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PERCEIVED HEALTH

PERCEIVED HEALTH: A GROUNDED THEORY STUDY OF HOW YOUNG BLACK MEN
PROCESS THEIR HEALTH

BY

Layla L. Qaabidh

A dissertation submitted to the Graduate Faculty in Nursing in partial fulfillment of
the requirements for the degree of Doctor of Philosophy, The City University of New
York

2018

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This manuscript has been read and accepted for the Graduate Faculty in Nursing in
satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

Perceived Health: A Grounded Theory Study of How Young Black Men Process Their

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By

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Advisor: Dr. Alicia Georges

Young, Black men are a vulnerable population whose increased morbidity and early mortality from preventable or manageable diseases remains of grave concern. The literature suggests many of the disparities in health among this population are related to numerous social determinants of health that include but are not limited to healthcare access, socioeconomic status, racial discrimination and education. Healthy behaviors -or an individual's participation in healthy lifestyle choices- also influence health and they can be related to perceptions individuals have of their health. Many unhealthy behaviors lead to diseases that contribute to unfortunately early mortality. Men also have particular motivators and barriers that influence potential health decisions. There is a lack of literature regarding men and men's health issues, specifically of young, Black men and their health and health perceptions. This information could provide insight into these men's process of staying healthy. This dissertation, explored the process young, Black men engage in to be healthy and also sought to understanding perceptions young, Black men have regarding their health.

Acknowledgment

By the mercy and grace of the Almighty this journey has coming to an end. And, I am humbled, blessed and grateful. This dissertation is dedicated to my one and only child, my son, Naseer Jacskon. Don't put unnecessary limitations on yourself my darling. To my supportive parents, Ahmad and Saida Qaabidh, thank you for providing a great foundation. Thank you for all of your sacrifices. Thank you for all of your unconditional love. For my siblings: Zainab, Zayd, Rahma, and Ali, thank you for teaching me about patience and waiting my turn. And my wonderful nieces and nephews: Tysaun, Abdur-Rahman, Tylia, Rihana, Zayd, Sahil and Akil, Auntie Layla loves you!

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There are so many friends and colleagues who have supported me along the way. So many gave encouraging words and offered emotional support. You are recognized. I appreciate you all!

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Dr. LQ

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A Grounded Theory Study of How Young Black Men Process Their Health

A Grounded Theory Study of How Black Men Process Their Health

Chapter 1

Introduction

“The greatest wealth is health.” Virgil

In the Fall of 2011, my 35-year-old friend Elias (pseudo-name) died of renal cancer. This once vibrant saxophonist and music scholar succumbed to a painful death. He left behind a wife, children, and numerous friends and family who loved him and were supportive of him. While his death was unfortunate, it unfortunately did not come as a surprise.

Elias had been diagnosed with hypertension in his teens. He had a strong family history of hypertension, heart disease and cancer. He always joked about his issues with “high blood.” He exhibited the classic symptoms of someone with hypertension: headaches, dizziness and difficulty sleeping. Whenever he complained of a headache, neck pain, or increasing fatigue, we all knew that meant his blood pressure was high. Relatives and friends tried to help him manage his elevated pressure. His wife tried to be mindful of how she prepared his food and took saltshakers off the tables. The problem was that Elias was not agreeable with all of the changes. He often snuck fast food. He smoked half a pack of cigarettes daily. Elias did not follow his doctor-prescribed medication regimens. Elias overcompensated for his noncompliance with diet with his rigorous physical fitness regimen that included weight lifting and running. When we talked about his lifestyle choices, he often replied with “what are you talking about? I’m healthy!”

Elias’s family and friends always wondered why he didn’t adhere to prescribed medications or lifestyle modifications that could have prolonged his life. Adhering to

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changes (smoking cessation, decreasing sodium intake) could have kept his blood pressure under control (Center for Disease Control, 2014). He saw himself as healthy yet there were indications of progression of his hypertension (mainly changes in his urine output). Could the issue be that health practitioners are failing to convince unacceptably high numbers of Black patients who have been similarly diagnosed to follow potentially lifesaving medical advice? Black men have double the rates of hypertension as White men and though there is increasing awareness of the diagnosis, there is great decrease in the rates of treatment and compliance with medication regimens (National Center for Health Statistics, 2014). Black men have 30 percent higher death rates related to complications of hypertension than White men (NCSL, 2012; Yoon, Ostchega & Lewis, 2010). Black men are less likely to access and participate in health care services (Bonhomme & Essaun, 2012). When Black men present to obtain health care, symptoms are often more severe and their disease has reached more advanced stages than in other races (Cheatham et al, 2008). What the literature lacks is an understanding of what health means to a specific group of men who are succumbing to premature deaths from diseases which could be better managed. What do young Black men perceive their health to be? What did Elias perceive his health to be? He said he was healthy. But what did health mean to him and how did that meaning potentially contribute to his untimely death? This research explored young Black men's perception of health as a basis for formulating a theory to understand the processes and experiences Young, Black men engage in to manage and maintain their health. It seeks to understand their perceptions of health and how those perceptions influence subsequent health behaviors.

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Purpose of the Study

The purpose of this research was to contribute to nursing knowledge by better understanding how young Black men process the concept of health and exploring the behaviors they engage in to maintain their health.

Research Question

The research question which guided this research is as follows: How do young Black Men perceive their health and what are the social processes and behaviors that they engage in to stay healthy?

Definitions

Black/Black American/African American: Complex historical heritage has influenced race, racial categorization, and geographic classifications in this country (Kanneh, 1998; Kasinitz, 1992; Trotter, 1991; Clarke & Thomas, 2006; McWhirter, 2006). The definition of Black/Black American/African American will be the one used by the Center for Disease Control (CDC) and the United States Census Bureau (USCB) which defines the terms as anyone who has origins in any of the Black local groups of Africa (USCB, 2015; CDC, 2014). This includes those who are African Americans, Sub-Saharan African (i.e., Kenyan and Nigerian), and Afro-Caribbean (i.e.: Jamaican and Haitian). This definition excludes anyone who identifies his origin as Hispanic, Spanish or Latino. Different terms may be used in the literature, but for the purpose of this study, the term Black was used. In this research study, those who identify themselves as being Black/Black American/African American were included.

Young: The term young in this research was assigned to men who fall between the ages of 28 and 39.

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Background of the Problem

Life expectancy is lower for Black men (72.1) compared to that of White men (76.6) (Hoyert & Xu, 2012; Murphy, Xu & Kochanek, 2013). Though the leading cause of death of men 28-39 (the age group for this research) includes homicide, suicide, and unintentional injuries, this research focused on the leading medical causes of death of Black men which include: heart disease, cancer, HIV, stroke, diabetes, and kidney disease (CDC, 2011; Gillespie & Hurvitz, 2013; Bonhomme & Essaun, 2012; Thorpe, et al., 2013). The reasons for the high mortality rates from these diseases stem from the fact that the diseases are diagnosed late or not managed properly with medication and lifestyle modifications (CDC, 2013; Bonhomme & Essaun, 2012). Blacks have a 41.3 percent incidence of hypertension compared to 28.6 percent for Whites. Hypertension (high blood pressure) rates are higher in Black men than White men and occur at younger ages (CDC, 2011; Gillespie & Hurvitz, 2013; Yoon, Ostchega & Lewis, 2010). Black men have double to rates of diabetes than their White counterparts and almost doubled the death rates (CDC, 2014). These late diagnosis contribute to higher mortality rates (Cheatham, et al., 2008; Mount, et al., 2012; Bonhomme & Essaun, 2012). Many of the aforementioned deaths are preventable, but sufferers do not seek attention until severe symptoms are present which indicate late signs of advanced stages of disease (Cheatham, et al., 2008; Mount, et al., 2012; Bonhomme & Essaun, 2012).

Further research is needed to understand the increased mortality rates for diseases when there is treatment. What behaviors are Black men engaging in — or not engaging in — to manage their health? On the other hand, there is a large body of research that has investigated risk factors for diseases and social determinants of health that impact

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mortality rates in Black men. These studies have found that factors such as socioeconomic status (Gabbidon & Peterson, 2006; Braveman, Egerter & Williams, 2011; Williams, Mohammed, Leavell & Collins, 2010), race (Laveist, Nickerson, & Bowie, 2000; Boulware, et al., 2003), mistrust (Hammond, et al., 2009; Boulware, et al., 2003; Rowe & Kellam, 2010), safety of environments (Griffith, Allen, and Gunther, 2011), and obesity (Bonhomme & Essaun, 2012) all contribute to high morbidity and mortality rates in Black men. Some other factors that are discussed include: masculinity, gender role expectations, stereotypes, and engagement in risky behaviors. Yet despite the wealth of information about the possible determinants and factors that affect health outcomes for young Black men, these studies do not provide an understanding of how these determinants and/or other factors may be reflected in men's perceptions of their health and health seeking behaviors. Understanding the perception of this population are helpful us to gain insights into the meaning of health for young Black men (Williams, 2003). The goal is to explain the perceptions and behaviors of this population to maintain their health.

Methodology

A grounded theory approach was utilized for this study. In grounded theory, the aim is to generate new theory that is grounded in the data collected (Glaser, 1978). This methodology is used when there is little known about a topic because it helps to generate new understandings in the form of theories about poorly understood phenomenon (Munhall, 2012). It is also a methodology used by many nurse researchers because of its ability to discover theoretical explanations about a phenomenon being studied (Maz, 2013). Nurses and other health professions are in a good position to use this methodology

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because it allows for them to use their experiences as practitioners in order to understand experiences and values of individuals as a way to predict behaviors that can contribute to poorer outcomes (Nathaniel, 2014).

For this research, grounded theory was appropriate as a methodology. In exploring the perceptions that young, Black men have about their health, it is important to understand the ideas and thoughts they have about themselves, their health, their health behaviors, and their environment. This research sought to explore what those truths are that will contribute to an understanding among health practitioners of behaviors. Based on those truths, a theory can then be created to understand young Black men's perception of their health as a way to improve health outcomes.

The Concept of Health Amongst Nursing Theorist

Health care practitioners play a vital role in healthcare outcomes. Nurses are considered the most trusted health professionals; acknowledged for being both honest and ethical (Laidman, 2012). Nursing theorists include health as a component of their original models. Orem described it as soundness and wholeness of developed humans which influences bodily and mental functioning (Orem, 1991). Newman equates health with wellness (Newman, 1989). Roy described health in relation to one's ability to adapt (Roy, 1991). Rogers, whose description is very holistic, explains health as an expression of the process of life (Rogers, 1970). Parse described health as man's unfolding (Parse, 1981). And, though the purpose of this paper is not to develop a definition of health, these theorists support the idea that to fully understand individuals and their experiences with health professionals (including nurses), we must understand the metaparadigm of health and the relevance it has in one's life (Fawcett, 1989; Brouse, 1992). Judith Smith (1985)

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discussed models of health and illness to illustrate her well-published experiences in public health. Her model consisted of four subcategories: the Clinical Model (where health is seen as being free from disease and illness indicates that disease is present), Role Performance Model (where societal roles influence health and illness), Adaptive Model (where health and illness are related to one's ability to adapt to environments), and Eudemonistic Model (where health and illness are related to a person's ability to actualize or realize their potential). These models will be helpful for this research because the principles discussed within them (health, presence of illness, societal roles and expectations, adaptability, and self actualization/realization) can all be used to understand men's perception of their health and its influence on their health behaviors.

