Abstract

African American men’s experiences with seeking health services for prostate care and treatment.

by

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MBA, Davenport University, 2019

MHA, Walden University, 2020

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Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Services-Public Health Policy

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Abstract

African American men’s experiences with seeking health services for prostate care and treatment. The situation that prompted me to search the literature is that prostate in the United States is the most frequently diagnosed non-skin cancer and the second most common cause of cancer-associated deaths among men. In describing a gap in knowledge in the discipline that the study will address the situation that prompted me to search the literature is that prostate cancer in the United States is the most frequently diagnosed non-skin cancer and the second most common cause of cancer-associated deaths among men. The research problem is that it is not known how African American men’s ages 40 and upward, experience seeking health services for prostate care, diagnosis, and treatment. The evidence of consensus that the problem is current, relevant, and significant to the discipline is that across the continuum of care, identification of the perceived barriers towards African American men’s experiences with seeking health services for prostate care, diagnosis, and treatment in the black community, as well as the importance of equal and indiscriminative health services for prostate care, diagnosis, and treatment. The purpose of this study is to examine the connection between the problem being addressed and the focus of the study and contains the purpose of this qualitative study is to explore African American men’s experiences, from the ages 40 and upward, with seeking health services for prostate care, diagnosis, and treatment. The research paradigm is the mental window through which researchers view this the situation that prompted me to search the literature is that prostate cancer in the United States is the most frequently diagnosed non-skin cancer and the second most common cause of cancer-associated deaths among men. The intent of the study (such as describe, compare, explore, develop, etc.) is inaccurate biologic difference between races, e.g., higher pain thresholds and reduced risk of injury, were published in medical journals, legitimizing ill-informed medical judgements. The concept/phenomenon that grounds the study is the Frameworks hypothesis is the interdisciplinary investigation of frameworks, which are strong gatherings of interrelated, reliant parts that can be regular or human-made. The conceptual framework as derived from the literature with more detailed analysis in a system is a complex of interacting elements, subject to interaction with their surroundings. Per this hypothesis, patient security and the nature of medical services is a new property of the whole medical services framework and interactions. he conceptional Framework will be a Systems Theory. The research investigates how a change in African American men's experiences, from ages 40 and upwards, with seeking health services for prostate care, diagnosis, and treatment will affect treatment while every other factor remains constant.

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Dedication

This Dissertation is dedicated to my brother Kwabena Agyare, who battled Osteosarcoma three times and defeated it, until the final time it spread and he passed away in 2006. He lost his battle with cancer, but through thorough research we pray that the world wins the war on cancer and we find a cure.

Acknowledgments

I acknowledge my grandfather, Benjamin K. Agyare, who defeated prostate cancer and lived a long life till he was 92 years of age. He taught us to continually have courage and fight for what you believe in. I also acknowledge my beautiful mother, who has been a driving force in continually cheering me on and helping me in making this dissertation come into full bloom.

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Chapter 1: Introduction to the African American men’s experiences with seeking Health Services for Prostate care and Treatment

Introduction

African American men’s experiences with seeking health services for prostate care and treatment. The situation that prompted me to search the literature is that prostate cancer in the United States is the most frequently diagnosed non-skin cancer and the second most common cause of cancer-associated deaths among men. Further, African-American men tend to endure a disproportionate burden related to prostate cancer (Carter, 2017).

The sections in this chapter will include the introduction, background, problem statement, purpose of study, theoretical and/ or conceptual framework for the study, nature of the study, definitions, assumptions, scope and delimitations, limitations, significance, and summary

Background

Here are 10 brief summarization of the research literature related to the scope of the study topic in African American men’s experiences with seeking health services for prostate care and treatment are below in the following below.

a) Fry et al. (2022) (b) indicated that Black men are at a higher risk of prostate cancer as they are also the least likely to receive an early diagnosis. (c) They found that social constructs dictate and influence the comprehension or realization in which men discern and accept the risk of prostate cancer. (d) The study is important as it highlights the disparities among cultural groups, specifically Black men, and their access to early intervention diagnosis and treatment for prostate cancer.

a) Lowder et al. (2022) (b) Indicated a correlation between health disparities, race, and prostate cancer regarding socioeconomic status. (c) They found that several factors often contribute to the lack of representation of Black men as it relates to social and biological intersections, which often impact their access to prostate cancer healthcare services. (d) The study is important as it focuses on bridging the gap between biological and social factors that influence racial and health care disparities in prostate cancer.

