Health Disparity Factors Affecting Hypertension Among a Church Group of Nigerian Men Advanced Nursing Research

Johnson O. Palmer

Thesis Chairperson: Dr. Wanda Allen

Committee: Prof. Doretha Moultrie &

Thesis Coordinator: Dr. Linda Amankwaa

Albany State University

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ABSTRACT

The purpose of this study is to explore health disparity factors affecting hypertension among a church group of Nigerian men in Atlanta area, Georgia. Hypertension is defined as the persistently elevated blood pressure that is equal or above 140/90 (McCance, Huether, Brashers, and Rote, 2014). A descriptive research method will be used to explain factors causing the health disparity among hypertensive Nigerian men. This study will use frequencies and percentages to analyze the prospectively data to be obtained. "Health disparity is racial or ethnic differences in mortality, morbidity, and access to healthcare" (Amponsah, Tabi, & Gibbison, 2015). Most African Americans (of which Nigerian male immigrants are a subset) are underserved, underinsured, or uninsured (Aycock, Kirkendoll, & Gordon, 2013). In this study, a church group of Nigerian men in Atlanta area (Norcross precisely) Georgia will complete a structured questionnaire. This study will use a sample size of 30 participants among the Nigerian church group. In summary, this study will analyze data to be collected on the health disparity and develop possible strategies to remedy them.

THESIS APPROVAL FORM

Accepted by the faculty of the College of Sciences and Health Professions, Albany State University, in partial fulfillment of the requirements for the Master of Science in Nursing Degree.

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Dean of Graduate Studies

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 Date

Research Committee:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chairperson

Dr. Wanda Allen

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prof. Doretha Moultrie

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DEDICATION

I dedicate this study work to Almighty God, who made it possible with grace, favor, and wisdom the completion of this great job. Also, I want to dedicate this book to my lovely wife, who through continued encouragement, support, and love has chipped in some encouragement to continue with the schooling. I want to dedicate this work also to my mother's continual spiritual support. Finally, I want to recognize and dedicate this thesis to my sons and daughters for their understanding, patience, and support.

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Chapter I

Introduction of The Study

 This study will identify the factors causing health disparity among a church group of hypertensive Nigerian men living in Atlanta area of Georgia in the United States of America (USA). In a study by Akpuaka, Clarke-Tasker, Nichols-English, Daniel, & Akpuaka (2013), “Nigerians are the fastest growing population of African succession in the United States of America (USA) of today” (p. 23). First generation Nigerians are coming from an environment whereby the healthcare is free to the USA where the healthcare is not only expensive but also inaccessible. Akpuaka et al. (2013) identified some health disparity similarities between Nigerian and African American men in the USA. "Health disparity is referred to as racial and ethnic differences in mortality, morbidity, and access to healthcare" (Amponsah et al., 2015). McCance et al. (2014) stated, "hypertension is the most prevalent primary disease in the USA." (p. 1132). Franklin, Allen, Pickket, & Peters, 2015 highlighted that "Hypertension affects over 70 million people in the (USA) with about 55 million ambulatory visits and 300,000 hospital discharge" (p. 48). Approximately 40% of the African Americans with hypertension are uncontrolled (BP > 140/90) (McCance et al., 2014). "The Seventh Report of the Joint National Committee on prevention, detection, evaluation, and treatment of high blood pressure (JNC7) guideline defined hypertension as a systolic pressure of 140 mmHg or greater or a diastolic pressure of 90 mmHg or higher" (McCance et al., 2014, p. 1132). The two major types of hypertension are primary and secondary hypertension. Isolated systolic hypertension existed where an individual has elevated systolic blood pressure and normal diastolic blood pressure. Malignant hypertension is a complication of chronic hypertension that has damaged the wall of systemic blood vessels (McCance et al., 2014). Hypertension is referred to as a silent (lanthanic) disease because it may not produce any symptoms in its early stage.