Previous nurse theorist and researchers have provided a stable context and foundation to study health for future nursing researchers and practitioners. Current practitioners and researchers are in a good position to aid in decreasing morbidity and mortality rates, addressing disparities, understanding patient perceptions and being aware of issues that may affect health-related behaviors. In order to decrease the high morbidity and mortality rates of young Black men and address excessive mortality in this group, practitioners must first understand the perceptions Black men have of health and be aware of issues which may affect their health behaviors.

Assumptions and Biases

As an emergency department nurse, I have too often witnessed young men presenting with chronic, unmanaged illnesses. Usually they arrive in distress from exacerbations of chronic conditions (i.e. hypertension, diabetes, heart disease, etc.). Watching men suffer with diseases that could have been managed better is not only

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difficult but emotionally exhausting. These men suffer in pain or distress. These men represent my family, friends and loved ones who could potentially succumb to similar causes of death. Also, based on my experience with Elias and other men I have taken care of or know, I could make unfair assumptions regarding their reasons for the choices that they make regarding their health and their healthcare choices/decisions/behaviors. In this research, young men were asked about their perceptions of health and how they keep themselves healthy. It is through that line of questioning that I was able to explore with them their actions and processes in maintaining their health. Using qualitative in-depth interviews, I collected in-depth descriptions of these men's perceptions of their health to understand what processes they employ to keep themselves healthy.

Summary

This chapter provided a description of young Black men and their perceptions of health. In the next chapter, a background of the overall health of Black men is discussed. Socioeconomic/structural determinants, which may influence the health and health behaviors of Black men specific, was discussed. In Chapter Two, there will be a closer exploration of these factors and others that may influence Black men's health and behaviors to illustrate what is missing from current research.

Chapter 2

Background of the Problem

This chapter discusses various social determinants experienced in accessing health care systems and their effects on health behaviors. Research studies that address health and health behaviors are presented to illustrate gaps in the literature regarding men's health. Then, specific issues related to young Black men's health was outlined to set the underpinnings of this research.

Overview of Health Care in the United States

The most common health problems of Americans include heart disease, diabetes, cancer and chronic lower respiratory diseases which, combined, account for seven out of ten deaths by Americans (CDC, 2011, 2013, 2014; Ward, Schiller, & Goodman, 2014). Many Americans experience diseases that can either be prevented or effectively managed with modified lifestyle changes. Though the United States has an extensive health care system, major issues exist with regard to access to healthcare and utilization of services (Bernstein, 2014). Deficiencies in the healthcare system can be measured in terms of healthcare outcomes, efficiency of care and/or quality of care (Krousel-Wood, 1999; Bernstein, 2014). High infant mortality rates and increased numbers of uninsured patients both contribute to poor health outcomes. Efforts to improve the health of Americans includes initiating and supporting policies that address increasing access to health care services to prevent disability, detect diseases earlier and introduce necessary treatments in a timely fashion (CDC, 2014).

Availability of health insurance has been addressed by the implementation of The Affordable Care Act. It is estimated that 10.3 million Americans gained coverage as a

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result of Universal Healthcare System (Galewitz, 2014; Quealy, 2014). Included in the Affordable Care Act is a special fund dedicated to preventative services. Though these preventive health care measures can reduce the occurrence of late diagnosis and poor outcomes for patients, critics question their cost and sustainability (Zuckerman & Holahan, 2012; Holahan et al., 2011). Other influential factors also exist. There is a deficit of primary care physicians. Hospitals are closing, most related to financial difficulties, which puts financial strains on other health care systems (Pavlich, 2014). These factors play a role in the healthcare delivery to vast and diverse populations, including young Black men — the focal group of this research. These factors also contribute to disparities in healthcare. Disparities in health are discussed later in this chapter. Since men have higher morbidity and mortality rates than women, this research focuses on the health of young Black men.

Overview of Men and Health Care

According to the Center for Disease Control (2014), heart disease, diabetes, stroke, and cancer top the list of causes of death among adult men in the United States. Many reasons can contribute to these deaths. Men are 24 percent less likely than women to visit a doctor for any care. This reluctance occurs despite many health conditions, like those stated above that men face (AHRQ, 2012). Though 85 percent of men say they visit a physician when they are sick, 92 percent will wait for days to see if they felt better before seeking any medical attention (Addis and Mahalik, 2003). Men also have lowered adherence to medical regimens than women (Williams, 2003).

Bertakis et al. (2000) hypothesized that in a given year, women would utilize health services and visit a primary care practitioner more often in a year than men. Men

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and women (N=509) recruited from a university medical center volunteered to participate in the research study. Researchers utilized the Medical Outcomes Study Short Form (a reliable and valid tool), to obtain information from participants about their general health, physical function, mental and social function, pain, energy, and mental health (Bertakis et al., 2000). Data was collected from initial and exit interviews. After a regression equation analysis, the researcher's hypothesis was validated. Women had higher self-reports of health and utilized health services at greater rates than men over a year period.

Researchers controlled for factors that could skew the results (socioeconomics, health status and education). Limitations of the study were as follows. There were few men who participated in the study and the sample lacked cultural diversity. Participants were majority White females. The study acknowledges a difference in the utilization of services by gender, however, the researchers didn't assess the participants' perception of their health nor assess their health attitudes. The study implied that attention must be paid to the role that gender and gender roles play in the utilization and access to health care services but did not specifically address reasons for these differences.

Masculinity, Stereotypes and Risk Behaviors

Reasons postulated as to why men don't visit the doctor include: masculinity and engagement in risky behaviors (Peate, 2004). Masculinity and male gender roles can negatively contribute poor health outcomes for men (Porche, 2013). Men try to live up to societal, stereotypical roles of being the epitome of strength and control (Porche, 2013; Peate, 2004). Men have been socialized to engage in behaviors that suppress feelings and thoughts and concentrate more on strength, dominance and masculinity (Edelman et al., 2006; Mincy, 2006). Societal norms dictate that men are supposed to be viewed as strong

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and dominant conforming to traditional roles and expectations (Mackereth & Milner, 2009; Holroyd, 1997; Sabo & Gordon, 1995). Male identities are formulated with men being the “breadwinners” and/or risk takers (Courtenay, 2000; De Visser, Smith, & McDonnell, 2009).

Engaging in various risky behaviors increase potential health problems. Lifestyle factors (such as: tobacco, diet, stress, and a decrease in physical activity) contribute to the increase in potentially preventable deaths (Johnston et al., 2008). For example, men have higher rates (20.5 percent) of tobacco use than women (15.3 percent) that increase their risk for lung diseases and cardiovascular disorders (CDC, 2013). Men engage in higher rates of alcohol abuse (9.9 percent) than women (3.4 percent) (National Institute of Drug Abuse, 2013). Marijuana use in males is (29 percent) versus women (24 percent) (Johnston et al., 2008). These high-risk behaviors affect health outcomes for men because they contribute to either avoidance of health care systems by men or they ignore potentially harmful health problems (Peate, 2004). These inaccurate notions of masculinity negatively influence health behaviors (Courtenay, 2000; Wilsnack, Vogeltanz, Wilsnack, & Harris, 2000; Grimm, Chumbler, Foster, and Williams, 2000; Peate, 2004). It decreases the chance of men seeking help for any health issues because of concerns of appearing weak. Characteristics such as weakness used to describe men’s health and help seeking behaviors contribute to unwarranted stereotypes about gender roles.

Researcher Miedzian (1991) discusses the “masculine mystique” which is a stereotyping of men that promotes competitiveness, and toughness instead of honesty, empathy and emotion. These stereotypes are directly related to gender identity and

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societal roles (Peate, 2004; Miedzian, 1991). As a result, men may not ask for help or seek assistance for issues related to their health. Miedzian (1991) suggests that these stereotypes prevent men from addressing potential health issues because they don't visit providers regularly and they miss opportunities to be encouraged to partake in health screenings that are available during these routine exams.

Gaining insight into men's perception of health could shed light on the issues of masculinity and attitudes towards health that both impact health and health seeking behaviors. Researchers Mahalik, Burns, and Syzdek (2007) investigated the relationship between masculinity and perceptions of normative health behaviors. Researchers suggested that men's perceptions of health influenced their participation in health behaviors. One hundred and forty seven men (mainly heterosexual, White, married, educated and employed) were recruited from an internet list serve (mostly of male friendly sites: sports, automobile, religion) and asked specific questions regarding eight health behaviors: alcohol use, seat belts, tobacco use, physical fighting, use of social support, exercise, dietary habits, and annual checkups. Three Likert scale instruments were used: Health Promotion Behaviors, Conformity to Masculinity Norm Inventory, and Perception of Normative Health Behavior. A hierarchical multiple regressions of the data were conducted. Results of this study concluded that masculinity and men's acceptance of men's roles does in fact predict their own future health promoting behaviors. Though this research substantiated its prediction of the link between masculinity and social norms in decreasing health-seeking behavior, there were many limitations. First, the sample was small and not diverse. Also three instruments were used to collect data. Though they were valid tools, they were long and many participants didn't complete all sections. Finally,

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the tools selected (which had been successfully used in previous studies), only measured eight specific health behaviors. There may be additional behaviors that could influence men's perceptions of their health and their future health behaviors. Obtaining qualitative information from participants could have yielded information regarding their perceptions of health that was not included in the tools used.

Influential factors which impact men's health and men's health behaviors are often overlooked in the literature (Thorpe et al., 2013; Bonhomme & Young, 2009; Williams, 2003). Though research exists which addresses social influences on men's health (Lee & Owens, 2002; Johnson, Griffith, and Watkins, 2013), there needs to be more in-depth research on men's perceptions of their health and their subsequent behaviors in staying healthy. Black men have specifically been understudied on topics regarding men's health yet their morbidity and mortality rates (Johnson-Lawrence, Griffith, and Watkins, 2013; Dallas, 2004). In the next section, the health of Black men will be discussed.

Black Men's Health

Black men in the United States are in a health crisis and have been described as invisible, endangered and disadvantaged (Teti et al., 2012; Edelman, Holzer, & Offner, 2006; Mincy, 2006). Black men are disproportionately affected by negative health outcomes (Cheatham, Barksdale, & Rodgers, 2008). Black males have a higher mortality rate than White males with an average age of 76.5 for White men and 70.2 for Black men (Bonhomme and Essaun, 2011; NIH, 2009). Both Black and White men between the ages of 18-44 have similar patterns in terms of accessing health care (CDC, 2011). Both groups refrain from seeking medical attention until symptoms are present which leads to poorer outcomes (Bonhomme and Essoun, 2011; CDC, 2011). However, when black men

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present to obtain health care, symptoms are often more severe and the disease has reached more advanced stages, which creates conditions that don't facilitate proper illness management, reduction of risk, or improve continuity of health care (Cheatham, Barksdale, & Rodgers, 2008; Shavers, et.al, 2012; Whetten et al., 2006).