a) Reddy et al. (2020) (b) indicated that while African American men are at a higher risk of prostate cancer, African American Veterans are at greater risk due to exposure to chemicals. (c) They found that African-American veteran participants contrasted to their Caucasian counterparts. The veteran population was exposed to Agent Orange, that enlarges destructive types of prostate cancer. It shows low numbers of prostate cancer screening for African Americans, confining and restricting expansion to their veteran participants. (d) The study is important in progressing and applying further directed and aimed prostate cancer screening guidelines for African-American veterans.

a) Waterhouse et al. (2019), (b) indicated that assessment of an epigenetic assay foreseeing recurrence in prostate biopsy among African American men. (c) They found that the assay did raise the rate of cancer discovery and will assist urologists in making a wiser selection in the men who would benefit from repeat biopsy in determining the presence of PCa. (d) The study is important as it shows epigenetic assay, that after the repeat prostate biopsy, 130 of 211 participants (62%) there was no prostate cancer (PCa) found, and 81 of 211 (38%) were diagnosed with prostate cancer (PCa).

a) Woods-Burnham et al. (2018) (b) conducted a research on the physician consultations, prostate cancer knowledge, and PSA screening of African American men in the era of shared decision-making. (c) And the team found that lack of proper medical attention, lack of knowledge on prostate cancer its effects, and treatment procedures, failure to show up for screening and testing are the leading causes of the increased suffering of African American men who have prostate cancer. According to the team, doing the opposite of these practices would drastically turn things around to the positive for the victims. (d) This study justified my social problem that Black men’s experiences with health services for prostate care and treatment.

a) Lillard et al. (2022), (b) indicated that the issue contributes to racial disparities and offers keys to progress access towards treatment and raising clinical trial participants among Black men with prostate cancer (PCa). (c) They found that Racial disparities monitored among Black men with PCa are complex, developing from systematic racism. (d) The study is important as there are social components that are comprised of simplified distrust, skepticism of the health care system, poor physician-patient consultation or interaction, deficiency of evidence, information on prostate cancer (PCa), treatment choices, worry or concern of PCa diagnosis, and observed societal shame of the disease.

a) Wang et al. (2018) (b) indicated unmet care needs and associated variables with patients that had advanced cancer and health services that providing care. (c) They found that it should serve comprehensively, and address unmet care from the perspectives of all stakeholders in healthcare. (d) This study is important in my research as it provides the necessity of having an inclusive and joint effort toward addressing the needs of African American men’s experiences with health services for prostate care and treatment.

a) Salmon et al. (2022) (b) indicated that they investigate the current epidemiological information on the connection between social relationships and prostate cancer screening and classify knowledge gaps. (c) They found that married men or men with a partner generally needed greater screening acceptance. Additional research is needed on the possible barriers and facilitators for screening. (d) The study is important because the researchers studied social relationships and how they can affect men's conclusion to get checked for prostate cancer.

a) Langford et al. (2020), (b) indicated that Racial dissimilarities in response to two diverse decision aids (DA) ensued and were assessed. (c) They found that Caucasian patients that obtained the patient-centered, decision aids, chose and selected active surveillance. As opposed to the African American patients whose care and remedy favorites did not contrast as a purpose of decision aids. (d) The study is important because it is a study and investigation of Caucasian and African American men with early-stage prostate cancer (PCa).

a) Nemiroysky et al. (2022), (b) indicated that several findings have revealed that together race and insurance status can change prostate cancer (PCa) workup and treatment. (c) They found that, classified by race and insurance, there was no difference in latency period. (d) The study is important as there was a longer interval from biopsy-to-prostatectomy for patients with Medicaid and Medicare, with those that waited an average of 168 days to receive surgery with Medicaid. As it is compared to 92 days for private, and 87 days for Medicare, which 82% of the Medicaid recipients were African American.

In describing a gap in knowledge in the discipline that the study will address the situation that prompted me to search the literature is that prostate cancer in the United States is the most frequently diagnosed non-skin cancer and the second most common cause of cancer-associated deaths among men. Further, African-American men tend to endure a disproportionate burden related to prostate cancer (Carter, 2017).

The study is needed because the previous researches have focused on the existence of the health disparities associated with prostate cancer. Barriers towards seeking support among prostate cancer patients within Black community have also been identified. Further, there also exists literature related to psychoeducational and support interventions that addresses the needs of prostate cancer caregivers and patients in the Black Community.