 (McCance et al., 2014). The latest edition of JNC 8 encouraged the initiation of medication therapy for an individual with blood pressure equal or greater than 150/90 (Dunphy, Winland-Brown, Porter, and Thomas, 2015). The statement does not discontinue the medication therapy tolerated by an individual under the JNC 7 guideline (Dunphy et al., 2015). "Hypertension is the major risk factor for ischemic heart disease, myocardial infarction, congestive heart failure, cardiovascular accident, and renal failure" (Edmunds & Mayhew, 2014). Prehypertension requires lifestyle modification. Pharmacology treatment of hypertension as contained in JNC7 and JNC 8 guidelines prevents or reduces end-organ damage, and other major risk factors enumerated above (McCane et al., 2014). The first chapter of the thesis presents the background of the research, statement of the problem, purpose of the study, theoretical framework/nursing theory to guide the research, nursing research question/research hypotheses, scope/nature of the study, the definition of terms and chapter summary.

Background of The Research

 Reference to "a report from Migration Policy Institute in Washington D.C., 1.4 million African immigrants live in the USA, and about 13% are Nigerian-born" Akpuaka et al. (2013). This study focused on Nigerian male immigrants living in Atlanta area of Georgia in the USA. There are limited academic journals available on health subject and behavior of the African immigrant population, especially in the nursing field (Agbemenu, 2016). Agbemenu (2016) stated, "African countries with the greatest number of immigrants to the U.S. include Nigeria, Ghana, Kenya and Ethiopia (U.S. Census, 2010)". Edmunds and Mayhew (2014) highlighted factors responsible for high blood pressure as "environmental, lifestyle, dietary, obesity, alcohol consumption, cigarette smoking, excessive sodium and low potassium consumption" (p. 226). The seventh report of the Joint National Committee on the prevention, detection, evaluation, and treatment of high blood pressure (JNC7) guideline is the cornerstone management of hypertension (Edmunds and Mayhew, 2014). The diagnosis of hypertension centered on the elevated blood pressure on the first appointment and subsequent two or more visiting at the primary care settings. The JNC 7 emphasized lifestyle modifications in addition to medication therapy to achieve successful controlled high blood pressure (Edmund and Mayhew, 2014). Franklin et al. (2015) mentioned some factors responsible for poor blood pressure control as "nonadherence to antihypertensive drug therapy, excess weight, excess dietary fat and sodium, lack of exercise, lack of health insurance, limited access to health care system, and asymptomatic nature of the disease."

 Park and Kim (2016) reiterated that hypertension had received an alarming rate among diseases managed in the world. Park and Kim (2016) highlighted risk factors for high blood pressure to include "age, sex, lifestyle and behavior, smoking, alcohol consumption, dietary sodium consumption, weight, lack of physical activity, and stress”. These risk factors are modifiable except for the age and sex (Park and Kim, 2016). Proper management of the modifiable risk factors and compliance with the drug regimen will help to control hypertension. Park and Kim (2016), however, cited another reference of how age and sex are risk factors affecting hypertension management:

 In the United States, hypertension control differs by gender. Men seem to maintain better control over their hypertension, and this finding cut across all age groups. Regulation rates for women are worse with advanced age. Aged women have a significantly lower rate of hypertension control compared to senior men (p. 43).

 Invariably, factors responsible for uncontrolled hypertension among Nigerian immigrants are a lack of insurance, low or poor income, community underserved, inaccessibility to health care services, and lack of trust in the healthcare system. It is well observed that churches play important roles in the health promotion of people living in the USA. In other to bridge the gaps created by this disparity in underserved communities, use of the churches have become a traditional interventional strategy for hypertension prevention and management (Saunders et al., 2015). Church outreaches are useful strategies to reach African American men since they are less likely to seek healthcare services compared to their female counterparts. Saunders et al. (2015) shown, "The important roles played by churches cannot be underestimated especially around lifestyles and behavioral changes, such as poor diet, physical inactivity, and smoking that usually lead to poor health outcomes" (p. 1300).

 Amponsah et al. (2015) were also concerned about the health disparity of the African American. Amponsah et al. (2015) used three communities in the South East of Georgia for their study. Amponsah et al. (2015) emphasized that geographic location and socioeconomic status play important roles when it comes to healthcare accessibility. The mortality rate is higher among African Americans than their White Caucasians counterpart (Amponsah et al., 2015). Also, heart disease is the leading cause of death both in the State of Georgia and the whole of USA (Amponsah et al., 2015).