Each year the leading cause of death of black men aged 25 and older are chronic diseases such as diabetes, heart disease, hypertension, HIV, chronic respiratory disease, stroke and cancer (Center for Disease Control, 2008). Hypertension specifically puts one at risk for heart disease and stroke (CDC, 2013). Heart disease in black men 45-54 years of age is almost double that of white men (CDC, 2012). Cardiovascular disease will affect three times the number of black men aged 45-54 than white men in the same age group (CDC, 2012). It is estimated that among all cancers, prostate, lung, and colorectal cancer are the most common among men and Black men accounted for the highest rates (598.5), followed by whites (533.1), then Hispanic (400.5), Asian (318.7) and American Indian (290.00) (CDC, 2014). With regard to mortality, death rates from those cancers were as follows: Blacks (284.2), Whites (215.2), Hispanics (142.3), American Indian (141.2), and Asian (131.4). If you look at the statistics, compared to their White counterparts, African American men have a 47 percent mortality rate once diagnosed with cancer as opposed to 40 percent for White. The death rates in New York City for black men aged 25 to 54 are almost twice as high as for White men (CDC, 2014).

The alarming death rates justify an inquiry into the knowledge, the perceptions and concerns that young Black men have about their health and of preventable and chronic disease, (Hatchett, Holmes, Duran, & Davis, 2000; Center for Disease Control, 2011). Investigating individual knowledge about perceptions of health provided insight into

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subsequent health related behaviors, or lack thereof. Impressions of their health need to be investigated, but more importantly understood. In order to learn the reasons why young Black men don't take advantage of preventative or early diagnostic treatment or modify behaviors, it is important to examine the impact perception health has on the lives of young, Black men.

Men could benefit from preventative care and early access to health care systems. However, the literature cites many barriers that prevent Black men from seeking out necessary care. Some documented reasons include but are not limited to: socioeconomic status, masculinity, misperceptions about the need for care, racism/mistrust, spirituality, criminal backgrounds, family/peers, and lack of positive provider relationships (Cheatham, Barksdale & Rodgers, 2007; Bonhomme and Essun, 2011). Many of these barriers experienced influence their potential health seeking behavior and their willingness to participate in any health promoting behaviors (Calvert and Isaac-Savage, 2013).

Calvert and Isaac-Savage (2013) examined barriers to participate in health promoting behaviors by Black men. In a cross section descriptive study, researchers investigated the relationship between motivators, barriers and health promotion behaviors. The Health Promotion Lifestyle Profile II scale, which is a Likert type questionnaire, was given to one hundred and seven Black men aged 21-56. The instrument used has a Cronbach alpha (.83) that shows the reliability of the use of this tool with this population. Additional demographic information was also obtained. The men recruited were mainly from a program called Fathers Support Center that offers voluntary health and wellness classes to men. Results of the information collected

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reported that those men who had fewer motivators and increased barriers were less responsible for their health. Participation in health promoting behaviors was related to men's perceived barriers. The study had a few limitations including its lack of generalizability. The survey was very lengthy and researchers were not able to assess all behaviors associated with the scale used (health responsibility, physical activity, interpersonal relations, spiritual growth, stress management and nutrition). The study concluded that most men were motivated to participate in health promotion activities because they wanted to be "healthy" and they knew God wanted them to be healthy. Most men also identified a relationship between their motivation to participate in health promotion behaviors and an individual who served as encouragement for them. A significant limitation of the study is the lack any qualitative data about perceptions of health and attitudes about health which could have added an additional depth of knowledge and insight into this population.

Understanding what influences health behaviors can also give awareness of men's perceptions of health. Researchers Griffith, Ellis, and Allen (2012) linked health information to health behaviors. Researchers suggest that health and health behaviors can be improved if we increase men's motivation to use health information. One hundred and fifty four men from Southeast Michigan were recruited as part of a program called Men 4 Health (M4H) Study, whose goal is to address individual and social barriers that can affect health (mainly diet and physical activity). A snowball sample was obtained with information about the study being advertised by flyers, social networks and word of mouth. Men were divided into two semi-structured focus groups: one focused on determinants of healthy eating (consumption of fruits and vegetables) and the second

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focused on physical activity (engagement in physical activities). ATLAS Software was used to analyze the qualitative data. Results of the research provided the opportunities to support men's health behavior by identifying the following major themes: raising awareness, reinforcing knowledge, and increasing motivation. Health problems and social support were the biggest motivators that the researchers identified as influences over health behaviors. One limitation of the study was that the participants were all from an urban area in Michigan, which doesn't make the results generalizable to a wider population. Information was only obtained about healthy eating and physical activity. Men weren't asked any open ended questions that could have identified other significant factors, like trust, which could impact the motivation to use health information to improve health behaviors.

Black men are also typically distrustful of health care professionals and settings. Boulware et al (2003) analyzed responses from 118 African American and White men aged 18-75 regarding their trust of health care systems. Black men trusted their doctors less than White men. Black men were also concerned about potential harm (from experiments) and had concerns about personal privacy. Mistrust prevented these men from seeking out assistance for health issues. Trust also appeared to be an influential factor in Black men's health choices. Griffith, Ellis, and Allen (2012) set out to inquire about trusted sources of health information for African American men. One hundred and fifty four men aged 32 and older residing in an urban Michigan area were asked who influenced their health behaviors. While the medical professionals were the ones who were the initial source of much health information obtained, family members were actually the ones men trusted most. Hammond, Mathews, Mohottige, Agyemang and

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Corbie-Smith (2010) also investigated the relationship between mistrust of medical systems and preventative health services. Six hundred and ten African American men aged 20 and older were recruited from barbershops across the United States from 2003 to 2009. They were asked to complete a questionnaire regarding health services. Those with high mistrust of medical systems were extremely likely to delay any preventative services. This, directly impacts their health. The trust of their social supports influenced their health behaviors more than any practitioner could. More research needs to be conducted to explore the perceptions Black men have towards health practitioners. The results could help to create programs that foster better relationships between practitioners and patients. It has been documented that better outcomes result from better relationships with providers (Elder et al., 2013). Improving relationships with providers is especially true of Black men who have to contend with negative societal stereotypes.

Stereotypes of the Black Male

Black males have been associated with negative images and stereotypes. Some researchers have concluded that there has been a purposeful villainization of Black men in society perpetuated through many media outlets that depict Black males as being criminals who engage in violent crimes (Welch, 2007; Greenwald, Oakes & Hoffman, 2003; Chiricos & Eschholz, 2002; Surrrette, 1992, Gerbner, 2003). Americans are subconsciously affected by these visual images, which reinforce stereotypes about Black men (Welch, 2007; Eberhardt, Purdie, Goff & Davies, 2004).

With all the research being conducted about motivators, stereotypes, health seeking behaviors, and health disparities, research specifically addressing the experiences of young Black men need to be studied and documented. Understanding experiences of

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individuals will give insight into how they process their reality (Suddaby, 2006). The gap in the literature regarding young Black men's perception of health provides justification for this crucial topic that needs to be investigated in order to fully understand where possible discrepancies are and to help improve patient outcomes.

Social Determinants of Health

There are nonmedical factors that influence and contribute to poor health outcomes (Braverman, Egerler & Williams, 2011). These factors can be psychological, biological, socioeconomic, or social and they are categorized as social determinants of health. Social Determinants of health are factors or conditions that influence health outcomes (CDC, 2014). These can include circumstances that individuals are born into, live in, grow up in, etc. (CDC, 2014). Researchers have classified social determinants to fall into one of five categories: Biology/Genetics (such as age and sex), Individual Behavior (which include high-risk behaviors such as: alcohol use, drug use, unprotected sex, and smoking), Social Environment (which would include issues such as discrimination and income), Physical Environment (which includes living condition of individuals), and Health Services (includes access to health care and health insurance).

Social determinants influence Black men's health behaviors and outcomes (Mount, et al., 2012; Hammond, 2012; Kumar, et al., 2012; Plowden, et al., 2006) and the literature discusses four main determinants (Poverty/Income, Education, Discrimination, Healthcare access/Insurance) that contribute to poor health outcomes in Black men (Bonhomme & Essau, 2011; Cheatham, Barksdale, & Rodgers, 2007; Thorpe, et al., 2013). The contribution of these determinants in this research is to illustrate the affect it has on the overall health of young Black men. This study contributed to a better

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understanding of how young Black men perceive their health within the context of these known determinants. Furthermore, this research explored the behaviors young Black men engage in based on those perceptions that they held which helped to facilitate or hinder their own health status.

The goal is to be able to effectively change health outcomes by reaching populations who may not seek out attention until it is too late and health outcomes become irreversible. By fostering positive relationships with populations, it helps to make them more likely to engage in obtaining health services. Obtaining qualitative data from these populations gave insight into motivating factors to seek health care and potential barriers to accessing care. A clear distinction has been documented between health care access and healthy outcomes. What's missing is the accounts of why men have any delays in accessing health care, even amongst those who have insurance.

Staying Healthy

What are Black men doing to stay healthy by exploring their perceptions of their health? This exploration was not limited to actions and activities in maintaining health and staying healthy (i.e.: diet, exercise, meditation). Gaining insight into the experiences these men have with staying healthy yielded needed information for health practitioners to address health needs of this population. This included gaining insight into the comprehensive understanding of the experiences and perceptions young Black men have about health and their health behaviors.

Summary

It was postulated that what is missing from the literature is the voice of these young Black men who are experiencing high morbidity and mortality rates. Statistics of incidence and death rates was presented. Understanding the perceptions young Black men have of their experiences (in their words) and then their choices and actions to stay healthy have all been missing from the literature. Also, understanding young Black men's interactions with their environment, will help practitioners to develop strategic preventative measures. Nurses and other health care practitioners are in a position to assess these interactions and also gather and analyze pertinent data, implement interventions, and try to improve outcomes (Galdas, Cheater, & Marshall, 2005). Nurses are able to influence research, education, and clinical care by addressing disparities and equity of health to a multitude of vulnerable populations whose concerns and perceptions are not always addressed in the literature (Williams et al., 2014, Dallas, 2004).

In this chapter, evidence into why disparities may exist with regard to diagnosis, treatment and management of health in Black men was presented. It was imperative to discuss major social determinants of health that influence the diagnosis, treatment, and management of chronic diseases like hypertension, cancer, and heart disease in Black men in an effort to justify the need for this study. Though research is being done to investigate factors that contribute to poor health outcomes, research lacks evidence from young, Black men regarding their health care behaviors and perceptions of health. Also, research is limited in exploring the processes that these men may employ to manage themselves and their health. In the next chapter, the methodological foundation of this research is explained. Reasons for choosing this methodology, descriptions of participant

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selection and recruitment and the plan for conducting and analyzing the research will be presented.

