Numerous nursing and medical researchers and authors have explored aspects of prostate cancer screening and the reduction of the health disparity of African-American men who contract this disease (Chan et al., 2003; Clarke-Tasker, 2002; Fearing, Bell, Newton, & Lambert, 2000; Forrester-Anderson, 2005; Lambert, Fearing, Bell, & Newton, 2002; Parchment, 2004). In this column, the qualitative research tradition used by an experienced researcher to further explore the important issue of the incidence of prostate cancer among African-American males will be reviewed. This cultural theme is reflective of Kleier’s (2006) examination of an aspect of care that encourages cultural competence in assuring that this significant cultural group receives nursing care that will enable them to make wise choices about seeking and accepting health care related to prostate screening (Sublett, 2006).

In exploring the social factors of a specific cultural group, the researcher used ethnography, a specific methodology of qualitative research, to elicit the information. Plowden (2006) suggests that the three factors found in this ethnographic study should be used to determine nursing interventions that will help to decrease, if not eliminate, a significant health disparity.

As the critique of this study unfolds, the support of the evidence base will be determined. Data from all current studies of this at-risk population must be synthesized to determine future application in health care practices. The health care community recognizes that statistics are improving for some populations, but that the African-American male population is not faring significantly better in regard to early detection of prostate cancer. They are at higher risk for the disease and do not seek and accept care for this condition at an early enough point in their lives (Clarke-Tasker, 2002; Plowden, 1999). Thus, the researcher’s purpose of looking at the social factors that lead the African-American male to make appropriate care-seeking decisions is very important in addressing this major health issue.

Critique
The researcher supported and defended the importance and the need for the study well and with accurate and current statistics from 2004. That year, 2004, is the most recent and complete aggregate data obtainable. While many researchers (Chan et al., 2003; Clarke-Tasker, 2002; Fearing et al., 2000; Forrester-Anderson, 2005; Lambert et al., 2002; Parchment, 2004) examined knowledge, beliefs, behaviors of African-American men, and prostate cancer, none examined the factors leading to the decision to seek and/or accept prostate cancer screening. Given the continued increased risk of prostate cancer and advanced prostate disease in African-American males, the need to examine decision leading to action regarding prostate cancer screening is deemed essential.

Leininger’s Culture Care Diversity and Universality Theory (Leininger, 2002) provides the conceptual basis for the study as well as the analysis of data. It is usual in ethnographic research to analyze data according to a model for developing codes and themes. Prostate cancer and African-American males have been studied using other theoretical models including Pender’s Health Promotion model (Fearing et al., 2000) and the Health Belief Model (Plowden, 1999). In Leininger’s theory, the model (Leininger, 2002) suggests that there are many influences in one’s cultural context and that the care provided by professionals can

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facilitate decisions to seek and accept care based on the knowledge of those influences. The essence of the current research is to determine those influences and to increase awareness of a disease condition that creates higher than normal risk for this population. Thus, the Leininger model (2002) provides an excellent framework for analyzing the influences for African-American men regarding prostate cancer along with the theorist’s ethnonsurging research method that allows the researcher to examine, with depth, the domain of inquiry or the major focus of the research study (Leininger, 2002). The researcher assumes knowledge of the theory on the part of the readers. To have the theoretical connection explained in more detail would perhaps have given greater clarity, context, and support from the theory and the model developed by Leininger (1991, 2002).

The researcher has chosen the constant comparative method of data analysis along with that suggested by Leininger (2002). Although constant comparison is a method often suggested for grounded theory research, in concept, it is similar to that suggested by Leininger in that one is immediately examining the data of each participant, coding, developing descriptors, patterns, and themes (Polit & Beck, 2006). Immediate examination of the data allows each participant’s data to inform subsequent questions or probes by the researcher. Enumerated in this study were the additional probes asked by the researcher based on prior data.

Methods

As noted in a prior column, many methods exist to evaluate scientific rigor in qualitative research. The gold standard for qualitative research has been the model developed by Lincoln and Guba (1985) that determines the trustworthiness of the research (Polit & Beck, 2006). Included in the model is consideration of credibility or internal validity of the study including the fit of data and findings, dependability or reliability of the data, confirmability or auditability of data regarding the decision trail from data to conclusions and substantiation of findings in the data, and the transferability or ability to generalize findings. Each criterion will be considered.

Credibility. Adequate time for data collection activities is one of the first components of assuring credibility. Through the recruitment of 12 key informants and 24 general informants, the use of open-ended questions with each informant, and continued recruitment of informants until data redundancy was reached as determined by the constant comparative data analysis method. The fit of data into categories is supported by the data analysis method and subsequently supports the credibility assessment of the current study. It appears that the researcher had only one interview with each informant. However, the number of interviews with individual informants can also meet the time adequacy requirement as well because it assures seeking enough information about the culture to understand the decision-making processes regarding the issue under study. The number of participants in qualitative research is usually quite low. In this study, 36 informants provided data, requiring not only a significant amount of time but also allowing the researcher to develop understanding about the views of this population regarding what is important to them in deciding to seek health care.