Inaccurate biologic differences between races, e.g., higher pain thresholds and reduced risk of injury, were published in medical journals, legitimizing ill-informed medical judgments. The racism that intertwines the foundations of medical society is evident in the modern day through denial of health and life insurance coverage among Black families with incomes < $75,000 and lower socioeconomic status (SES), leading to lower health care access and resources, ultimately resulting in the underdiagnosis and misdiagnosis of cancer (Lillard Jr, Moses, Mahal, 2022). Therefore, it is important to understand the function of the role and influence of African American men’s experiences with seeking health services for prostate care, diagnosis, and treatment.

Problem Statement

The purpose of this study is to examine African American men's experiences with

seeking health services for prostate care, diagnosis, and treatment. The purpose is also to

examine the challenges and barriers African American men encounter when seeking

health services for prostate care, diagnosis, and treatment and their perceptions of what

programs should be in place to help other African American men seeking health services

for prostate care, diagnosis, and treatment.

The research problem is that it is not known how African American men’s ages 40 upward, experience seeking health services for prostate care, diagnosis, and treatment.

The evidence of consensus that the problem is current, relevant, and significant to the discipline is that across the continuum of care, identification of the perceived barriers towards African American men’s experiences with seeking health services for prostate care, diagnosis, and treatment in the black community, as well as the importance of equal and indiscriminative health services for prostate care, diagnosis, and treatment. While this is important knowledge, there is a lack of research about what AA men have actually experienced and perceived when seeking healthcare for prostate care.

The problem in a way that builds upon or counters previous research findings focusing primarily on research conducted in the last 5 years is that indicated that several findings have revealed that together race and insurance status can change prostate cancer (PCa) workup and treatment. (Nemiroysky et al. (2022). Indicated that Racial dissimilarities in response to two diverse decision aids (DA) ensued and were assessed. They found that Caucasian patients that obtained the patient-centered, decision aids, chose and selected active surveillance. As opposed to the African American patients whose care and remedy favorites did not contrast as a purpose of decision aids. (Langford et al. (2020). Indicated that the issue contributes to racial disparities and offers keys to progress access towards treatment and raising clinical trial participants among Black men with prostate cancer (PCa). They found that Racial disparities monitored among Black men with PCa are complex, developing from systematic racism. (Lillard et al. (2022).

A logical argument for the need to address an identified gap in the research literature that has current relevance to the discipline and are of practice, however, there is minimal research that indicates how African American men from the ages of 40 and up, experiences with seeking health services for prostate care, diagnosis, and treatment can reduce the disparities among the African- American men. Thus, my research may bridge the gap that exist in the literature and knowledge on the importance of African American men's experiences with and perception of health services for prostate health in addressing the challenges that exist while dealing with all health services for prostate health.

I assure that the problem is framed within and primarily focused on the discipline of the program of study that it is not known how African American men’s ages 40 and upward, experience seeking health services for prostate care, diagnosis, and treatment.

Purpose of the Study

The research paradigm is the mental window through which researchers view this the situation that prompted me to search the literature is that prostate cancer in the United States is the most frequently diagnosed non-skin cancer and the second most common

cause of cancer-associated deaths among men. Further, African-American men tend to endure a disproportionate burden related to prostate cancer (Carter, 2017).

The intent of the study (such as describe, compare, explore, develop, etc.) is inaccurate biologic difference between races, e.g., higher pain thresholds and reduced risk of injury, were published in medical journals, legitimizing ill-informed medical judgements. The racism that intertwines the foundation of medical society is evident in the modern day through denial of health and life insurance coverage among Black families with incomes < $75,000 and lower socioeconomic status (SES), leading to lower health care access and resources, ultimately resulting in the underdiagnosis, and misdiagnosis of cancer (Lillard Jr, Moses, Mahal, 2022).

The concept/phenomenon of interest is the theories and/or concepts that ground this study is systems theory (Bertalanffy, 1950).

Research Question

What are African American men's experiences with seeking health services for prostate care, diagnosis, and treatment?

What challenges and barriers do African American men encounter when seeking in this study I will examine the following research questions that are health services for prostate care, diagnosis, and treatment?

What are African American men's perceptions of what programs should be in place to help other African American men seeking health services for prostate care, diagnosis, and treatment?

Theoretical and/or Conceptual Framework for the Study

The theoretical framework for this study is systems theory. A systems theory explains and evolves a proposition around attributes that incline surrounded by complex systems that apparently could not grow in any sole system enclosed by the whole. Systems theory is also known as emergent behavior. A framework hypothesis joins the researcher to present knowledge. Describing the theoretical assumptions of a study compels an individual to inscribe questions of how and why.

