UNIVERSITY OF
Southampton

Change processes in men navigating the prostate cancer journey,
a metasynthesis of qualitative papers

Carol Rivas[1], Lauren Matheson[2], Johana Nayoan[1], Adam Glaser[3], Anna Gavin[4], Eila Watson[2], Richard Wagland[1]

[1]Faculty of Health Sciences, University of Southampton; [2]Faculty of Health and Life Sciences, Oxford Brookes University; [3]Leeds Institute of Cancer and Pathology, Faculty of Medicine and Health, University of Leeds; [4]N. Ireland cancer registry, Queen's University Belfast

c.a.rivas@soton.ac.uk

Background problem

- Many men with prostate cancer (PCa) live for years beyond their PCa diagnosis and often die of other causes
- Some may experience long-term physical and psychological morbidity and reduced quality of life from the Pca/its management
- Suboptimal healthcare experiences are common
- To inform services, the considerable amount of qualitative research on the prostate cancer experience needs synthesising into a more easily digested form.

Aim

To synthesis the qualitative literature on the post-diagnosis experiences of heterosexual men with prostate cancer, as the main one of a suite of metasyntheses.

Any time I have like a groin pain, sure, you always wonder if it's maybe something related to the prostate cancer. (Bailey et al, 2007)

Methods

- We undertook a modified version of Noblit and Hare's meta-ethnography
- We identified, examined and synthesised articles published in 2000-2015
- We excluded papers specific to our three smaller syntheses, on:
  - Men from minority ethnic groups
  - The couple's experience
  - Single, gay and younger men
- Overarching conceptual 'lines of argument' were developed that encompassed all articles.

Meta-ethnography = synthesis of the following constructs:
1. Quotes by study participants *(1st order)*
2. Authors' interpretations *(2nd order)*
3. Meta-synthesis authors' conceptualisations *(3rd order)*

This can lead to 'lines of argument' – concepts that cut across 3rd order constructs

Results

- **102 papers were synthesised**
- Three lines of argument were identified
- Running through these was the idea of men's transitioning along the cancer journey
- Men's uncertainties and liminalities (i.e. their time between the 'what was' and the 'next') represent the intrapersonal factors affecting their journey,
- These can be modified by support and information from healthcare staff, as extrapersonal mediators
- Social constructions of gender and emotional coping are interpersonal factors that affect the way men interact with others
- These different factors are themselves affected by characteristics of the disease, that is its stage, its physical manifestation and its treatment as supraordinal factors.
- The different ways the overarching constructs intersect affects the time taken to move to a state of control (Mccaughan & Mckenna, 2007) and indeed whether this is achieved.

It's [breast growth is] really uncomfortable. It's one of those things men aren't supposed to have, breasts if you're wearing a t-shirt. You look really womanly. Really embarrassing and uncomfortable, and it's changed the way that I dress." (Sartor, 2015)

STAGE OF DISEASE

EMBODIMENT OF THE DISEASE/ ITS MANAGEMENT

MEN'S LIVED EXPERIENCE

Liminalities and uncertainties

Well/ill

Life/ death — Visible/ invisible

Identity
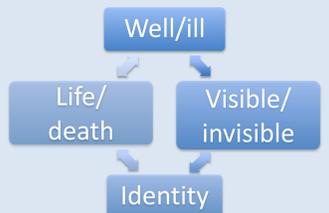
Consequences of poor communication or lack of information/ support from healthcare professionals

Levels of support seeking from healthcare professionals

Social constructions of gender and emotional coping
Physicality
Locus of control
Use of clinical indicators
Disclosure and help-seeking
Reappraisals of life, relationships,masculinities

Taking control
The physical
The emotional
The future self

. . . eating better, exercising more . . . and living life more fully. (O'Shaughnessy et al, 2013)

Conclusions

Our synthesis highlights the need men have for time to go through change and develop ways of coping with and controlling the uncertainties, identity challenges and embodied issues in their lives and the many different opportunities that healthcare professionals have to intervene.

"You've lost a bit of your manhood, but like I say, your health's more important than that."(Appleton et al, 2015)

References: Noblit and Hare (1988), *Meta-Ethnography.* Sage; Mccaughan & Mckenna (2007), J Clin Nurs 16, 2096– 2104; Bailey et al (2007), J Clin Nurs, 16, 734-41; Appleton et al (2015), Eur J Cancer Care (Engl),71-84; Sartor et al, Clin Genitourin Cancer. 2015 Apr;13(2):101-12; O'Shaughnessy et al (2013) J Clin Nurs. 2013 Dec;22(23-24):3492-502