 Rasjo, Tornkvist, Hasselstrom, Wandell, and Josefsson (2015) stated that controlled blood pressure is below 140/90 both nationally and internationally. Rasjo et al. (2015) believed that the healthcare providers need to do a better job in counseling the hypertensive community about lifestyles modifications. Rasjo et al. (2015) emphasized that many community take blood pressure medications while fewer received lifestyle changes. Lifestyle vicissitudes together with drug therapy compliance will produce better outcomes (Rasjo et al., 2015).

 Abbott (2015) highlighted that the national goal of the United States Department of Health and Human Services (HHS), Healthy People 2020 (2014) is to eliminate health disparity among minorities. One of the goals Healthy People 2020 is ensuring that its citizens have equal access to health care, thereby limiting health disparity. Nigerians in the USA are a subset of the African Americans descent and belong to a minority group suffering from health disparity. The medical insurance system either by the government (Medicare and Medicaid) or private companies control the healthcare system in the USA. Some Nigerians are low-income immigrants having financial barriers to seek care in their community. Better-quality healthcare access by Nigeria-African America may lead to an improved quality of life. There are more pronounced diseases with conditions of poverty and unemployment among this group. "The challenges associated with material deprivation, discrimination, lack of health care access, socioeconomic and environmental disadvantage increase the risk for adverse health outcomes and impede health equity for African Americans compared to others" (Abbott, 2015). Thereby leads to the theoretical framework of the nursing theory of Watson. The theory of Watson pronounced caring for all population thereby achieving health equity for all levels (Abbott, 2015).

Statement of The Problem

 Hypertension is a major public health disease that requires immediate attention (Urbanetto et al., 2015). The statement of the problem for this study is there is a limited or no nursing research study on hypertension among Nigerian (not to talk of Nigerian immigrants in the USA) and the whole of the African continent in general. Aycock et al. (2013) reiterated that major disparities among African Americans are undiagnosed and uncontrolled hypertension. The Nigerian men are a subset of African American. Therefore, Nigerian male immigrants suffer health disparity on hypertension management.

Purpose of The Study

 The purpose of this study is to examine the factors causing health disparity among hypertensive Nigerian men living in Atlanta, Georgia, USA. The first step to problem-solving is to identify that there is a problem. Then research can be conducted on what is problem and how to address the problem. Ability to know the factors causing health disparity among this population will give insight into finding solutions to the problem.

Theoretical Framework/Nursing Theory to Guide Research

 This study is about health disparity among hypertensive Nigerian male immigrants living in Atlanta, Georgia. The theme of the thesis is "Health disparity factors affecting hypertension among a church group of Nigerian men. The theoretical framework that is consistent with this study is the health promotion model (HPM) by Dr. Nola J. Pender. It is related to this research topic and can be used to predict health-promotion lifestyles of the African Americans living in South West Georgia. Alligood (2014) affirmed that HPM could be used to encourage specific behaviors such as exercise, dietary, habits, and smoking cessation among Nigerian men. HPM is a tool for research. It can be used to develop middle-range theories and generates questions for further research developments (Butts & Rich, 2015). The HPM is like health belief model (HBM) from the perspective of disease prevention behaviors. There is a difference between the two, such that HPM eliminates fear or threat as the basis of motivation for health behavior, which is central to the HBM (Alligood, 2014).

 The conceptual framework of this model consists of a person, environment, health, and nursing. Dr. Pender indicated, "Person is an individual, and it is the center of the HPM. Each person has a unique personal characteristic that affects subsequent actions" (Butts & Rich, 2015, p. 399). People learn their health behavior from their family, community, and individually (Butts & Rich, 2015). The environment in the HPM is a factor, which directly or indirectly influences the person, the health, and the profession of nursing (Butts & Rich, 2015). Butts and Rich (2015) explained, "The absence of toxic substance, the availability of restorative experience, and the accessibility of human and economic resources needed for healthy living determine the quality of the environment. Social iniquities have undesirable impacts on the environment" (p. 399).