Nature of the Study

The theory relates to the study approach and research questions through Frameworks hypothesis is the interdisciplinary investigation of frameworks, which are strong gatherings of interrelated, reliant parts that can be regular or human-made. According to Bertalanffy (1950), a system is a complex of interacting elements, subject to interaction with their surroundings. Per this hypothesis, patient security and the nature of medical services is a new property of the whole medical services framework and interactions. It follows that the improvement of medical care results should be situated in an efficient enthusiasm for the entire framework that adds to those results. It is a fundamental theory in the study because it will help link the system with a more extensive procedure.

The concept/phenomenon that grounds the study is the Frameworks hypothesis is the interdisciplinary investigation of frameworks, which are strong gatherings of interrelated, reliant parts that can be regular or human-made.

The conceptual framework as derived from the literature with more detailed analysis is According to Bertalanffy (1950), a system is a complex of interacting elements, subject to interaction with their surroundings. Per this hypothesis, patient security and the nature of medical services is a new property of the whole medical services framework and interactions. It follows that the improvement of medical care results should be situated in an efficient enthusiasm for the entire framework that adds to those results. It is a fundamental theory in the study because it will help link the system with a more extensive procedure.

The logical connections among key elements of the framework with a reference to a more thorough explanation is the change in how people screen and treat African Americans with prostate cancer may lead to a change in men dying due to the disease (Wiger, 2018). Research shows that most men die from cancer, especially Black men (Wiger, 2018).

The framework relates to the study approach and key research questions as well as instrument development and data analysis where appropriate, therefore, this shows a need for change in the system, leading to reduced deaths of African black men from prostate cancer. Both the victims and healthcare givers should influence the results. For the intervention to be successful, men should identify issues in their treatment process. These will help in identifying small treatment systems which lead to the results. The system theory will enable the researcher to identify how different factors during treatment lead to the outcomes.

A concise rationale for selection of the design, paradigm, and/or tradition is for my planned research design, my type of data will be qualitative data. Study Epistemology, in the study of social realities in order to grow in knowledge of the common and unique experiences. We are looking for an unusual experience that carries a deep common ground. The tools and sources of data will involve interviews with the participants. Then, the qualitative interview data will be coded as part of the thematic analysis.

The key concept and / or phenomenon being investigated is to address the research questions, I will use a phenomenological design. The goal of the study is to learn more of the experiences of African American men seeking health services for prostate care, diagnosis, and treatment.

The methodology from whom and how data are collected and how data will be analyzed are the data points will be the interview data focusing on African-American males experiences with seeking health services for prostate care, diagnosis, and treatment.

Definitions

Key concepts or constructs from this is Ontology, in how do qualitative researchers describe what to study. It studies phenomena, which is life experiences or socially constructed. The big picture is how African American men’s experiences with seeking health services for prostate care and treatment. From this we the big picture of African American men’s seeking health services connecting it with their experiences from prostate care and treatment.

Socioeconomic status connects the economic and social habits of a group of individuals. The term socio refers to the study of behaviors of people. The Socioeconomic status will study both the behaviors of African American men and society in helping them get the proper services they need and the experiences they face with health service for prostate care and treatment. The Health Service professional will also be studied due to the type of service they are administrating, is it based on race if they get proper service or they are grounded in the honorable task of respecting all races and striving to save lives as a proper Healthcare professional.

Identified support in the professional literature for the operational definition in which it would explain how health services are measured. Which health service provider is servicing the African American man and how did they treat them? How was the African American man’s behavior or how was the Heath service professional behavior in giving the proper service that they will give all patients. Conducted a research on the physician consultations, prostate cancer knowledge, and PSA screening of African American men in the era of shared decision-making. And the team found that lack of proper medical attention, lack of knowledge on prostate cancer its effects, and treatment procedures, failure to show up for screening and testing are the leading causes of the increased suffering of African American men who have prostate cancer. According to the team, doing the opposite of these practices would drastically turn things around to the positive for the victims (Woods-Burnham et al. (2018).

Assumptions

Aspects of the study that are believed but cannot be demonstrated to be true is that all African American men are resistant to participate in the study. They are all resistant because they believe they are all unfairly treated in regard to proper service for their prostate health. The assumption that are assuming will easily recruit participants and are assuming they will respond to the interview questions honestly, to the meaningfulness of the study is that not all African American men are resistant to participate in the study. There can be potential barriers but in order to move forward not all will be resistant in getting the help their health services are providing in order to provide adequate treatment in treating them fairly and keep them alive.

