3	Anxiety about taking the right vitamins and protecting self
4	Anxiety about the vaccine
5	Anxiety about travel procedures
6	Anxiety because couldn't make a connection
7	Anxiety because of personal underlying medical condition
8	Anxiety because our world is accepting so much
9	Anxiety because people are dying differently
10	Anxiety because people are passing away
11	Anxiety due to mistrust of information
12	Anxiety from being locked in room while overcoming the virus
13	Anxiety from church lock down
14	Anxiety from concern about her mother
15	Anxiety from exposure
17	Anxiety from feeling powerless
19	Anxiety from government mandates
20	Anxiety in general
21	Anxiety listening to the news
22	Anxiety manifested as tension and nervousness and anxiousness
23	Anxiety wanting to care for others
24	Anxiety wanting to get away from people at home and in the market
25	Anxiety when her son passed away
26	Anxiety worrying about children
27	Anxious about how long the pandemic would last
28	Anxious people not taking the pandemic seriously
29	Appreciative of government shutting us down, protecting us
30	Arriving in L.A. some people believed some did not

31 Church encouraged to call each other
33 Attended her sister's memorial on Zoom
34 Attending different churches online helped
35 Attending other ministries on Zoom
36 Chose a different church online to get needs met
38 Bought groceries and delivered them
39 Checked on people through facetime
40 Church began activities on Zoom to entertain
41 Church began conference calls
42 Church began giving gift cards for food
43 Church began prayer on conference line
44 Church began to collaborate for everyone to have a wellness mindset
46 Church brought food to sick and shut in
47 Church changed serving food to food giveaways to be in boxes
48 Church created call teams
49 Church had a way to let their needs be known
51 Congregant shopped for supplies
52 Congregants helped with financial needs of others
54 Began meeting online
55 Began women's ministry online
56 Bible classes online from other churches
57 Church advertised through Facebook they were having Bible school
59 Church began Bible study online
60 Church began live services and on Facebook
61 Church began live streaming on Facebook when church opened
62 Church began outdoor services in parking lot
63 Church began Saturday gatherings
64 Church began service live on YouTube
65 Church began services on Zoom
66 Church began worship service on Zoom
67 Church began Zoom meetings
68 Church happened in the park as church opened

69 Church merged with another church just before the pandemic
71 Church began utilizing support people
72 Church has professionals who helped
73 Being a senior, she is grateful for Zoom
74 Being around church people like a community that builds her up
75 Believes there are people at church that could provide loving support
76 Benefits of pandemic were less money being spent
77 Changed perspective
79 Church create safe place where people aren't treated as lepers
81 Church is about taking care of needs
82 Church is connecting .. Interacting with people
83 Church Learned the Mental Health Needs
84 Church should learn needs
85 Church To be Proactive
87 Church missions offering
88 Church opened for community to receive shots
89 Church provided food and toiletries
90 Church provided food and transportation
91 Church provided for congregants needs
92 Church provided other health services
93 Church provided resource list for needed mental health services
94 Church provided transportation
95 Church reduced the size of groups that would go out
96 Church referrals to mental health services
97 Church support services started
98 Church used online Zoom only for an event
99 Church closed
101 Church collaboration to provide services
102 Church partnered recovery ministry for donating clothes
103 Church partnered with Union Rescue Mission to serve homeless
104 Community of churches coming together
106 Church discontinued services/ministries

107 Church shut down food giveaway
108 Church had no restrictions when returning to in-person service
109 Church organized under jurisdictions
111 Church met spiritual need
112 Communicating encouragement
113 Church professionals volunteered to help
114 Churches arguing on networks about getting vaccinated or not
116 Church asking for offerings more than meeting needs
117 Church communication lacked encouragement
118 Church could provide talks about health, activities etc.
119 Church is large too hard to follow up
120 Church lack of communication
123 Communication from international church through channels
124 Communication of health information
125 Communication of conflicting stories
126 Communication of information from Jurisdiction meetings
127 Community used services more than members
128 Concern for family members, the community, and the city
129 Concern for safety
130 Church expressed concern for safety of congregants
131 Concern that government is trying to control us
132 Congregants are like family
134 Church needs a resource center
135 Church needs community therapists
136 Church needs to bring more medical professionals in
137 Church needs to develop methods to employ to overcome pandemic
138 Church needs to document and create a contingency plan
139 Church needs to focus more on the sick and shut in
140 Church needs to develop counseling
141 Church should delegate individuals for outreach
142 Church should have wellness checks to be successful
143 Church should provide counseling sessions

144 Church should reflect what they missed when this huge shift happened
145 Church slow to understand intersection of mental health and faith
146 Church try to prevent rather react when something happens
147 Church unprepared to meet people's needs
148 Churches are the last to know
149 Churches were unprepared
150 Communicating needs
151 Concern for elderly
152 Congregants had questions needing answered
153 Congregants not using services
154 Connecting on Zoom
155 Continued to go to work
156 Continued to have conversation with congregation on social media
157 Counseled chemically dependent individuals who relapse
158 Create comfortable leadership contacts
159 Depends on God for everything
160 Depression and anxiety about how she was going to make it
161 Depression for a little while
162 Depression from sister passing away from COVID
163 Did not feel alone
164 Did not feel the need for help
165 Did not seek help from anywhere
166 Did not seek help from her church
167 Didn't know how the pandemic affected her
170 Discussions during Bible study
171 Drew strength from God
172 Effort to create group to meet at the home
173 Embarrassed to need help
174 Encouraging text messages from a different church helped
175 Expensive to keep things going
176 Facebook and live Bible studies
177 Family relationship