 Dr. Pender reiterated that health is whatever an individual's definition or perception is (Bakhshi, Sun, Murrells, & While, 2015). Butts and Rich (2015) defined health promotion "as the desire for wellbeing and ideal or prospective health. Disease prevention or health protection is to avoid illness, detect illness early or to be functional within the constraints of illness" (p. 339). Bakhshi et al. (2015) emphasized the relevance of physical activities to the health. Bakhshi et al. (2015) stated, "Consistent exercise may help to maintain holistic health and prevent adverse conditions that may be a deterrent to the health, such as cardiovascular disease, obesity, type 2 diabetes, and depression. Active people maintain a healthy weight and body mass index" (Bakhshi et al., 2015, p. 289). Nursing is the last of the four concepts. The nurse practitioner's primary role is to advocate for health promotion of the people living in the South West Georgia. Moreover, "health-care provider contacts afford teachable moments that can maximize the potential to promote healthy aging" (Bakhshi et al., 2015, p. 289).

Nursing Research Question/Research Hypotheses

 This study nursing research question is "What are the health disparity factors affecting hypertension among a church group of Nigerian men”? Hypothesized this research will help to identify the causes of health disparity and develop strategies to encourage health promotion and disease prevention among hypertensive Nigerian men. Also, the ability to resolve the impediments of the health disparity will invariably lead to improvement in blood pressure management of the Nigerian men. The expected outcome is reduction or elimination of the health disparity and a better quality of life for Nigerian-African American men.

Scope/Nature of The Study

 The subject matter of the study is to identify the causes of health disparity factors affecting hypertension among a church group of Nigerian men. The participants of the study will come from a church group of Nigerian men in Atlanta Area of Georgia. The participants are Nigerian men and adults, irrespective of their educational levels and socioeconomic status. Thirty Nigerian men will participate in this study. The study questionnaires will be given to thirty randomly selected brethren that attend church service at a church in Norcross, Atlanta area of Georgia. In a nutshell, the relevance of the study is to identify the causes of the health disparity in hypertensive Nigerian men and to develop strategies to resolve them.

Definition of Terms

Descriptive Research: Descriptive research is the research method used in this study to show the health disparity that existed among a church group of Nigerian men.

Health Disparity: "Health disparity is the difference in health outcomes experienced by some groups, such as racial and ethnic minorities, religious sects, people having lower socioeconomic status, those isolated by geographical location, and individuals having mental or physical disabilities" (Abbott, 2015).

Health Promotion: Health promotion is the mechanism put together to influence the healthy outcome of the population in question. For example, an educative measure to improve the knowledge of the Nigerian men about control of hypertension in other to achieve healthy outcomes.

Health Promotion Model: This is the model used by Nola J. Ponder to illustrate health promotion phenomena. The HPM will influence the health behavior of the population.

Quantitative Research: Is the research method used to analyze the data collected in this study.

Uncontrolled Hypertension: Uncontrolled hypertension is any number equal or greater than 140/90.

Underinsured: Underinsured are Nigerian men that cannot afford to purchase adequate insurance needed for their health conditions.

Underserved: Underserved are those areas that do not have adequate healthcare facilities/services

Uninsured: are the Nigeria men that cannot afford to purchase insurance either by themselves or through their employers.

Summary

 The outcome of this study will highlight health disparity factors affecting hypertension among a church cohort of Nigerian men living in Atlanta area of Georgia, USA. The study is illustrating that the health disparity of hypertension is likely high among Nigerian men as the case with the rest of African American. Proper management of hypertensive modifiable factors and drug therapy compliance may generate proper control of hypertension among Nigerian men. It is worthy of note that churches play important roles in the healthcare management of Nigerian men as with the whole African Americans. The purpose of this study is to comply with the goals of Healthy People 2020, which is elimination or reduction of health care disparity amidst the minorities. Dr. Nola J. Pender developed a health promotion model that influenced this study's theoretical framework. The conceptual framework for this model consists of persons, environment, health, and nursing. The ability to eliminate the impediments of the health disparity may invariably increase access to the healthcare and thereby help Nigerian immigrants in general to maintain a controlled hypertension. "Blood pressure must be kept at a level that is adequate to maintain tissue perfusion" (Edmund and Mayhew, 2014).