Persistent observation is another aspect of credible data collection (Lincoln & Guba, 1985). In this study, the persistent observation, once again, is related to the number of informants from whom data were obtained and the fact that the researcher continued to add informants until data saturation occurred. The researcher used data source triangulation by interviewing general informants who provided diverse opinions along with key informants (or those who were being studied). Additionally, member checking occurred to assure that the informants agreed with the interpretation of the data by the researcher. Disconfirming evidence was sought through the use of purposive or snowball sampling when the researcher asked each informant to give names of other potential informants for the study to give the greatest potential to add multiple viewpoints to the study. This type of sampling is very useful in an ethnographic study to locate individuals known to the participants and who can, then, become participants. If individuals in such a study cannot be found in one location as was the apparent case in this study, snowball sampling is an appropriate method for this research process.

One final measure of credibility is the ability and experience of the researcher. The current study is not the first research study conducted by Dr. Plowden. Based on the reference list alone, three examples of unpublished raw data are present as well as two additional references that were accomplished with research partners. This author found one additional conceptual article by the researcher on the topic of the current research. Clearly, the researcher is not new to the literature on prostate cancer in the African-American male population or to the topic in general based on dates of earlier publications and raw data collection. Other evidence of researcher credibility includes the fact that a grant was received to support the current research. It is the opinion of this reviewer that the study has credibility as evidenced by the criteria considered above and that the researcher has credibility by virtue of his prior research experience noted in the reference list and citations within the study itself.

Dependability. Unless a research study meets the quality of dependability, the study will not be credible, similar to the concepts of reliability and validity in quantitative research (Polit & Beck, 2006). Two measures of dependability are noted by Polit and Beck (2006) including stepwise replication and inquiry audit. The first measure involves two separate teams of researchers examining data, arriving at, and comparing conclusions. The second involves an external researcher who reviews the data. Although it was not clear to this reviewer that
members of the research team performed a replication of the data and findings or that an external reviewer was involved, it is possible that one or both occurred but were not mentioned. Given that the researcher noted that findings were continually traced back to the original data, there is some evidence that data replication occurred. Other evidence of dependability is found in the literature review that is located in the discussion section where the researcher supported findings from the current study with findings from outside published research on the same topic. While the researcher did not specifically state how the evidence of dependability was achieved, it does exist in the opinion of this reviewer. However, it may be an area that can be clarified.

**Confirmability.** The researcher referred to the decision trail or the evidence that confirms accuracy of data interpretation. Although the researcher did not state that an independent reviewer examined the decision trail that was created, it was stated that data were scrutinized for their meaning and that the findings were “traced back to the raw data” (Plowden, 2006) to assure confirmability of data. Some overlap occurs between the establishment of confirmability and dependability of data because the inquiry audit that includes the raw data as well as data coding, field notes, and development of themes and patterns can also support the establishment of the decision trail with the addition of actual notes by the researcher on actions taken at various stages of the analysis process. However, both processes are important to addressing confirmability of data and, in the process, assist to establish dependability as well.

**Transferability.** In the research report section on implications for nursing practice, the researcher stated that the findings are not generalizable. If one considered this only in the context of sample size and methodology that is true of quantitative research, it is an accurate statement. However, as is also stated, the use of the descriptions of data from informants and interpretations or findings with similar populations and similar settings, the findings are transferable. The quality of transferability is enhanced by the descriptiveness of the data provided by the researcher. Data descriptions are provided to support the themes that were discovered in the current study. Most of the data are quotes that have been categorized into the themes that were generated, and, as a result, can support transferability because similarities of description may be noted in data from subsequent studies with similar populations. One part of descriptiveness that is not present is the description of setting. Possibly, this description would not add significantly to the meaning of the data. However, Lincoln and Guba (1985) state its importance in adding to credibility and, thus, dependability and transferability of data. Given that snowball sampling was used to gather informants and that it is likely that additional informants came from other settings, perhaps the description of those would have been useful to support the transferability criterion.

### Translating Research into Practice

Those who read research reports with some depth of understanding engage in the synthesis of knowledge suggested by the evidence-based practice movement. Once synthesized, as in literature reviews or such databases as a Cochrane review, one decides if the information can be used in practice according to a hierarchy of evidence (Melnyk & Fineout-Overholt, 2005; Polit & Beck, 2006). The study under consideration in this review falls at a middle to lower level on most hierarchies of evidence because of its qualitative, nonexperimental nature. Given that randomized controlled trials and the meta-analyses of those studies or other experimental or quasi-experimental studies are fewer in number in the nursing research tradition, it is important that all studies, quantitative or qualitative, be examined for their transferability to other similar situations. That is true of Plowden’s study (2006).

The researcher indicated that three important social factors were derived from this ethnographic research process. Given that these factors were not previously identified, the factors have major implications for further research, as suggested by the researcher, and for inclusion in current attempts to increase awareness of prostate cancer screening in a very vulnerable, at-risk population, the African-American male. Certainly, it is incumbent on all who work with patients who have potential for prostate cancer to include this cultural information into their practice of health care. Given that researchers have indicated the increased risk of the African-American male population for advanced prostate cancer as well as the difficulty in reaching and motivating these individuals to seek early care, practitioners should not ignore the current study results or other qualitative studies that find important social factors that can inform those whose health care practice includes this population. The benefit of nursing research, both qualitative and quantitative, is that researchers synthesize current research and move forward in directions that allow openness to and utilization of new knowledge gained in studies with the same scientific rigor as demonstrated by the current study.

### References