Chapter 3

Methodology

The methodology used as a foundation for this research study is Grounded Theory. Grounded Theory is a method of research in which a theory is inducted from the current data (Glaser, 1978; Connelly, 2013). Relevance emerges from data collected (Glaser, 1978). This methodology is useful in analyzing a person's social interactions with society (Glaser, 1978). In Grounded theory, data obtained is used to develop theories after exploring what is currently available in the literature (Hall, Griffith and Mckenna, 2013). It is a methodology that can be used when little is known about a particular subject matter.

Glaser and Strauss developed grounded theory in 1967 after studying individual's process in dying. In their text, "The Discovery of Grounded Theory", Glaser and Strauss detailed a methodology of conducting research that involved a qualitative process of obtaining data to explain people's experiences and behaviors (Munhall, 2012, Glaser and Strauss, 1967). Qualitative data obtained would explore: human social interactions with society, analyze meanings given to these social interactions, and understand humans' behaviors based on meanings given to objects. One significant feature of this methodology is its ability to generate a theory about the individual's process within a social context. Grounded theory is greatly influenced by the perspectives of pragmatism and symbolic interactionism.

Symbolic Interactionism is a theoretical perspective that explains humans' social interactions with society. In symbolic interactionism researchers analyze meanings

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people attribute to events, behaviors and objects/symbols. It postulates that people's reality is influenced by these social interactions. Symbolic interactionism is a process in which humans socially interact with these symbols, a cognitive process occurs, and an active response follows. This process affects all future actions. Symbolic Interactionism is influenced by philosophers such as George Mead, Charles Darwin, Herbert Blumer and John Dewey (Darwin, 1859; Mead, 1934; Dewey, 1936). John Dewey considered knowledge as a process and argued that truths are made (Dewey, 1936; Pascale, 2011). George Mead drew from Dewey and studied "lines of interaction" which set out to explain behaviors (Mead, 1934; Pascale, 2011). Mead suggested that we use gestures to illicit meanings and based on responses to our gestures, behaviors are influenced. We gain a sense of truth and meaning from the responses to our gestures (Mead, 1934; Pascale, 2011). Mead (1934) describes a connection between the mind (the ability to use the mind to create meanings by using language and thought), self (reflectivity) and society (the environment where all of the interactions takes place) that in turn influences our social interactions. An example of this could be illustrated by examining the word "crazy". The meaning of this word would be dependent on how multiple respondents interpret the word. If there is a mutual consensus that the meaning of the word is similar, then the symbolic meaning of the word is clear. However, if there is no consensus about the meaning of the term, this indicates vagueness and could create potential future problems for the communicators. In symbolic interactionism, people give meanings (symbols, language, thoughts) to their interaction with people and their environment and then they act on these meanings that highlight their importance. (Charon, 2007).

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Darwin believed that acquiring knowledge was an active process (Darwin, 1859; Pascale, 2011).

The exchanges between person and environment are considered to be evolving and those exchanges directly influence our future interactions. Meanings are attached to these experiences (Blumer, 1969). It is considered symbolic because symbols/words/objects are used in these interactions. Strauss emphasized that in Symbolic Interactionism, experiences are evolving, the person actively plays a role in their environment, change is a process, and there is a relationship between a condition, its meaning and one's action (Strauss, 1967).

Pragmatism is considered the precursor for Symbolic Interactionism (Stryker, 1980; Reynolds, 2003) and is a framework based on the works of theorist William James (1907). In Pragmatism, ideas, meanings and truths are all related to the significance in their practical application (James, 1907; Dewey, 1936). James suggests that individual actions are influenced by meaning (ideas and thoughts) developed from the consequences of interacting with one's environment (James, 1907). If someone is truly concerned about the consequences of their actions, it will influence their decision to engage in a behavior (because of risks of failure or success). James proposed that we find truths as a result of consequences and they become useful for future practical application in our lives (James, 1907). James further explains that these truths dictate or inspire behaviors based on the meanings we attribute to them. If an idea or truth isn't practical for an individual, it will be rejected. Pragmatism was viewed as a practical philosophy by Mead (Mead, 1936).

Glaser and Strauss used grounded theory to yield valid explanations about human experiences and behaviors (Glaser and Strauss, 1967). Because grounded theory seeks to

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understand individual's social processes in interacting with society, it makes it an applicable methodology for this research study. For this research, an exploration was made into the processes of young Black men regarding their experiences and their perceptions of their health in staying healthy. Using the qualitative method of grounded theory, an exploration was made into the truths and meanings young Black men give to their experiences in managing their health. After accumulating responses from these men, a data analysis was performed to explore an explanation of their process in staying healthy. Understanding the process of young, Black men using a grounded theory approach is not only important but also relevant. As a result, information about issues related to this population of men was obtained.

Theoretical Sampling

In grounded theory, data is collected in a process to generate theory (Coyne, 1997). Data is simultaneously analyzed and coded in an effort to have the theory emerge from the data collected (Glaser, 1978). Research participants are selectively chosen in a process called theoretical sampling (Glaser and Strauss, 1967). This method of participant selection allows researchers the ability to alter participant selection after data is collected and analyzed to strengthen the rigor of the study. This process of participant selection will continue until saturation is reached and no new data is obtained. For this research study, participants were selected based on their ability to meet all of the inclusionary criteria. However, if saturation couldn't be achieved, a convenience sample would be utilized. Participant selection was satisfactory for this study, saturation achieved, and a convenience sample was not needed.

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Sample size

The number of participants needed for a Grounded Theory study varies. Glaser and Strauss suggest collecting data from participants until theoretical saturation is achieved; meaning nothing new is being obtained from the participants' responses (Glaser and Strauss, 1967). Because these theoretical categories are not known prior to data collection, it's hard to predict the exact sample size for a study. Creswell (1998) suggests six to thirty but there are no set acceptable numbers. Usually data is collected until no new codes are emerged (Guest, Bunce & Johnson, 2006). Saturation for this research was achieved with 11 participants.

Research Location

An urban town in a major city will be used for this research. There are varying sections of this urban town that will be accessed for this study. For example, in the one section of this urban town: the greatest percentage of Black residents (58%) reside, most residents have insurance (77%), 29% of the population in that area fall within the inclusionary age for this study, 73% of the residents have a high school diploma or higher and 9.4% of its residents fall below the poverty line (NYC Department of Health, 2014). Demographic data changes as you alternate areas within the town. These factors make this area ideal for being able to access Black men for this study and address a few social determinants which were mentioned earlier in the paper which can effect health access and behaviors.

Inclusion and Exclusion Criteria

Participants for the study must first self-identify as being Black and be aged 28-40 at the time of the study. The men in this study must also reside in a section of the urban

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town in the major city of this research. All participants must: be able to provide informed consent, understand the research study's purpose, have a reading level acceptable to understand the consent, and be fluent in the English language.

Recruitment

Multiple sites within the urban city will be used to recruit young Black men for this study. These sites (which include religious facilities, recreation centers, fraternity groups, mentoring organizations and gyms) will be utilized to conduct this research because of the consistent presence and/or congregation of young, Black men. All sites have the ability to facilitate on-site interviews in a secure and private manner. Sites selected to conduct research helps to foster a comfortable and safe place that is essential for a meaningful interview (Munhall, 2012). Written permission will be obtained from host sites. Multiple outlets will be used to recruit participants. Social media will be used to advertise the study. Flyers will be posted in all of the recruitment sites. Verbal reminders will be given to communities by supervisors, religious leaders, and managers of organizations being utilized. Small monetary compensation (via \$25 gift card) will be given to all who agree to participate in the study.

Protection of Human Subjects

As the researcher, I was trained in the protection of Human Subjects. Certificates of completion of NIH and IRB training are available if necessary. Interviews were conducted in an ethical manner. The researcher was receptive to the rights of all participants and open to their responses. Confidentiality was upheld and proper informed consent obtained. Strict data collection was maintained to protect the anonymity of the participants (Brink and Wood, 1998). Risks and benefits were clearly defined to uphold

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ethical practices and integrity of the research (Munhall, 2012). Participants' information was kept secure and unattainable to anyone other than the researcher until the time for transcription.

Informed Consent

Participants were asked to verbally consent to participate in the interviews. Written and verbal consents were obtained from all participants. Participants had the right to withdraw from the research at any time (Munhall, 2012). Consent included permission for repeat interviews and follow up because qualitative research is an ongoing process and renegotiations may be needed (Munhall, 2012). Participant were informed that all information obtained through the interviews would potentially used in the study. Copies of the consent are attached in the Appendix section (Appendix 1).

Data Collection

Interview process and guidelines

Interviewing has been a method used by many researchers as a way to ask participants questions to gather information about their experiences in their own words. By utilizing the interview process, researchers can understand perceptions and experiences of participants (DiCicco Bloom and Crabtree, 2006). In this research, semi-structured, individual, in-depth interviews will be utilized because of their ability to allow researchers to obtain personal and socially relevant information and allow researchers the ability to “co-create” meanings in experiences of the participant (DiCicco-Bloom & Crabtree, 2006; Munhall, 2012). Interviews were audio recorded and transcribed verbatim. All audio recordings were kept secure in the home of the researcher.

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Each participant was asked the same initial question that reflects the research question: “Tell me about your health?” These responses were then analyzed and compared to each other. Because theoretical sampling was used, follow up questions had to be modified as the researcher filled in gaps and clarified any uncertainties while building emerging theory (Glaser and Strauss, 1967; Engward, 2013). Each participant was aware that they were being recorded before the interview was conducted. Participants were informed that their names would be changed to uphold confidentiality and respect for their privacy. The recorder was made visible during the entire interview but placed where it won’t be a distraction. Participants’ protection is important and every action necessary to protect that was done.

Data Analysis

A comparative analysis was used to analyze data collected. Glaser and Strauss consider comparative analysis a general and strategic method for generating theory (Glaser and Strauss, 1967). Comparative analysis is used with social units large or small (Glaser and Strauss, 1967). Interview texts are collected and analyzed line by line to find provisional themes. This is continuously done as data is being collected to ensure consistency of the research (Glaser and Strauss, 1967). Analysis of the interviews and notes taken during the interview will be evaluated for themes, and to gain understanding about the phenomenon being studied. Notes were transcribed verbatim and transcripts of interviews and notes analyzed. The researcher had to read and sometimes reread the notes and interviews in order to explore the information and gain insight (Brink and Wood, 1998). All data was analyzed and the researcher processed the data, coded it, tracked relationships of the data, and created visual coding schemes.

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Rigor

Rigor of the study was evaluated using suggestions made by Munhall (Munhall, 2012). Munhall suggests in order to evaluate rigor, one must consider: resonance (meanings are related to past experiences), reasonableness (rationales for all aspects of the study are included), representativeness (multiple aspects of the lived experience examined), recognizability (awareness of aspects of an experience), raised consciousness (new insight into experiences understood), readability (writing should be understandable), relevance (new meanings and interpretations offered), revelation (exposing things that were hidden before), responsibility (maintaining ethical standards and considerations), richness (multifactorial description of the human experience) and responsiveness (rethinking preconceptions) (Munhall, 2012). After reading the study, the reader will gain insights into historical context and social factors that influence the experience of these young Black men and influence their perception of health and their behaviors. Also, it is the hope that the reader, specifically health care professionals, will gain valuable information that could potentially and positively affect their practice and communication with all patients in general and young Black male patients in particular. Lastly, it is the hope of the researcher that a clear and evident respect for the ethical concerns of the participants was clear and that ethics were not in any way compromised to obtain information.