Assumption(s) was/were necessary in the context of the study because it is an area of concern. What are African American men's experiences with seeking health services for prostate care, diagnosis, and treatment. Indicated unmet care needs and associated variables with patients that had advanced cancer and health services that providing care. They found that it should serve comprehensively and address unmet care from the perspectives of all stakeholders in healthcare. This study is important in my research as it provides the necessity of having an inclusive and joint effort toward addressing the needs of African American men’s experiences with health services for prostate care and treatment. (Wang et al. (2018)

Scope and Delimitations

In describing specific aspects of the research problem that are addressed in the study and why the specific focus was chosen is when carrying out the research, a potential barrier is collecting data. The African Americans sampled may be resistant to participate in the study.

Another challenge is from respective medical institutions on the caregiving techniques of their participants. Further, accessing suitable participants for the study will also be a challenge. It may be challenging to uphold participants’ privacy and data confidentiality.

In Addressing potential transferability in qualitative research, one can resort to thick description, that involves proper details that are happening, procedures, participants, and methods used to collect data within the study. Indicated a correlation between health disparities, race, and prostate cancer regarding socioeconomic status. They found that several factors often contribute to the lack of representation of Black men as it relates to social and biological intersections, which often impact their access to prostate cancer healthcare services. (Lowder et al. (2022). From this example, one can see that the participants in the lack of representation can impact their access to prostate cancer healthcare services.

Limitations

Limitations of the study related to design and / or methodological weaknesses is that patient retention will be the major challenge in this study. It is expected that there will be a notable challenge of not meeting the targets as well as drop-out rates increasing. Some patients may also feel that it is a burden for their study participation with the inadequate return of investment in form of personal benefits.

Any biases that could influence study outcomes and how they are addressed, furthermore, there may be challenges while attempting to build relationship with the participants of the study.

Reasonable measures to address limitations is Ethical constraint and administrative problems may also arise will conducting the study. For example, there would be problem regarding permission from authorities within the selected health facilities for the study. It may be challenging to replicate all the recommendations as suggested at the end of the study.

Significance

Identifying potential contributions of the study that advance knowledge in the discipline. This is an elaboration of what the study is significant because it addresses the importance of providing health services for African American men’s with prostate care. It is also significant because you will fill a gap in knowledge.

In Identifying potential contributions of the study that advance practice and/or policy is understanding their experiences may help those in health services reduce the number of men suffering from poor prostate health and dying from illnesses. It will also help in improving their experience with the medical team.

Potential implications for positive social change that are consistent with and bounded by the scope of the study is the project will positively change socially since the lives of many men will be saved and inclusion and non-discrimination in the medical institutions will be practiced.

Summary

The main points in the Chapter 1 includes introduction, background, problem statement, purpose of study, theoretical and/ or conceptual framework for the study, nature of the study, definitions, assumptions, scope and delimitations, limitations, significance, and summary.

And the sections in Chapter 2 will include the introduction, literature search strategy, theoretical foundation (as appropriate), conceptual framework (as appropriate), literature review related to key variables and / or concepts, and summary and conclusions.

Chapter 2: Literature Review

Introduction

The situation that prompted me to search the literature is that prostate cancer in the United States is the most frequently diagnosed non-skin cancer and the second most common cause of cancer-associated deaths among men. Further, African-American men tend to endure a disproportionate burden related to prostate cancer (Carter, 2017).

The purpose of this qualitative study is to explore how the role and influence of African American men’s experiences, from the ages 40 and upward, with seeking health services for prostate care, diagnosis, and treatment, can be maximized to ensure that all patients regardless of the disease are given equal rights.

Literature Search Strategy

Here are 10 brief summarization of the research literature related to the scope of the study topic in African American men’s experiences with seeking health services for prostate care and treatment are below in the following below.

1. Fry, S. L., Hopkinson, J., & Kelly, D. (2022). “We're talking about Black men here, there's a difference”; cultural differences in socialized knowledge of Prostate cancer risk: A qualitative research study. European Journal of Oncology Nursing, 56, 102080. https://doi.org/10.1016/j.ejon.2021.102080

a) Fry et al. (2022) (b) indicated that Black men are at a higher risk of prostate cancer as they are also the least likely to receive an early diagnosis. (c) They found that social constructs dictate and influence the comprehension or realization in which men discern and accept the risk of prostate cancer. (d) The study is important as it highlights the disparities among cultural groups, specifically Black men, and their access to early intervention diagnosis and treatment for prostate cancer.

2. Lowder, D., Rizwan, K., McColl, C., Paparella, A., Ittmann, M., Mitsiades, N., & Kaochar, S. (2022). Racial disparities in prostate cancer: A complex interplay between socioeconomic inequities and genomics. Cancer Letters, 531, 71–82. https://doi.org/10.1016/j.canlet.2022.01.028

a) Lowder et al. (2022) (b) Indicated a correlation between health disparities, race, and prostate cancer regarding socioeconomic status. (c) They found that several factors often contribute to the lack of representation of Black men as it relates to social and biological intersections, which often impact their access to prostate cancer healthcare services. (d) The study is important as it focuses on bridging the gap between biological and social factors that influence racial and health care disparities in prostate cancer.