Chapter II

Literature Review

 The review of literature in this study is to identify health disparity factors impacting hypertension among a church group of Nigeria men living in Atlanta area of Georgia. Nigerian men living in the USA is a subculture of the whole African American cultures (Akpuaka et al., 2016). One of the reasons for the literature review is to examine causes of uncontrolled and undiagnosed hypertension among Nigerian male immigrants living in the USA. In a study by Akpuaka et al. (2013), Nigerians are the fastest growing population of African immigrants in the USA of today. Akpuaka et al. (2013) identified some similarities in the characters of Nigerian men and their African American men counterparts in the USA. Examples of the similarities in the characters of the Nigerian and African American men are a lack of knowledge and willingness to participate in medical screening. (Akpuaka et al., 2013).

 Agbemenu (2016) researched acculturation and health behaviors of African immigrants' population living in the USA. Agbemenu (2016) further stated that there are more African immigrants from Nigeria, Ghana, Kenya, and Ethiopia. The study revealed that there is less research on acculturation, health and health behavior in the USA based African immigrants. Factors affecting health behavior of African immigrants' populace as per Agbemenu (2016) are “cultural stigma, religion barrier, lack of perceived norm in the country of origin, competing for cultural practices, lack of information, language barriers, and cost of healthcare” (p. 67). In conclusion, there should be more nursing research on African immigrants' health behaviors and interventional outcomes.

 Abbott (2015) conducted both qualitative and quantitative review studies on evaluating a nursing intervention by impacting the knowledge, behaviors, and health outcomes for rural African-Americans. The study centered on strategic health promotion to prevent "cardiovascular disease, cancer, and stroke among rural African Americans." Abbott (2015) used Jean Watson's theory for human care as the platform of the study. Jean Watson's theory focused on health promotion, illness prevention, treatment of disease, and health restoration (Alligood, 2014). The result of the study highlighted interventions necessary to promote the health and reduce the core disparity of African American's uncontrolled hypertension. Also, the product of the Abbott (2015) can serve as a guide for a future research study for health promotion and disease prevention of the rural African Americans.

 Amponsah et al. (2015) conducted a research study on cardiovascular disease (CVA) and high blood pressure disparity in three counties of the Southern Georgia. Amponsah et al. (2015) identified socioeconomic and geographic factors as the primary causes of the disparity. Amponsah et al. (2015) concluded that there is a higher disparity of uncontrolled hypertension among the African American males compared with the White Caucasian male counterparts living in the rural community. The study did not find any disparity among the women of both races. The study further stated that hypertension is general to the older African American males. The implication of the study of Amponsah et al. (2015) was to enhance the knowledge and probably reduce health disparities among the underserved communities.

 Bakhshi et al. (2015) used quantitative research to show the importance of nurse practitioners' role modeling. The study used the Helen C. Erickson's modeling and role-modeling theory to explain that nurse practitioners should be involved in healthy behaviors and health promotion practices. Bakhshi et al. (2015) highlighted the need to train nurse practitioners on physical activities. Nurse practitioners should promote physical activities within their clinical practice as per the study. Bakhshi et al. (2015) concluded that nurse practitioners' role modeling practices include their physical activity behaviors, perceived health status, their length of clinical practice, clinical specialties, and actual body weight or size.

 Franklin et al. (2015) emphasized that about 40% of African Americans have uncontrolled high blood pressure. The study further showed that approximately 50% demonstrated living with hypertensive symptoms. Franklin et al. (2015) expressed concerns on ethnocultural attributes of the African Americans attitudes toward seeking health-care treatment. The study used quantitative research to highlight the gap of disparity confronting African Americans communities. The highlighted disparities should be the nurse practitioners focus in other to reduce the disproportion (Franklin et al., 2015).