Summary

Chapter three provided a comprehensive explanation for the methodology of Grounded Theory that which was utilized in this research. Data was collected using face-to-face, in-depth, open-ended interviews that was analyzed as the research was being conducted. All transcribed interviews were coded and assessed for recurrent themes to

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formulate a theory about young, Black men's perceptions of their health and how they stay healthy. Information presented justified using this methodology for this research and detailed its potential benefits. This research provided needed qualitative information regarding young, Black men and their health behaviors. This methodology provided the opportunity to gain useful information about these men's perceptions, experiences and processes.

Chapter 4

Data Presented

Introduction

The Research and The Researcher

The aim of this grounded theory research was to develop a theory, which could help us to understand the process and the experiences young, Black men have in managing their health. This includes their perceptions and thoughts about their health as well as their health practices and behaviors.

In this chapter, the results of the interviews will be presented. This includes actual comments and quotes from those interviewed as well as memo notes and observations from the researcher. The information will be presented using the theoretical context of grounded theory. The justification of this study is a combination of the alarming morbidity and mortality rates in young Black men from conditions which could be prevented or managed and gaps in the literature regarding this population's perceptions of their health.

This research was conducted after the researcher got approval from the Institutional Review Board under the advisement of my Dissertation Chair. The researcher also had to obtain certification through the IRB and certify as completing the Human Rights and Subject Accountability course. This certified that no harm would be done to any of the participants and that the research would be conducted with the proper guidelines and regulations. As a nurse and researcher, I have the knowledge and expertise to

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gather and analyze data obtained from the subjects. This knowledge provided me with the opportunity to understand the health behaviors and perceptions of these young, Black men. Conclusions were made after the analysis of the data which provided suggestions for future research, gave implications for clinical practice, and listed recommendations for health policies.

Description of the Sample

Eleven men (N=11) volunteered to participate in this study. All of the men were between the ages of 28 and 40, with an average age of 33. The men identified as being Black, and admitted to residing in an urban town of a major city at the time of the interview. The men all stated that they were employed at the time of the interview. Those interviewed included: two hospital transporters, one lab technician, one security officer, one maintenance worker, one telephone operator, one porter, one x-ray technician, one registered nurse, one office worker, and one EMS paramedic. All consented in writing and agreed to the stipulations in the study after it was explained to them. The men also verbalized understanding of the study and their verbal consents were recorded. Each participant was compensated with a \$25 gift card for their time and cooperation.

Interviews were conducted using the guidelines approved of in the IRB process. The participants were interviewed once and interview lengths varied but the typical interview lasted 15-35 minutes. The inclusion criteria for this research were: 1. Identify as a Black man between the ages of 28 and 40, and 2. Reside in the urban town of a major city at the time of the interview. Demographic information such as educational level, financial status, and marital status were all omitted from

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the research and not elicited from these men to keep the research unbiased and to honor the Glaserian tradition of data collection in grounded theory research. If any demographic information is included in the results, it is because the participants volunteered the information. A full review and analysis of the results will be discussed in chapter 5.

Research Methodology Applied to the Data Analysis

In this study, the process began with the consent process and ended with interviews of these men and inquiries into their health practices and experiences. The participant's interviews were conducted and responses were analyzed simultaneously using the process of theoretical sampling. This was done to help the researcher remain focused on highlighting emerging themes as they became available (Glaser and Strauss, 1967).

The researcher coded and analyzed each interview as they occurred. All coded information was developed into themes. Examples of the themes that emerged are provided in the Appendix section of this research study (Appendix 5). Interview questions were altered from the initial interview to the final interview to reflect repetitive data that needed to be explored or concepts presented that needed further evaluation. In addition to analyzing data from the participants, the researchers memo writing was also included to help to clarify information and note any relevant nonverbal and verbal findings. All participants were made aware that notes would be taken. The use of the researcher's memo notes and participants direct quotes in this research paper helps to solidify authenticity of the research.

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This ensures that theories have emerged and were grounded in the data that was collected.

Presentation of Data and Results of the Analysis

As mentioned earlier, Interviews were immediately analyzed as they occurred. Responses were coded and memo notes were kept to highlight some responses or to provide additional commentary on a possible theme that could be emerging from the data. Usually the memo notes where my analysis of the codes and/or a description of the data that may have held some relevance.

After the codes where analyzed, six main themes emerged from the data. These six themes are: Defining health, Perceiving health, Seeking health advice/information, Fearing/mistrusting providers and diagnosis, Stressing, and Accepting accountability. Below will be a description of these themes using the participant's responses and the researchers memo notes to illustrate how these may have arisen from the data. There will also be a sample of coded segments of the transcripts from one of the participants in the Appendix section that will illustrate the themes as they arose (Appendix 4).

Defining Health

Participants were asked to define what health meant to them. It was the initial interview question. Responses to this question influenced subsequent questions. It was important for me to find out what health meant to the participants and then try to discover the relevance it may have in the mens' lives. The relevance of health would then be used to compare it to subsequent information I would ask about their health behaviors.

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“Livin ... That’s what it means to me. To live” (M1)

“...Health is being able to get up and do your activities of daily living and not being sick” (M3)

“...My health is my everything. So if I have good health...I can live for long.”(M7)

“Health means ...well being...you can live without any health issues like sickness and stuff like that...” (M4)

“Health, to me...I guess longevity...to be able to do what you want for a number of years like outside of your prime (M5)”.

“Health is pretty much what you live for. If you are not healthy with your own self and own body, then you probably wont live as long as another person that does.”
(M10)

“Health...it’s just the way of life, period.”(M8)

“If you are not healthy, you can’t be happy in life. You cant live. You can’t be happy (M1)”.

“Health is everything...without that you cant do anything....” (M6)

“Health kind of like, mean, to be in the best possible shape and strength, energy, as possible, that you can be (M9)”.

“Health is peace of mind and wellbeing... if you know you’re healthy, you got a peace of mind (M11)”.

The significance of these responses will be discussed in chapter 5. It should be noted that the theme of “defining health” came from the fact that each participant’s definition was not the same yet health did hold significance in the lives of those interviewed.

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Perceiving Personal Health

Participants were asked to describe how they perceived their health to be. This differed from the definition of health. Here the researcher was exploring the participants' self-understanding and perceptions of their health status. The responses are as detailed below.

"Well, I think health-wise, I think I am ok." (M3)

"My health is ok." (M7)

"I consider my health to be good...I don't have to visit hospitals..." (M4)

"I'm healthy...Nothing seems to be wrong with me."(M2)

"Do I consider myself to be healthy? No...I'm not healthy." (M1)

"I wish I had a perfect bill of health." (M5)

"I do believe, in my life now, health is more important than it was before."(M11)

"My definition of health is to have peace within my body, peace within my mind, peace within my soul, and make sure I am happy all the time...Mentally I am connected to myself and to the world (M9)".

Each man gave a synopsis of what they felt about their current health state. Most of the men in the current study had positive perceptions of their health. Some expressed a desire to have better health or expressed that they were not healthy at all. Some denied that there were any health problems at all. All of the men seemed comfortable in providing this information. There was no hesitancy or delay in their disclosure.

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Seeking Health Advice/Information (From Peers and Family)

During the interviews, a theme emerged regarding the source of health information. Many of the men interviewed listed sources other than health practitioners as resources for health information.

“They’re not comfortable talking to [providers]...They’ll come to my job and talk to the guys about it, but they’re not going to no doctor and telling no doctor about it (M11)”.

“The guys at the job...we’re maintenance men you know, we can help you fix something but your body you have to get checked out (M11)”.

“I read different books, magazines...the show Dr. Oz...beneficial programs like tat...helps to guide you to better yourself in health and in life to some degree (M8)”.

“The people I interact with on a daily basis pretty much, you know, snap it into my head that I need to be doing better for myself (M5)”.

“Um, me personally I think I should kind if do more research and you know, gain more knowledge on my own. Not really taking advice or anything from other people just yet [peers/family/friends] (M6)”.

“I know a lot of guys who don’t go to the doctor...[their] background like of Caribbean...most people women and men would think they have their own little remedies to take care of their sickness. I mean I believe in it too...if it’s a common cold, you don’t go to the doctor for that. You’re going to take care of that with some rum or something...but if it is something seriously wrong, then I would probably go to the doctor (M10)”.

“...There is stuff you can read online and learn right there...(M10)”.

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“...the guys I work with, they’re from the islands...[Jamaica, Dominican Republic]...and those cultures, they don’t really go to the doctor. They always have something, like they have teas in their backyard they can pick (M11)”.

“Naturally I think its in my genes just to be a big dude...to me its fine ‘cuz no one in my family complains about my weight (M1)”.

“My friend confided in me...because he knows that I work in a hospital...” (M4).

Many participants expressed that when an ailment occurred, they would seek advice from non-healthcare providers about what they should do before they would seek any medical attention. Sources of information could include peers, friends, media, reference books, Internet searches, and family.

Seeking Health Advice/Information (from Health Providers)

The researcher asked the participants to provide information about their experiences with health providers. Included in this was an inquiry into where they obtained advice or information about health issues. Several respondents indicated that they felt rushed or didn’t have a strong relationship with the practitioner they interacted with.

“I can say anything what I want to say to him [the provider]. We speak in our language and it [the conversation] was easy ...He knows how to approach me or do it in a way which I wouldn’t be offended (M2)”.

“I liked this guy. He was cool...he made me feel comfortable...He just wanted me to be honest with him...you know, trust me what you’re telling me (M5)”.

“I feel like he is there to help me and he goes extra mile with anything (M7)”.

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“I think it is more about finding somebody that you’re comfortable with...somebody that you can actually talk to where they’re not going to actually scare you, like tell you like, oh, you know, you’re going to die in three days (M11)”.

“The nurse practitioner was kind of like, so tell me what you feel about...(M11)”.

“They don’t really care too much. It’s more like a number, get in, get out. You know. They didn’t really sit with you. You ask questions, I don’t get much answers (M6)”.

“The doctor was in a rush (M7)”.

All of the participants were asked about their experiences with health care providers. Several respondents said they felt rushed or didn’t feel there was a strong relationship with the health practitioner. Many men discussed qualities that they would either like to see in a provider or that they experienced with a provider and which influenced their decision to seek medical attention. Many also discussed characteristics which they felt were favorable characteristics of practitioners. These impressions that they stated might influence their relationship with the health provider are important to consider when discussing the decision to seek health care. This will be discussed in chapter 5.

Fearing/Mistrusting Providers and Diagnosis

The theme of fear and mistrust was a continuation of themes discussed in the section above. Participants had legitimate fears about what they would be told about their health, potential diagnosis, and this influenced their behaviors to seek medical attention.

“The doctors told me that I was borderline diabetes. That scared the crap outta me...that was like a wakeup call for me right there (M1)”.