178 Fear for safety
179 Fear of closeness
180 Fear of running out of resources
181 Fear of the unknown
182 Fear of unknowns
183 Fear of vaccinations
184 Feeling connected
185 Feeling guilty not trusting God
186 Feeling powerless
187 Feeling she needs to be more vocal
188 Felt depressed and scared of getting evicted out of business
189 Financial support for congregants
190 Focus on priorities
191 Found new spiritual awareness
192 Free to move around being an essential worker
193 Frightened of unknown
194 Gap in planning and executing
195 Gaps in congregants receiving help
196 Good side of pandemic
197 Gradual progression toward a plan to come together but not be together
198 Grew closer to God
200 Helped clear out clutter
201 Her environment was like living in a bubble
202 Hostility in people
203 Importance of feeling cared for
204 Important to connect with nonjudgmental people
205 Isolation from church
206 Isolation saved lives
207 Lack of confidence because leadership not wearing masks
208 Leaders began dealing with mental health part of relationships
209 Leadership assigned people for seniors and sick and shut in
210 Leadership aware of challenges

211 Leadership aware of mental health needs
212 Leadership aware of needs and filled needs
213 Leadership began dealing with loss and grief and support for caregivers
214 Leadership collaborated with other churches to plan their next steps
215 Leadership concerned for congregants
216 Leadership dealing with so much
217 Leadership does not delegate
218 Leadership focused on continuing attendance
219 Leadership focused on receiving tithes
220 Leadership has teams and advisors
221 Leadership hospital and home visit
223 Leadership not aware of challenges congregants were going through
224 Leadership partnered with mental health services
225 Leadership provided referrals to resources
226 Leadership should learn needs
227 Leadership sought to learn congregants' needs
228 Leadership understood challenges
229 Leadership was afraid of close contact
230 Like being in a warzone
231 Lonely and longing to come home
232 Member of church administrative team
233 Member of support team at church
235 Missed going places and dinner with friends
236 Missed interacting with people
237 Missed not being able to see her mom
238 Missed physical contact
239 Mixed feeling about God
240 Need for a geriatric community
241 Need for counseling center
242 Need for emotional support for women
243 Need for free counseling services
244 Need for resource center

245 Need for small groups to be safe places to heal
246 Need to for improved connections
247 Need to Improve communication
249 Need to stay connected
250 Need to utilize trained or experienced members
251 Needing professional congregants to volunteer
252 No help from church for the pandemic
253 No phone calls from ministry
254 Not aware how pandemic affected her
255 Not aware of depression or anxiety
256 Not being able to go to church was a shocker
257 Not confident in church's ability to provide support
258 Not having to go to church was great
259 Online not fully communicating
260 Opportunities to staying home
261 Outreach important
262 Pandemic cause her to feel claustrophobic
263 Pandemic caused desperation
264 Pandemic caused shock - like a shift
265 Pandemic gave birth to putting things in place that need to continue
266 Pandemic gave opportunity to attend church all day - other churches
267 Pandemic had adverse effect on spiritual - relationship with God
268 Pandemic hindered her traveling back to California to be with family
269 Pandemic very overwhelming
270 Pandemic was a lonely dark time
271 Pandemic was a lonely time
272 Pandemic was a weird time
273 Pandemic was frightening
274 Pandemic was scary
275 Pandemic was such a great isolation
276 Pandemic was very traumatic
277 Pandemic worst time ever

278 Parking lot outdoor services enabled community to hear service
279 Peace at home
280 People became reckless
281 People trying to survive
282 Perceived pandemic as a test run
283 Perception of church doing a great job
284 Phone calls did not come from the ministry itself
285 Phone calls from church friends
286 Phone calls from church members helped
287 Phone calls from relatives helped
288 Phone conversation with friends giving information and supporting
289 Phone conversations with mom
290 Prayed to God
291 Prayer groups
293 Programs to get people to start coming to church
294 Provided help to congregants
295 Received calls from friends at church
296 Received calls from group leaders
297 Recognized people were on edge
298 Recruit volunteers who are willing - designate tasks to them
299 Rescue team like an army
301 Resource list needed
302 Resources outside of church
303 Response in Atlanta was different than L.A.
304 Safe at home
306 Saw need and filled it
307 Schism between church member about getting vaccinated
308 Senior support service
309 Seniors hit hardest
310 Seriousness of pandemic hit
311 Shame of revealing truths
312 She did seek help from medical professionals

313 She had to make her environment stable
314 She was able to go to the store before everyone else being a senior
315 Sheltered life during pandemic
316 Sister passed away from COVID
317 Small group was formed
318 Smaller groups
319 Better connections in smaller groups
320 Bible study converted to in home smaller group
321 Church began smaller group
322 Smaller group like choir communicated well
323 Smaller groups went online
324 Sometimes don’t recognize the stress
325 Sought counseling
326 Stigma
327 Suffered from anxiety
329 Had to keep a strong front
330 Support from the state
331 Support service providing food
332 Support service providing job opportunities
334 Suspicion of others having the virus
335 The world felt refreshed
337 There were so many unknowns...not fear
338 Tithes and offerings reduced
339 Trying to trust God
340 Used technology to connect
341 Had to learn technology
342 Seniors having difficulty with technology
343 Technology issues with broadcasting
344 Tuesday night Bible study online continued
345 Utilization of technology
346 Visited aunt through a window
347 Wanting church to have answers

348 Wanted to get back out and not confined in house

349 Was in disbelief at first

350 We were like pied pipers following so quickly

351 Wear masks or not

352 Women have to stay strong

353 Work from home