 The interesting part of Hernandez and Anderson (2012) study is that it shifted focus from the community sample to the family care nurse practitioners. The purpose of this study was to explore the nurse practitioner's (NP) experience in providing care for pre-hypertensive community samples. This study used qualitative research to exploit how the nurse practitioners provide care for pre-hypertensive African-American community samples. Hernandez and Anderson (2012) demonstrated the preventive measure of the Nola J. Pender's health promotion model. Caring for pre-hypertensive community samples is a crucial principle of health promotion and disease prevention strategies. Furthermore, "this study revealed that caring for pre-hypertensive community samples is complex, multilayered, and often could be frustrating" (Hernandez & Anderson, 2012). "Nurse Practitioners can adopt holistic care to their practice environments while using the medical norms at the same time" (Hernandez & Anderson, 2012).

 Park and Kim (2016) study was "to examine the impact of a nurse-led home visitation program for hypertension self-management among older community-dwelling Koreans" (p. 42). Park and Kim (2016) stated that "nurse-led home visitation intervention could be helpful in self-management skills building among hypertensive Korean elders." The nurse-led home visitation intervention study by Park and Kim resulted in improved "self-management skills building among hypertensive Korean elders." The purpose of the Taylor et al. (2013) study was to use the health belief model as a guide to examine attitudes toward perceived barriers and benefits of genetic testing. This study built on the platform of Rosenstock, Hochbaum, & Kegel's Health Belief Model. The outcome of the Taylor et al. (2013) resulted that there is a "need for increased outreach for younger generations regarding benefits of genetic services." Also, Taylor et al. (2013) also concluded that more research should be done to know if rural and male populations have the same beliefs about genetic testing.

Summary

 The above literature review has enumerated the known in this study. The literature review has also confirmed that there is health disparity rising from healthcare services, medical insurance, disease prognosis, income, uncontrolled and undiagnosed hypertension among people of color (of which Nigerians are one) living in the USA. This study is concerned about the gap of this disparity. This study also pointed out that there is a limited or no nursing research study on hypertension affecting Nigerian immigrants and other African minority countries in the USA. One of the reasons for this study is to ameliorate some of these deficiencies. Hopefully, this study will be an open eye for researchers to launch more into research (especially in nursing study) affecting Africa immigrants in the USA.

Chapter III

Research Methods

 The purpose of this section is to explore the process that will be used precisely in conducting this study. This research method will explain the procedure that will be used to collect and analyze data about the research problem. The detailed steps are the research design, participants, instruments, research procedures and pilot testing, data analysis, assumptions of the study, and limitations of the study. This chapter will explain this study research methodology in detail.

Research Design

 This study will use descriptive study design. A descriptive research design will create a report of the health disparity factors affecting hypertension among the Nigerian cohorts. Thirty Nigerian-American men will supply the required data. The design will produce a clear representation of the disparity as they logically occurred. A descriptive method will develop a theory (health promotion model), identify the present problems (health inequalities), justify current occurrence, make a judgment, or the problems that the Nigerian-American men are experiencing (Grove et al., 2013). Grove et al. (2013) stated that descriptive method does not administer treatments nor manipulate variables.

Participants

 The participants in this study are a church group of Nigerian men in Atlanta area, Georgia, USA. The age of the participants is ranged from 18 to 65 years and older. Thirty participants are expected to join the study voluntarily. The study is primarily about health disparity factors impacting hypertension among the Nigerian-African Americans. The study will take place in the participant's natural settings.

Instruments

 The instrument this study will use is a questionnaire for hypertensive community samples. The developing integrated response of health care systems to rapid population aging division of World Health Organization developed the questionnaire. There are limited or no nursing journals on hypertension or health disparity about Nigerian immigrants in the USA. Hence, a research gap is created that necessitates the conduction of this research study.

Research Procedures and Pilot Testing

 This research procedure will use an amended hypertensive questionnaire from the World Health Organization. The questionnaire contains seven questions. The researching student will administer the questionnaires to the participants. A questionnaire will take about ten to fifteen minutes to complete. A pilot study of the instrument will be conducted using about five participants. The participants will be the first five randomly selected candidates. During the pilot study, there will be an opportunity to clear the doubts or questions that the participants may have. One of the benefits of doing this pilot study is to determine whether the proposed study is feasible. Another merit of the pilot study may be to refine data collection instruments (Grove et al., 2013).