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“It may be they are scared of what they will find out... (M5)”.

“The doctor was in a rush (M7)”.

“They want to feed you up with a bunch of stuff but they aren’t giving you any answers...(M6)”

“The doctor’s just like take this pill ‘cause your cholesterol is high (M11)”.

“When people go to the doctor, it’s more like a dictatorship (M11)”.

“You don’t want to get too excited and just end up going to the doctor when really all you have is just a little chest pain from stress (M10)”.

“I know some people that’s just scared what the doctor’s going to tell them (M11)”.

“I know some doctors who probably are too judgmental...or they don’t put themselves in someone else’s shoes...they just assume something...(M5)”.

“They don’t like going to the doctor because of maybe something they could be having might be embarrassing (M11)”.

“I think the doctors or providers...when they treating the patient and its not going [well] they have to really look at the scope of like, okay, what else can we do, not just changing medications (M4)”.

“They want to feed you a bunch of stuff, but they’re not giving you any answers (M6)”.

“I feel like he was asking me for extra stuff...I think I went there and they were asking me if I needed to check my eye. I said there was nothing with my eye. Or they wanted me to do a colonoscopy...I don’t need a colonoscopy (M7)”.

“You [health providers] can give medications to treat my disease, but I’m not treated mentally and emotionally ...it has to do with spirit, mind, and soul until a healthcare

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provider is able to do that, I cannot trust that person to give me adequate medical attention (M9)".

"The doctor is maybe the last resort (M11)".

"The doctor told me this, when it wasn't even this...just because the doctor misdiagnosed them...they will run with that and be like, oh, he said it was worse and when it wasn't even that. I'm never going back to the doctor (M11)".

As mentioned earlier, the men were asked about their experiences when accessing health care. This included their experiences with health care providers. Though not all of these men experienced fear and mistrust, it was nevertheless a significant theme that emerged from the data collected.

Managing Stress

The theme of stressing seemed to be present with many of the men. And, health seemed to be one factor that contributed to this stress.

"Hard not to stress...not to think...people hold onto issues and this brings on bad stuff to our health ...(M4)."

"You know, family it can be stressful at times, but it could also be beneficial as far as helping you stay on point with whatever you're dealing with within your health and your life (M8)".

"I don't like stress out over it [health]...or overthink things..." (M5).

"Stress is a factor that effects working people like me and our lifestyle...that affects they way you sleep (M9)".

"I try not to stress...I know what it does to you...I know what it can lead to (M10)".

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Many of these men considered stress to be the opposite state of having peace. And there were many reasons as to why the participants experienced stress. The main factors that contributed to the participants' stress, as seen in CHART XXX were: work, finances, family, and school. These factors also all acted as hindrances to accessing health care and ultimately influenced the degree to which they sought having optimal health.

Accepting Accountability

Along with knowledge and perception about health, men also expressed concerns regarding accountability for their health behavior. This led to another emerging theme from the data. This accountability was influenced by: the participant accountability for their health, commitment to health, or pride.

"I just gotta get out of the bad habit that I am with the way I am now (M1)".

"I feel healthy even though I know I'm not as healthy as I used to be (M3)".

"Although I may not practice what I am preaching, it is very, very important just that other things are kind of interfering with my health (M6)".

"I'm aware of how a small issue can turn into a long-term permanent damage type situation...I think its very important that we kind of put our pride to the side and just find out (M6)".

"It helps for things to be noticed and for things to be treated...we all don't want to die early (M7)".

"Either you are going to be in a positive frame of mind or you're going to be in a negative, depending on who you hang around (M8)".

"What you take in, what you put out... Its all up to you (M8)".

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“I believe if you don’t prioritize health, you don’t get to learn your body (M11)”.

“I would like to get into the gym. Ill be motivated to lose weight eventually (M1)”.

“Before I used to exercise but lately I’ve been a little bit lazy (M2)”.

“I know I don’t go to the doctor so I have to do those things to kind of keep me going until I have time to do it (M3)”.

“I really don’t think like if they don’t see it and they don’t feel it, they’re not going to go into the doctors office...Everyone has their own reasons...If someone is working a nine to five job...probably it is just time [that prevents them from seeing a doctor] (M5)”.

“I know that for a lot of men, pride is a problem...a lot of people don’t like being told what to do (M6)”.

“I’m aware of how a small issue can turn into a long-term permanent damage type situation...I think its very important that we kind of put our pride to the side and just find out (M6)”.

“I do believe I am not invincible. I used to but not anymore (M3)”.

“[Reasons for men not seeing a health provider] could be pride or insecurity (M5)”

“I could have so much pride that you know, my family ends up lonely, or I could have a family and just, you know, take down the pride a little bit just go and just explain ...this is going on with me (M11)”.

The final theme that emerged from the interviews was one of accountability. Most of the participants discussed their own personal role in their health. More specifically, they felt they had an obligation and responsibility to themselves (and family) to maintain their health. Several mentioned the knowledge of predisposition

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of diseases based on lifestyle choices and family history. Those particular participants agreed that they needed to do better and adjust their behaviors to improve their overall health outcomes. This included overcoming their lack of motivation when it comes to making corrective lifestyle changes to optimize their health. Included in taking accountability for their health, many of the men cited pride as a hindrance for seeking medical attention. They also agreed that pride should be removed in order for them to make a better decisions about their health.

Paired with emotional fluctuations and lack of time, several men mentioned their lack of motivation to change behaviors as a reason for the state of their current health status. Some mentioned a lack of time as an influential factor for not being motivated to engage in healthy lifestyle behaviors. Several were willing to take responsibility for not engaging in behaviors that could improve their health and cited lack of motivation as one of the causative factors.

Summary

In this chapter the results of the interviews were presented. Relevant themes that emerged from the data were sorted and supported with actual quotes from the participants. In the next chapter, the discussion of the findings will begin and the interpretation and opinions of the results will be detailed. I will state the relevance of my findings and make certain recommendations for nursing and future research. Through this study, a theory will be used to explain young Black men's process of maintaining their health. These men all shared a common belief in the importance of having good health and many factors were discussed as being a hindrance to achieving good health.

Chapter 5

Discussion, Implications, and Recommendations for Future Research

Chapter five concludes this research study. Previous chapters set the foundation and justification for this research. The vulnerability of the population being studied, and the absence of relevant qualitative information from this population justified the necessity of this research. The methodology chosen is appropriate to study individual's perceptions of themselves, their environment and their health. Information gathered support the purpose of the study that was to investigate the perceptions young black men have regarding their health and to understand the health behaviors they engage in to manage themselves.

Through the interviews and iteration, resulting in constant comparative analysis, themes emerged. Chapter 4 detailed the formulation of these themes. Participants' responses validated these themes. These themes then substantiated a theory of perceived health. In this chapter, there will be a further discussion of the themes discovered, the Theory of Perceived Health explained and recommendations for practitioners, policy makers and nursing will be made.

Discussion of Results

Six themes emerged from the data as mentioned in Chapter 4: Defining Health, Perceiving Health, Seeking Health Advice, Fearing/Mistrusting Providers and Diagnosis, Managing Stress, and Accepting Accountability. A discussion of each of themes provided followed by a plausible explanation for the Theory of Perceived Health.

Defining Health

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Health has been described as the ability to adapt and self-manage in the face of many challenges including those that are social, physical, and emotional (Godlee, 2011). The World Health Organization (1948) defines health as being in a state of complete mental, physical and social well being. Merriam- Webster describes health as both being free from physical disease or pain and a condition of having sound body, mind and spirit (Merriam-Webster, 2017).

As mentioned above, there are many definitions of health with varying focus on disease, wellness and behavior. Researcher Sartorius (2006) narrowed the meaning of health to consist of three major concepts using this World Health Organization's explanation of health. Sartorius states health is being: free of disease, having the ability to cope with daily life (and all that it demands), and it is a state in which one has balance or equilibrium in all aspects of their life (which includes balance within themselves, their social interactions, and their physical environment).

Regardless of a universal definition of health, it is a process that influences ones behavior and perceptions of themselves. Through the interviews, the varying definitions illustrate the influence health has over the lives of the men in this study. Gaining basic information about the men's definition of health provided a great start to the interviews. The interviews all began by asking the participants "Tell me about your health". Since the concept of health was so vital to this research it was important to start the interviews with this line of questioning to secure specific details about health in their words.

All of the participants indicated through their verbal responses their definition of health. However unlike Sartorius (2006), their definitions seemed to fit into one

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of two main categories: a psychological definition or a physiological state. Either the men use descriptive terms such as “well-being”, “happy”, “living”, and “longevity” to describe health or health was described as being a state where individuals had no deficiencies and was void of sickness/disease. These two categories seemed to be most recurring in the men’s definition of health. One concept that was constant was that health was something valued by these men.

Perceiving Health

The theme perceiving health details the men’s perception of their health state at the time of the interview. This differed from their definition of health. One could describe health as being free of disease but perceive themselves to be “healthy” even if disease is present. This theme of perceived health materialized after inquiring about the men’s definition of health. Many men discussed the perception they had about their own health immediately after being asked to define health. The two definitions were not always congruent.

Perception of ones health will influence ones health. In some published studies, one’s perception of their health has been documented as being an indicator of ones mortality (Menec, Chipperfield, and Perry, 1996). There are also many studies conducted which detail the impact one’s perception of their health has on subsequent health behaviors (For example: Ribeiro Seabra, et al., 2017; Pless, McLennan, Nicca, Shaw, and Elger, 2017).

Psychologist Daryl Bem (1972) published an article about his self-perception theory wherein he details his theory about individuals’ personal emotions and attitudes as a factor in driving them to change an action or not. These emotions and

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attitudes did not necessary act as a catalyst for change in the health behaviors of these men. However, verbalizing their feelings did allow them the opportunity to be honest about their knowledge of themselves and how they are accountable for managing their health (or not).

There was an overwhelming desire of the men to have good health. Several men perceived their health to be satisfactory because of their ability to still engage in behaviors that could better their health. Activities such as: going to the gym, exercising and eating well top the list. These concepts will be revisited when discussing other themes that emerged from the research. However, even if the perception of health was positive, men also immediately followed those statements by expressing their lack of consistent commitment to their health. The lack of consistency will be discussed further in the accepting accountability section.

Few men interviewed perceived their health to be poor. Many equated their perception of their personal health to the fact that they did not have any current “health issues” (diseases or illnesses). An interesting concept that was mentioned by many men was their disposition for disease. Several mentioned their family history as an indication of potential health conditions. It could be indicated that though they didn’t perceive their current health status to be negative, they were aware of their potential for future health issues. Perceptions could influence health behaviors as well. And several men expressed a desire to initiate activities which could better their health because of their knowledge of these potential ailments.

Seeking Health Advice/Information

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After gaining valuable information about their definition of health and their perception of their health, I became more interested to learn about men's acquisition of health information. Though I was gaining insight into the men's personal perspectives on health, the interviews also yielded information about sources of health information. Several of the men mentioned the acquisition of health information from sources outside of the healthcare arena. Sources of health information mentioned by the men include: peers, family, health providers, and others (that include self diagnoses, internet searches, and self knowledge about diseases).