3. Reddy, A., Roberts, R., Shenoy, D., Packianathan, S., Giri, S., & Vijayakumar, S. (2020). Prostate cancer screening guidelines for African American veterans: A new perspective. Journal of the National Medical Association, 112(5), 448–453. https://doi.org/10.1016/j.jnma.2018.10.010

a) Reddy et al. (2020) (b) indicated that while African American men are at a higher risk of prostate cancer, African American Veterans are at greater risk due to exposure to chemicals. (c) They found that African-American veteran participants contrasted to their Caucasian counterparts. The veteran population was exposed to Agent Orange, that enlarges destructive types of prostate cancer. It shows low numbers of prostate cancer screening for African Americans, confining and restricting expansion to their veteran participants. (d) The study is important in progressing and applying further directed and aimed prostate cancer screening guidelines for African-American veterans.

4. Waterhouse, R. L., Van Neste, L., Moses, K. A., Barnswell, C., Silberstein, J. L., Jalkut, M., Tutrone, R., Sylora, J., Anglade, R., Murdock, M., Shiffman, Z., Vandenberg, T., Shah, N., Carter, M., Krispin, M., Groskopf, J., & Van Criekinge, W. (2019). Evaluation of an epigenetic assay for predicting repeat prostate biopsy outcome in African American men. Urology, 128, 62–65. https://doi.org/10.1016/j.urology.2018.04.001

a) Waterhouse et al. (2019), (b) indicated that assessment of an epigenetic assay foreseeing recurrence in prostate biopsy among African American men. (c) They found that the assay did raise the rate of cancer discovery and will assist urologists in making a wiser selection in the men who would benefit from repeat biopsy in determining the presence of PCa. (d) The study is important as it shows epigenetic assay, that after the repeat prostate biopsy, 130 of 211 participants (62%) there was no prostate cancer (PCa) found, and 81 of 211 (38%) were diagnosed with prostate cancer (PCa).

5. Woods-Burnham, L., Stiel, L., Wilson, C., Montgomery, S., Durán, A. M., Ruckle, H. R., ... & Casiano, C. A. (2018). Physician consultations, prostate cancer knowledge, and PSA screening of African American men in the era of shared decision-making. American journal of men's health, 12(4), 751-759.

a) Woods-Burnham et al. (2018) (b) conducted a research on the physician consultations, prostate cancer knowledge, and PSA screening of African American men in the era of shared decision-making. (c) And the team found that lack of proper medical attention, lack of knowledge on prostate cancer its effects, and treatment procedures, failure to show up for screening and testing are the leading causes of the increased suffering of African American men who have prostate cancer. According to the team, doing the opposite of these practices would drastically turn things around to the positive for the victims. (d) This study justified my social problem that Black men’s experiences with health services for prostate care and treatment.

6. Lillard, J Dr., Moses, K Dr., Mahal, B.Dr. (2022). Racial disparities in Black men with prostate cancer: A literature review. https://acsjournals.onlinelibrary.wiley.com/doi/full/10.1002/cncr.34433. ACS Journals, 3787-3795.

a) Lillard et al. (2022), (b) indicated that the issue contributes to racial disparities and offers keys to progress access towards treatment and raising clinical trial participants among Black men with prostate cancer (PCa). (c) They found that Racial disparities monitored among Black men with PCa are complex, developing from systematic racism. (d) The study is important as there are social components that are comprised of simplified distrust, skepticism of the health care system, poor physician-patient consultation or interaction, deficiency of evidence, information on prostate cancer (PCa), treatment choices, worry or concern of PCa diagnosis, and observed societal shame of the disease.

7. Wang, T., Molassiotis, A., Chung, B. P. M., & Tan, J. Y. (2018). Unmet care needs of advanced cancer patients and their informal caregivers: a systematic review. BMC palliative care, 17(1), 1-29.

a) Wang et al. (2018) (b) indicated unmet care needs and associated variables with patients that had advanced cancer and health services that providing care. (c) They found that it should serve comprehensively and address unmet care from the perspectives of all stakeholders in healthcare. (d) This study is important in my research as it provides the necessity of having an inclusive and joint effort toward addressing the needs of African American men’s experiences with health services for prostate care and treatment.

