

Cues to Participation in Prostate Cancer Screening: A Theory for Practice

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Purpose/Objectives: To develop and test the Cues to Participation in Prostate Cancer Screening Theory, which proposes that exposure to information from certain sources cues or triggers screening.

Design: Descriptive correlational.

Setting: 11 counties of a southeastern state.

Sample: Convenience sample of 1,867 men at risk for prostate cancer (72% African American; 28% Caucasian).

Methods: Recent exposure to prostate cancer information was measured. Men were offered free screening by prostate specific antigen (PSA) and digital rectal exam (DRE).

Main Research Variables: Demographic variables (race, age, education, income, and marital status), exposure (electronic media, print media, healthcare provider recommendation, and interpersonal interactions), and screening as measured by PSA and DRE.

Findings: Several major propositions of the Cues to Participation Theory were supported. General exposure to prostate cancer information significantly predicted screening participation. Hearing about prostate cancer from a healthcare provider was the best predictor of screening.

Conclusions: Men's demographic characteristics should be considered when providing information about prostate cancer. Hearing about prostate cancer from family and friends was not significantly related to screening behavior.

Implications for Nursing Practice: The importance of recommendations for prostate cancer screening is underscored.

Key Points . . .

- ▶ Sources of information about prostate cancer (e.g., healthcare provider, electronic media, print media, interpersonal interactions) vary in their capacity to trigger screening participation.
- ▶ Men who have heard or read about prostate cancer recently are more likely to be screened than men who have not.
- ▶ Hearing about prostate cancer from a doctor or nurse significantly predicts screening participation.
- ▶ Demographic characteristics of men targeted to receive prostate cancer information should be considered in the design of the exposure.

gun, African American men's survival rates are decreased sharply when compared to Caucasian men (ACS; Demark-Wahnefried et al., 1995; Frank-Stromborg & Rohan, 1992; Parker, Davis, Wingo, Reis, & Heath, 1998). In fact, African American men are twice as likely to die from prostate cancer as Caucasian men (ACS).

This article describes the development and testing of the Cues to Participation in Prostate Cancer Screening Theory. The theory identifies the need for nurses and other healthcare professionals to know what influences prostate cancer screening, especially in populations of men at highest risk. Specifically, the Cues to Participation Theory was developed to promote understanding about how different kinds of exposure to prostate cancer information affect screening participation in minority and socioeconomically disadvantaged men.

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Theory can drive nursing practice by providing insights that promote efficiency and effectiveness (Meleis, 1997). In the absence of theoretical guidelines, however, clinical practice operates on commonly held assumptions. With prostate cancer screening, a commonly held assumption is that if a man is exposed to information about prostate cancer, he will be more likely to participate in screening. Little is actually known, however, about how exposure to prostate cancer information affects screening behavior.

African American men have the highest incidence of prostate cancer in the world (American Cancer Society [ACS], 2000). Screening programs for early detection of prostate cancer for these high-risk men are essential; however, African American men are less likely to have had prior screening and more likely not to participate in free screening (Weinrich, Boyd, Bradford, Mossa, & Weinrich, 1998). Because their prostate cancer often is more advanced before treatment is be-