Data Analysis

 This study will analyze the data using descriptive research to describe demographic frequencies and study variables in percentages. The sample of the population will come from a church group of Nigerian men in Atlanta area of Georgia, USA. The only demographic variable is age while the other study variables comprise of the diagnosis of hypertension, taking blood pressure medication, compliance with hypertensive drug therapy, the problem with purchasing blood pressure medication, any medical insurance, and access to health care services.

Assumptions

An assumption for this study is that participants would answer all the survey questions adequately. Another assumption is that the research study will produce a favorable outcome by reducing or eliminate the health disparity impacting hypertensive among Nigerian men. The resultant overall assumption is that this study will be a wake-up call for more nursing research on hypertension among Nigerian immigrants and other minority African countries in the nearest future. Finally, the assumption is that the outcome of the study will apply to African American living in the south-east Georgia.

Limitations

 The findings of this study should take limitations involved in the process into consideration. The restriction of this study includes the number of the participants in the study. This study expects to use thirty participants, which are representing the whole Nigerian male immigrants, a population of about half a million living in the USA. For the sake of convenience and cost, an additional limitation of this study also embraces samples of the population to be collected by the researching student in Atlanta area, Georgia. There is another limitation of lack of previous nursing studies that examined the incidence of hypertension in this population.

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APPENDIX A

Cover Letter

Dear Participant,

 My name is Johnson Palmer. I am a graduate student at Albany State University. My area of specialization is a family nurse practitioner. I am presently taking Advanced Nursing Research class, which mandate me to conduct a research project. The theme of the research study is nurse practitioners impact of health promotion among hypertensive African Americans.

As a participant, you are being asked to take part in this study by completing a questionnaire. You are not mandated to participate in the study. You are also free to pull out of the study at any time you want to. The demographic questions that you are required by the study to supply are age, sex, ethnicity, and race. The study does not require your name, address, or any legal identifications. This study and its process have been reviewed and approved by the institutional review board at Albany State University, Albany, Georgia.

 The questionnaire is attached to this document. The questionnaire contains six questions about hypertension. The questionnaire takes about 5 to 10 minutes to complete. There will be no compensation award to you or other participants for the completion of this questionnaire. Although compensations are not awarded directly to the participants, the study's outcome could be beneficial to you and the community at large.

Please feel free to contact me for any questions or concerns. Thanks for being a part of this survey.

Johnson Palmer

Cell Phone: 678-791-2764

Email address: jpalmer4@students.asurams.edu

I have explained this study to the above subject and have sought his/her understanding of informed consent

--------------------------------------------------------------

Investigator's Signature Date

APPENDIX B

CONSENT TO PARTICIPATE IN RESEARCH

The Title of The Project:

Nurse practitioners impact of health promotion among hypertensive African Americans

Introduction:

 This is to seek for your participation in this research study mentioned above. You are voluntarily requested to participate. You are not under any obligation to participate in this study. Please call or email me for any concern that you may need clarification.

The Purpose of The Study:

 The purpose of this study is to identify the factors responsible for hypertension disparity among African Americans. The nurse practitioners will use the result of this study to promote healthy hypertension for the hypertensive African American.

Duration:

This study requests you to complete a questionnaire that may take approximately 5 to 10 minutes.

Procedures:

 Each participant will be requested to complete a questionnaire. The questionnaire has eight questions. The answers provided by each participant will help to determine the factors causing the hypertensive disparity among the African Americans.

Potential Benefits/Compensation:

 There will be no personal benefits or compensations for participating in this study. However, the resultant effects of the study will provide the community with information to benefit their community health. The nurse practitioner will use the result to develop health promotion plan of care for the hypertensive African Americans with uncontrolled hypertension.

Potential Risk and Discomfort:

The study does not involve any risk or discomfort. The study does not require any treatment but collection of data.

Alternative Procedure/Treatments:

There is no alternative to the procedure. The only alternative that may arise is not completing the questionnaire.

Withdrawal from the Study:

 You can choose whether to be in this study. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you do not want to answer. There is no penalty if you withdraw from the study at any time.

Number of Participants:

The study requires 30 participants.