8. Salmon, C., Parent, M.-É., Quesnel-Vallée, A., & Barnett, T. A. (2022). A scoping review of social relationships and prostate cancer screening. Preventive Medicine, 154, 106892. https://doi.org/10.1016/j.ypmed.2021.106892

a) Salmon et al. (2022) (b) indicated that they investigate the current epidemiological information on the connection between social relationships and prostate cancer screening and classify knowledge gaps. (c) They found that married men or men with a partner generally needed greater screening acceptance. Additional research is needed on the possible barriers and facilitators for screening. (d) The study is important because the researchers studied social relationships and how they can affect men's conclusion to get checked for prostate cancer.

9. Langford, A. T., Scherer, L. D., Ubel, P. A., Holmes-Rovner, M., Scherr, K. A., & Fagerlin, A. (2020). Racial differences in veterans’ response to a standard vs. patient-centered decision aid for prostate cancer: Implications for decision making in African American and White Men. Patient Education and Counseling, 103(12), 2460–2467. https://doi.org/10.1016/j.pec.2020.06.004

a) Langford et al. (2020), (b) indicated that Racial dissimilarities in response to two diverse decision aids (DA) ensued and were assessed. (c) They found that Caucasian patients that obtained the patient-centered, decision aids, chose and selected active surveillance. As opposed to the African American patients whose care and remedy favorites did not contrast as a purpose of decision aids. (d) The study is important because it is a study and investigation of Caucasian and African American men with early-stage prostate cancer (PCa).

10. Nemirovsky, D. R., Klose, C., Wynne, M., McSweeney, B., Luu, J., Chen, J., Atienza, M., Waddell, B., Taber, B., Haji-Momenian, S., & Whalen, M. J. (2022). Role of race and insurance status in prostate cancer diagnosis-to-treatment interval. Clinical Genitourinary Cancer. https://doi.org/10.1016/j.clgc.2022.12.009

a) Nemiroysky et al. (2022), (b) indicated that several findings have revealed that together race and insurance status can change prostate cancer (PCa) workup and treatment. (c) They found that, classified by race and insurance, there was no difference in latency period. (d) The study is important as there was a longer interval from biopsy-to-prostatectomy for patients with Medicaid and Medicare, with those that waited an average of 168 days to receive surgery with Medicaid. As it is compared to 92 days for private, and 87 days for Medicare, which 82% of the Medicaid recipients were African American.

In describing a gap in knowledge in the discipline that the study will address the situation that prompted me to search the literature is that prostate cancer in the United States is the most frequently diagnosed non-skin cancer and the second most common cause of cancer-associated deaths among men. Further, African-American men tend to endure a disproportionate burden related to prostate cancer (Carter, 2017).

The study is needed because the previous researches have focused on the existence of the health disparities associated with prostate cancer. Barriers towards seeking support among prostate cancer patients within Black community have also been identified. Further, there also exists literature related to psychoeducational and support interventions that addresses the needs of prostate cancer caregivers and patients in the Black Community.

Inaccurate biologic differences between races, e.g., higher pain thresholds and reduced risk of injury, were published in medical journals, legitimizing ill-informed medical judgments. The racism that intertwines the foundations of medical society is evident in the modern day through denial of health and life insurance coverage among Black families with incomes < $75,000 and lower socioeconomic status (SES), leading to lower health care access and resources, ultimately resulting in the underdiagnosis and misdiagnosis of cancer (Lillard Jr, Moses, Mahal, 2022). Therefore, it is important to understand the function of the role and influence of African American men’s experiences with seeking health services for prostate care, diagnosis, and treatment.

Theoretical Foundation

a) Fry et al. (2022) (b) indicated that Black men are at a higher risk of prostate cancer as they are also the least likely to receive an early diagnosis. (c) They found that social constructs dictate and influence the comprehension or realization in which men discern and accept the risk of prostate cancer. (d) The study is important as it highlights the disparities among cultural groups, specifically Black men, and their access to early intervention diagnosis and treatment for prostate cancer.

a) Lowder et al. (2022) (b) Indicated a correlation between health disparities, race, and prostate cancer regarding socioeconomic status. (c) They found that several factors often contribute to the lack of representation of Black men as it relates to social and biological intersections, which often impact their access to prostate cancer healthcare services. (d) The study is important as it focuses on bridging the gap between biological and social factors that influence racial and health care disparities in prostate cancer.

a) Reddy et al. (2020) (b) indicated that while African American men are at a higher risk of prostate cancer, African American Veterans are at greater risk due to exposure to chemicals. (c) They found that African-American veteran participants contrasted to their Caucasian counterparts. The veteran population was exposed to Agent Orange, that enlarges destructive types of prostate cancer. It shows low numbers of prostate cancer screening for African Americans, confining and restricting expansion to their veteran participants. (d) The study is important in progressing and applying further directed and aimed prostate cancer screening guidelines for African-American veterans.