Participant's stated that their peers had the most influence over their health and health behaviors. According to the participants, peers not only provided information about their own experiences, but also served as advisors for treatment modalities and health regimens on health matters as well. The participant's also expressed comfort in their peer's recommendations (i.e. home remedies and traditional therapies) even if they had no medical or health expertise. Men discussed sharing health conditions at work or when in social gatherings with other men. They described the disclosing of information in a way that was comfortable and non-judged. These men expressed their trust in the information they would receive from their peers. There was a relatability they had amongst themselves: an environment set which allowed for sharing of information, a high level of respect, and a definite confidence that the feedback they would receive would be appropriate.

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Men also expressed that there were many cultural norms that influenced the state of health for these men. Several stated the influence of cultural traditions being used as healing mechanisms when any ailment was present. These cultural and traditional norms were used because many of the men had experienced the beneficial effects of both. And though there may have been benefit to these practices, they can also prolong or negatively effect health outcomes as well. One man interviewed (M11) mentioned his use of “cultural remedies” to heal himself at the recommendation of his peers. He also admitted to the prolonged presence of his symptoms that then prompted him to seek medical attention from a health care provider. Researchers suggest our social networks and cultural norms can be detrimental to health promotion and disease prevention (Moran, et al., 2017; Morris, Hong, Chiu, and Liu, 2015; Sriram, et al., 2017). Though these practices have benefit, relying on peer suggestions alone is not best for overall positive health outcomes.

When seeking health information, Health providers seemed to be the last resort for the men. The men expressed experiences with health professionals that they cited as being influential over their future health seeking behaviors. The men were asked about their history with health providers. The open-ended question was “Tell me about your experience with health providers”. All were able to recall one or several interactions with a health provider. Experiences usually happened when they were ill and needed medical attention. Few had family members who were in the health profession. One stated his wife was a nurse and mentioned her influence over his seeking health attention on a regular basis. The men categorized their experiences based on their impression of the provider. Participants acknowledged

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good and bad characteristics in the description of providers. These characteristics influenced their decision to access health care when ailments occurred. Good characteristics included: being a good listener, understanding cultural norms, showing true empathy and concern, and providing follow-up care. Several participants also stated their reasons for not using health practitioners as a first source of information: mistrust, perceived lack of concern by the provider, and the prescribing of medication which participants deemed as unnecessary, topped the list. The unfavorable characteristics revolved around mistrust and fear, which will be discussed in the next section.

None of the men interviewed disclosed anything about seeking advice for mental health. Though, in the age range of the interviewed men, death by suicide is higher than in any other age range (Price, 2016). Also, suicide in Black men is four times greater than that of Black women. Symptoms of psychological distress such as sadness, hopelessness, and worthlessness in Black men are higher than in White men (Price, 2016). Blacks make up a little more than thirteen percent of the American population, sixteen percent of them have mental illness (CDC, 2014).

To conclude this section, it must also be mentioned that only one participant discussed seeking medical advice regarding sexual health. The omission of sexual health seeking behaviors among the majority of the men was a particularly important finding that I found worthy of mentioning because there is so much documented disparities which exist with Black men and sexual health. Black men account for 40% of all the new HIV cases in the United States (CDC, 2016). Black men outnumber their White counterparts in many sexually transmitted

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diseases/infections including gonorrhea (10 times more likely to be diagnosed than White men), syphilis (5 times more likely than White men) and chlamydia (7 times more likely than White men).

Fearing/Mistrusting Providers and Diagnosis

Results of this research indicate that participants had a fear of providers and a fear of finding out about an unwanted medical diagnosis. Both fears are legitimate and would serve as a deterrent for these men to seek out health care. Several men expressed a fear of potential harm done to them and a fear of being judged by the provider. Not only did the men think they would hear that they had a disease that could be fatal, they also did not always feel comfortable disclosing health information to a provider that they felt would not have their best interest at heart.

Also in this category, several men knew their genetic predisposition for health issues. They knew that though the potential was there for certain diseases, it didn't definitively mean they would also develop those illnesses. Several men confessed to visiting providers regularly, but equally expressed legitimate fears of potentially being diagnosed with a disease. These fears didn't influence their actions to modify lifestyle changes that could decrease the likelihood of developing these illnesses.

Mistrust has been a theme that has been covered in the literature regarding black men and health care providers (Burgess, et al, 2006; Cheatham Barksdale, and Chander, 2010; Hammond, et al, 2010). Though these men didn't mention any historical cases as a reason for them not trusting providers (i.e. Tuskegee experiments), the men had personal reasons for not trusting health care providers. Few men shared experiences about providers and health systems that caused

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“harm” to someone these men knew on a personal level (family, friend, peer, etc.). Few men discussed having experiences with peers/family being misdiagnosed or pressured into taking medications they deemed unnecessary. Every interaction with health providers did not have to be negative. However, the idea that a true potential existed was enough to discourage men from seeking health and medical attention.

The men also seemed like they wanted to feel valued and heard by their providers. Some of the men expressed that the provider would not give them enough information nor would they include them in the plan of care. Participants described feeling rushed by providers and doubted that one treatment regimen could be applicable to all men. In many of their experiences, they felt that their provider didn't truly listen to them and that treatment regimens were prescribed without hearing their entire story.

Reasons for seeking medical attention can also be embarrassing. Some of the participants voiced that they did not like the feeling of being judged by the provider. Participants felt that providers were making unsubstantiated assumptions about them and their lifestyle, which in turn made the visit to the practitioner's office very uncomfortable. This would prevent them from revisiting that particular provider (or any other provider in the future).

This issue of trust is something that needs to be further investigated. If men are avoiding practitioners because of this, then serious health conditions can go untreated. Building trust and healthy relationships in the clinical health setting is vital to successful health outcomes for patients. The influence mistrust has on health behaviors in young Black men should be a topic for future research.

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Managing Stressing

Stress seemed to be both a state of being and an action that these men tried to avoid. Managing stress was a process that these men seemed to engage in to remain “healthy”. Many admitted to managing stress, but they didn’t necessarily give concrete descriptors of how. Despite this ambiguity, decreased stress levels were ultimately a desired outcome by those interviewed. The concept of stress was clearly illustrated in many of the men’s definition of health, their perceptions of their health, and their disclosure regarding personal stressors they have in their lives. Several men believed that when stress was not present, peace and good health was the overwhelming emotion that they experienced.

Why is stress such a significant factor in the lives of these Black men? We know that stress can potentiate disease such as heart disease, stroke risk, and high blood pressure which can all be worsened if stress levels are not controlled (AHA, 2016). Also, earlier in this research, stressful societal factors were mentioned which impact being a man in society, specifically, the Black man. Stereotypes, gender expectations, and racism have all influenced the perceptions of Black men today (Welch, 2007). However, responsibility to family, friends and work also encumber men with expectations that could deter them from prioritizing their health. Role commitments and expectations may push good health to the side so that focus can be spent on more important matters. One man interviewed expressed his need to work and the financial expectations he has towards his family. Because of this, he admitted that his time for his health suffered. Furthermore, a few men mentioned that work, which was a hindrance for health, also caused unneeded stress on their

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lives. We may need to revisit how we interpret stress in the lives of Black men and investigate coping mechanisms used by these men in stressful situations. This will be discussed in the recommendations for future research.

Accepting Accountability

The final theme of accepting accountability emerged from this research study. There were many factors mentioned by the men that could influence their ability to accept accountability for their health. Some factors are: lack of time, lack of motivation, pride, fear, family, and work commitments. Some men have mentioned their families specifically their spouses and children as being their reason for being more conscientious about their health.

Missing was a commitment to health. And the lack of commitment was something that majority of the men admitted to. The desire to manage their health and practice good health regimens was present. They all accepted accountability for lapses in good health practices and the fact that their actions almost never manifested the way they wanted. In accepting accountability, it wasn't just for the things they knew they needed to do. There was also an accountability to their families, work, peers, etc. that influenced their perceptions of their health and their health behaviors. Men knew that managing themselves influenced more than just themselves. Their communities relied on them. And, though they may not have expressed the sentiment this way, it was very evident in their responses. Men knew that if anything happened to them, there would be repercussions for their communities.

Conclusions Based on the Results

After the interviews were concluded, it was apparent that these men valued their health and perceived themselves to be healthy. The dilemma was in the duality between their desires to have good health and the actual behaviors needed to manage their health. Majority of the men knew behaviors that could better their health state, however, they admittedly did not always engage in behaviors that they knew would benefit their overall health (i.e. eat well, exercise, decrease stress, etc.). The men also describe an acquisition of health knowledge though it did not always come from a health provider. Themes discovered support a theory of Perceiving Health that details this process and the duality between knowing (about your health) and doing (measures to improve your health). One could have strong desires to want to better their health. And they could have the knowledge to make those changes. However, that desire has to be accompanied by an action. And that action is influenced by how we perceive ourselves to be.

Perceived Health explains this process. By exploring the themes of defining health, perceiving health, seeking health advice, fearing/mistrusting providers and diagnosis, managing stress and accepting accountability, we can understand how these men process their health. Once we recognize these important influential factors in the lives of these men, we can then better appreciate their process in managing their health.

Limitations

Using grounded theory has its challenges. There is a constant coding of data as it is being collected that makes the process tedious at times. Hussein, Hirst, Salyers and Osuji (2014) described the process as being time consuming. As a novice researcher, it was important to make sure that codes were properly documented so that emerging themes could be precise and clear. The opportunity for errors with the coding and constant analysis is a limitation of this study.

The potential for bias also has to be mentioned as a limitation. Personal biases and bias from reviewing literature has to be closely monitored. With the methodology used for this research, a thorough literature review is discouraged. There shouldn't be the addition of any information that could influence the data being collected and analyzed. Though the study included a chapter on the background of the problem, it was done merely to create a context to study health, men's health and black men's health.

There were some limitations and concerns with the transcription of the interviews. Several of the participants had accents and the audio to written transcriptions had to be screened for any missed content. Interviews had to be listened to multiple times to ensure that the themes that emerged were based on the accurate statements of the participants.

Finding for this study isn't generalizable. Polit and Beck (2010) describe the ability of some research results to be generalizable. In some research, conclusions could be applicable to those being studied and those not being studied. The results

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of this research were specific to this group of men. Further research would need to be conducted to see if the same themes would result with a different population.

Implications of the Study

This research was prompted after the sudden and unexpected death of a very good friend who prematurely died at age 35. Though I may not get answers to lingering questions that I could have asked, not a day goes by where I don't wonder if there was more that I could have done to encourage him to manage his health better.

The results of this study provide information directly from the perspectives of a population whose voice is seldom heard in literature concerning perceptions of health and health behaviors. Based on their responses, researchers and clinicians can start to explore where the gaps in care for these men exist. Also, this research can be a catalyst to future research to try to investigate factors that influence the current health state of these men (and others).