Confidentiality:

 You are not required to supply identifiable variables such as name, address, social security number. This measure will be used to protect your privacy. All information that you provided with be kept confidential. The Albany State University will protect your confidentiality in a situation whereby the Institutional Review Board wants to review this study. Your identifiable information will not be given out without your consent; although an exception is a legally reportable information required by the State. The likely chance of revealing your confidentiality is minimal because the questionnaire does not include your identifiable data initially.

Consent Signatures:

 Your signature below indicates that you have decided to volunteer as a research participant for this study and that you have read and understood the information provided above. The Albany State University Institutional Review Board will review my request to conduct this project. If you have any concerns about your rights in this study, please contact me by phone or email. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.

I have read this consent form and voluntarily consent to participate in the study

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Subject's Signature Date Legal Representative Date

I have explained this study to the above subject and have sought his/her understanding of informed consent

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Investigator's Signature Date

**APPENDIX C**

QUESTIONNAIRE

Adapted from the World Health Organization.

 Listed below are questions on high blood pressure with yes or no answers provided. Kindly circle an answer. Thank you in advance for doing this task.

Demographic Questions

1. How old are you?
2. Are you a male?
3. Are you a Nigerian
4. Do you speak English
5. Are you currently working
6. Are you married

High Blood Pressure Questions

1. Do you have high blood pressure? Yes or No
2. Do you take your high blood medication as prescribed? Yes or No
3. Do you have a problem purchasing your blood pressure medication? Yes or No
4. Do you have a problem accessing healthcare services? Yes or No
5. Do you have a healthy eating habit? Yes or No
6. Do you exercise regularly? Yes or No
7. Have you read any information about high blood pressure? Yes or No

APPENDIX D

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT

COURSEWORK REQUIREMENTS/TRANSCRIPT

\* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See the list below for details.

See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

• Name: JOHNSON PALMER (ID: 6171097)

• Institution Affiliation: Albany State University (ID: 2423)

• Institution Email: jpalmer4@students.asurams.edu

• Institution Unit: EMERGENCY

• Phone: 6787912764

• Curriculum Group: Social & Behavioral Research - Basic/Refresher

• Course Learner Group: Same as Curriculum Group

• Stage: Stage 1 - Basic Course

• Description: Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in

Social/Behavioral Research with human subjects.

• Record ID: 22335941

• Completion Date: 12-Apr-2017

• Expiration Date: 11-Apr-2020

• Minimum Passing: 80

• Reported Score\*: 96

REQUIRED AND ELECTIVE MODULES ONLY DATE COMPLETED SCORE

History and Ethical Principles - SBE (ID: 490) 28-Mar-2017 5/5 (100%)

Belmont Report and CITI Course Introduction (ID: 1127) 28-Mar-2017 3/3 (100%)

Defining Research with Human Subjects - SBE (ID: 491) 28-Mar-2017 5/5 (100%)

The Federal Regulations - SBE (ID: 502) 28-Mar-2017 5/5 (100%)

Assessing Risk - SBE (ID: 503) 28-Mar-2017 5/5 (100%)

Informed Consent - SBE (ID: 504) 28-Mar-2017 5/5 (100%)

Privacy and Confidentiality - SBE (ID: 505) 28-Mar-2017 5/5 (100%)

Research with Prisoners - SBE (ID: 506) 12-Apr-2017 5/5 (100%)

Research with Children - SBE (ID: 507) 12-Apr-2017 5/5 (100%)

Research in Public Elementary and Secondary Schools - SBE (ID: 508) 12-Apr-2017 4/5 (80%)

International Research - SBE (ID: 509) 12-Apr-2017 5/5 (100%)

Internet-Based Research - SBE (ID: 510) 12-Apr-2017 4/5 (80%)

Research and HIPAA Privacy Protections (ID: 14) 12-Apr-2017 4/5 (80%)

Conflicts of Interest in Research Involving Human Subjects (ID: 488) 12-Apr-2017 5/5 (100%)

Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928) 12-Apr-2017 5/5 (100%)

Albany State University (ID: 15047) 12-Apr-2017 No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution

identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?k22bd4776-e941-4249-b290-86f008ced89b-22335941

Collaborative Institutional Training Initiative (CITI Program)

Email: support@citiprogram.org

Phone: 888-529-5929

Web: https://www.citiprogram.org