a) Waterhouse et al. (2019), (b) indicated that assessment of an epigenetic assay foreseeing recurrence in prostate biopsy among African American men. (c) They found that the assay did raise the rate of cancer discovery and will assist urologists in making a wiser selection in the men who would benefit from repeat biopsy in determining the presence of PCa. (d) The study is important as it shows epigenetic assay, that after the repeat prostate biopsy, 130 of 211 participants (62%) there was no prostate cancer (PCa) found, and 81 of 211 (38%) were diagnosed with prostate cancer (PCa).

a) Woods-Burnham et al. (2018) (b) conducted a research on the physician consultations, prostate cancer knowledge, and PSA screening of African American men in the era of shared decision-making. (c) And the team found that lack of proper medical attention, lack of knowledge on prostate cancer its effects, and treatment procedures, failure to show up for screening and testing are the leading causes of the increased suffering of African American men who have prostate cancer. According to the team, doing the opposite of these practices would drastically turn things around to the positive for the victims. (d) This study justified my social problem that Black men’s experiences with health services for prostate care and treatment.

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Conceptual Framework (as Appropriate)

The conceptional Framework will be a Systems Theory.

Medicine is diverse, and the success rate of recovery depends on age, the health of the body, and blood composition (Hilmi et al., 2019). The research investigates how a change in African American men's experiences, from ages 40 and upwards, with seeking health services for prostate care, diagnosis, and treatment will affect treatment while every other factor remains constant. System theory includes several interrelated concepts, such as the factors during screening, diagnosis, and treatment. Therefore, change in one aspect during the treatment process will affect others. The approach includes that screening, diagnosis, and treatment involve changing the patient's behavior (Wiger, 2018). According to Elk and Gazaway (2021), African American men receiving poor health services are likely to be aggressive during treatment. However, they will likely be calm and cooperative if they receive the necessary screening, diagnosis, and treatment. The systems theory also helps us understand that the intervention process is not easy and requires time for change to be recognized.

Further, system theorists in healthcare indicate that this theory provides a platform for quality improvement via systems thinking (AlHammadi, 2018). Moreover, if the study records change after the system's adaptation, doctors and nurses may need to adapt to the new system for better results. Thus, systems theory may be an accurate guide toward the foundation of this study.

Literature Review Related to Key Variables and/or Concepts

Frameworks hypothesis is the interdisciplinary investigation of frameworks, which are strong gatherings of interrelated, reliant parts that can be regular or human-made. According to Bertalanffy (1950), a system is a complex of interacting elements, subject to interaction with their surroundings. Per this hypothesis, patient security and the nature of medical services is a new property of the whole medical services framework and interactions. It follows that the improvement of medical care results should be situated in an efficient enthusiasm for the entire framework that adds to those results. It is a fundamental theory in the study because it will help link the system with a more extensive procedure.

The change in how people screen and treat African Americans with prostate cancer may lead to a change in men dying due to the disease (Wiger, 2018). Research shows that most men die from cancer, especially Black men (Wiger, 2018). Therefore, this shows a need for change in the system, leading to reduced deaths of African black men from prostate cancer. Both the victims and healthcare givers should influence the results. For the intervention to be successful, men should identify issues in their treatment process. These will help in identifying small treatment systems which lead to the results. The system theory will enable the researcher to identify how different factors during treatment lead to the outcomes.

Summary and Conclusions

Medicine is diverse, and the success rate of recovery depends on age, the health of the body, and blood composition (Hilmi et al., 2019). The research investigates how a change in African American men's experiences, from ages 40 and upwards, with seeking health services for prostate care, diagnosis, and treatment will affect treatment while every other factor remains constant. System theory includes several interrelated concepts, such as the factors during screening, diagnosis, and treatment. Therefore, change in one aspect during the treatment process will affect others. The approach includes that screening, diagnosis, and treatment involve changing the patient's behavior (Wiger, 2018). According to Elk and Gazaway (2021), African American men receiving poor health services are likely to be aggressive during treatment. However, they will likely be calm and cooperative if they receive the necessary screening, diagnosis, and treatment. The systems theory also helps us understand that the intervention process is not easy and requires time for change to be recognized.

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Chapter 3: Research Method

Introduction

Research Design and Rationale

Role of the Researcher

Methodology

Issues of Trustworthiness

Ethical Procedures

Summary