One participant's experience stood out to me and gave a potential implication for nursing. The participant (M11) spent a great amount of time discussing his experiences with a nurse practitioner. He detailed his experience with the nurse practitioner as being a much better experience than those he had with other health practitioners (specifically doctors). This participant felt that the nurse practitioner made him feel like he was included in the plan of care as opposed to just another patient. He stated that the nurse practitioner took time to ask him about what he wanted and what was important to him before a plan of care was created so that the plan would be something that could be implemented easily with respect to his

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various life circumstances. Although this was just been one experience, it may be beneficial to investigate differences in the relationship between various providers and patient interactions, time spent with patients, and receptiveness from providers to patient involvement in care specifically with this population of patients. It may also be interesting to investigate if gender of provider matters. Participant M11 stated that his practitioner solicited his input before making a treatment regimen for him. It would be interesting to inquire if this is something done by all providers.

Nursing is in a good position to understand patient experiences and help to foster an environment that promotes health. Nurses have a responsibility to educate and advocate for those they serve. Vulnerable populations are included. Gaining insights into the perception young, Black men have regarding their health will help nursing practice to tailor plans of care that are realistic and practical. Plans can directly be related to the perceptions and expectations of these populations.

Research could highlight gaps in the literature regarding perceptions of health and health behaviors. Nursing scientist could study the effects these perceptions have on health behaviors and ultimately health outcomes for young, Black men and others.

Recommendations for Future Research

Responses from the participants in this study provided ideas for future research and dissertation topics. Each theme discovered (Defining Health, Perceiving Personal Health, Seeking Health Advice, Fearing/mistrusting Providers and Diagnosis, Managing Stress ad Accepting Accountability) could potentially inspire further research study.

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Based on the results, future research could investigate the role stress has on decision making in the young Black man. Also, a more in depth research study could be done on exploring the mistrust men have regarding health care providers and its influence on those seeking medical attention or general healthcare. Another topic to explore would be to investigate what motivating factors would lead men to seek medical attention for routine exams. Most men only seek medical attention when pain or other symptoms exist. Potential health issues are missed when routine exams are not scheduled. A larger scale research should be conducted to investigate other men's experience when accessing health care. This could also include men of other ages and races to gain insight into experiences of men of varying race and age. The influence of marital and parenting status on perception of health and health behavior could also be investigated.

The two themes mistrust and accepting accountability yielded the most valuable information. These themes greatly impacted the health behaviors and perceptions of health among the young, Black men in this study. Because men mistrusted providers, they sought health information in other places. This could negatively impact health outcomes. Also, understanding that men accept accountability for their action or lack of actions also yielded vital information. These two themes should be investigated further to gain more qualitative feedback about their influence over subsequent health behaviors.

Conclusion

This qualitative grounded theory study set out to explore the health behaviors of young Black men and to develop a theory which could explain how these men

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perceived their health and the processes they engage in to maintain their health. Eleven participants volunteered to discuss their health, perceptions of their health, and their health behaviors. Perceiving Health details the many themes that were discovered during this study: Defining health, Perceiving Personal Health, Seeking health Advice/Information, Managing Stress, Fearing/Mistrusting Providers and Diagnosis and Accepting Accountability. Results of this study and the information obtained, should prompt public health policy makers and health practitioners to develop better relationships with young black men who unfortunately are succumbing to poor health outcomes from diseases that could be prevented or managed better. Practitioners can develop strategies to foster better trusting relationships with these men. Policy makers can create regulations for health organizations to ensure that this population isn't neglected. This chapter concludes the research study "Perceiving Health: A Grounded Theory Study of How Young Black Men Process Their Health".

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Appendix 1

Consent Form

Dissertation Title: A Grounded Theory Study of How Young Black Men Process Their Health

Layla Qaabidh RN, PhDc

CUNY Graduate Center

Department of Nursing

Faculty Advisor: Dr. Alicia Georges, Chairperson of Nursing Department at CUNY Lehman College

Consent Form

Dear Participant,

You are being asked to participate in the research study listed above. By agreeing, you are acknowledging that you are a young man between the ages of 28 and 39 and self identify as being Black. The purpose of this research is to gain information about the health behaviors and experiences of young Black men. Information will be obtained by verbal responses from an interview, which will be recorded to help maintain accuracy and integrity of information being collected. All interview information will be kept confidential and coded to protect your identity.

There is no risk involved in this study. The time commitment varies but only one interview will be conducted. Information obtained will be helpful for health practitioners to gain insight into the experiences of young, Black men. Upon completion of the interview, participants will be given a \$25 gift card.

You are willingly agreeing to participate in the research study listed above. Your participation is completely voluntary. Should you decide to not participate in this study, there will be no penalty to you nor will lose any benefits which you may be entitled to. You can withdraw your consent at any time.

If you have any questions about the rights you have as a participant, or you have any issue you'd like to discuss regarding this study, please feel free to contact the CUNY Research Compliance Administrator at 646-664-8918. You can also write to the address listed below:

CUNY Office of the Vice Chancellor for Research

Attn: Research Compliance Administrator

205 East 42nd Street

New York, NY 10017

If you agree to participate in this study, please provide your signature and date below. A copy of this consent will be given to you for your records.

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Thank You

Printed name of Participant

Signature of Patient

Date

Printed Name of Individual Obtaining Consent

Signature of Individual Obtaining Consent

Date

Appendix 2

Interview Questions

Layla Qaabidh RN, PhDc

CUNY Graduate Center

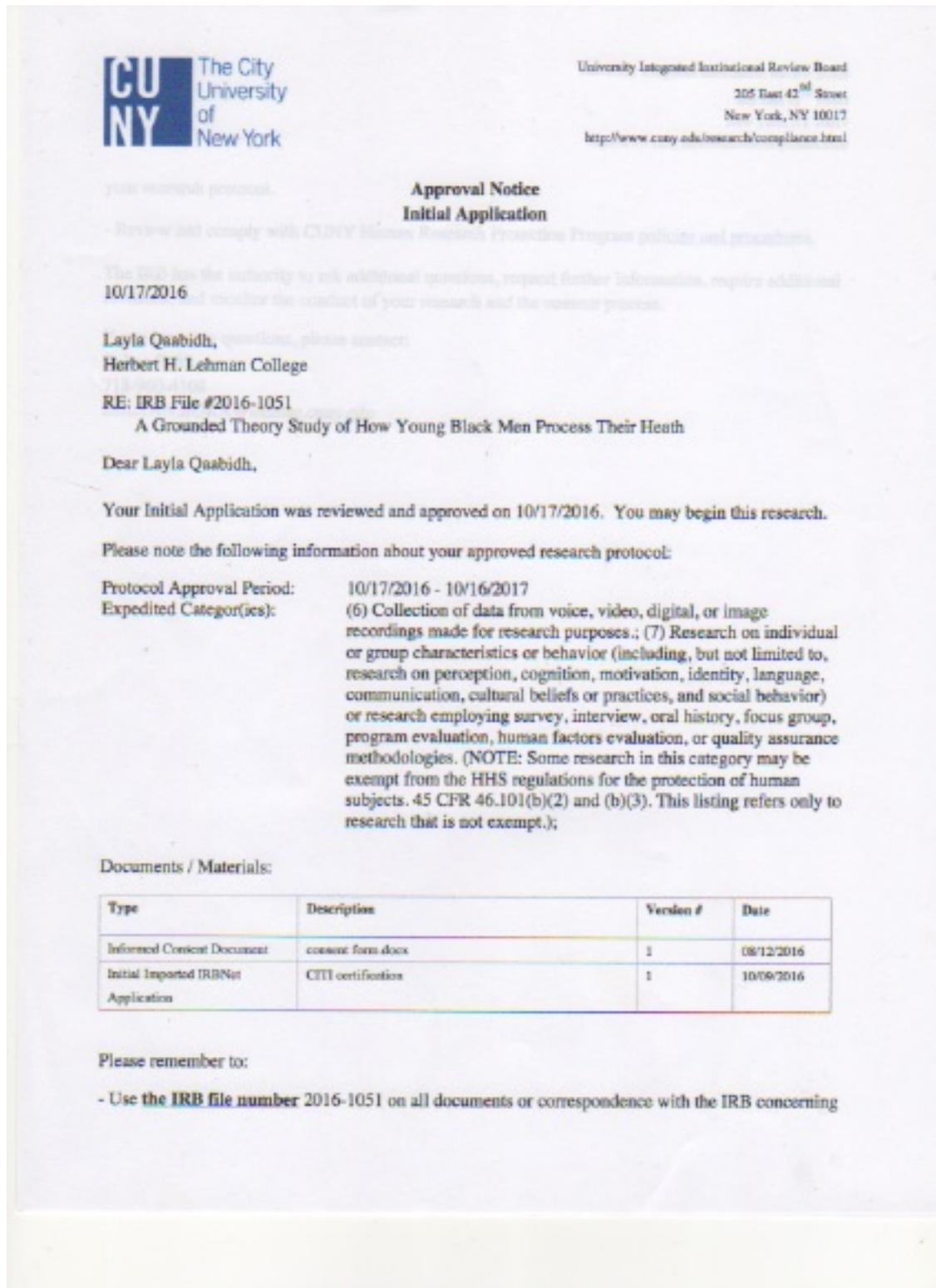
Department of Nursing

Dissertation Title: A Grounded Theory Study of How Young Black Men Process Their Health

Interview Questions:

1. Tell me about your health.
2. Tell me about your experience with health care professionals.
3. Tell me about your experience in accessing health care settings

Appendix 3 IRB Approval Letter



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University Integrated Institutional Review Board
205 East 42nd Street
New York, NY 10017
<http://www.cuny.edu/research/compliance.html>

your research protocol.

Approval Notice
Initial Application

- Review and comply with CUNY Human Research Protection Program policies and procedures.

The IRB has the authority to ask additional questions, request further information, require additional revisions, and monitor the conduct of your research and the consent process.

If you have any questions, please contact:

Zoltan Boka *Lehman College*
718-960-4108
ZOLTAN.BOKA@lehman.cuny.edu

Young Black Men Perceive Their Health

Dear Layla Qasbi:

Your Initial Application was reviewed and approved on 10/17/2016. You may begin this research.

Please note the following information about your approved research protocol:

Proposed Approval Period: 10/17/2016 - 10/16/2017
Expected Change(s): (1) Collection of data from video, video, digital, or image recordings made for research purposes; (2) Research on individual or group characteristics or behavior (including, but not limited to, research on perceptions, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interviews, oral history, focus group, program evaluation, needs factors evaluation, or quality assessment methodologies. (NOTE: Some research in this category may be exempt from the IRB regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(7). This listing refers only to research that is not exempt.)

Discussions / Materials

Type	Description	Version #	Date
Initial Consent Document	initial consent	1	10/17/2016
Initial Informed Written Application	IRB application	1	10/17/2016

Please remember to:

- Use the IRB file number 2016-1001 on all discussions or correspondence with the IRB concerning

PERCEIVED HEALTH

Appendix 4

Code Chart

Sample Coding of Participant Response

Initial Coding	Concepts	Categories	Theory
“Living” “Means to me” “Not healthy” “Cant lie” “Happy” “Cant be happy”	Healthy Happy Living	Meanings Emotions	Defining Health