

Assess the Living Experiences of Men Suffering from Prostate Cancer in Selected Hospital of North India: A Qualitative Study

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Abstract

Back ground: Prostate Cancer and its treatment generally have a major impact on men's life. Patients' suffering from prostate cancer may have emotional instability and who are on treatment for prostate cancer feel inability to fulfill their respective roles in the family, feel insufficient at work and in the activities they used to enjoy.

Aims and Objectives: Aim and objective of the study was to assess the living experiences of men suffering from Prostate cancer.

Methodology: A qualitative descriptive phenomenological research design was adopted. A total of ten men suffering from prostate cancer who met the inclusion criteria were interviewed with open ended interview guide. Interviews were audio-taped and transcribed verbatim. Rigor was maintained using Lincoln and Guba model. A theoretical framework was developed and thematic analysis was done to synthesis the data. Interview of each men were transcribed using Giorgi's method of analysis.

Results: Men explored their experiences with prostate cancer related to physical, mental and emotional aspects, care and support from health care professionals and family and problem faced during, and after the diagnosis. A total of four themes and ten subthemes were identified from the analysis of qualitative data. The major themes emerged were Corroboration of Illness, Illness and Impact, Treatment and expectations and Quality of Life. Prostate cancer had a noticeable impact on men's views about prostate cancer.

Keywords: Prostate cancer, men's experiences, descriptive phenomenology, qualitative research.

Introduction

Cancer is a general term used to refer a condition where the body's cells begin to grow and reproduce

in an uncontrollable way. These cells can then invade and destroy healthy tissue, including organs. Cancer sometimes begins in one part of the body before spreading to other parts. A majority of cancers are caused by changes in the cell's DNA because of damage due to the environment.¹ Understanding and responding to the full impact of cancer on emotional, mental and physical wellbeing will maximize the quality of life for patients, their families and carers.²

Cancer is still associated with suffering and death and is thus a frightening diagnosis (Kelly and White, 2011). Being struck by cancer is described as a shock that turns daily life upside down for both patient and family, giving rise to anxiety and uncertainty regarding treatment, prognosis and the future. Distressing symptoms from

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the cancer and treatment side effects may cause severe physical problems. Thus patients often experience physical challenges and practical problems, combined with significant emotional and existential strain (Kelly, 2009; Sekse et al., 2010) and for some patients these problems can persist for years after treatment is ended.³

Prostate cancer, also known as carcinoma of the prostate is the development of cancer in the prostate, a gland in the male reproductive system. Most prostate cancers are slow growing; however, some grow relatively quickly.⁴

The prostate is an exocrine gland of the male reproductive system, and exists directly under the bladder, in front of the rectum. An exocrine gland is one whose secretions end up outside the body e.g. prostate gland and sweat glands. It is approximately the size of a walnut. The urethra - a tube that goes from the bladder to the end of the penis and carries urine and semen out of the body - goes through the prostate. There are thousands of tiny glands in the prostate - they all produce a fluid that forms part of the semen. This fluid also protects and nourishes the sperm.⁵

Prostate cancer (PCa) is the second most common cause of cancer and the sixth leading cause of cancer death among men worldwide. The worldwide PCa burden is expected to grow to 1.7 million new cases and 499 000 new deaths by 2030 simply due to the growth and aging of the global population.⁶

According to the official census published by American Cancer Society, prostate cancer was reported as the second leading cause of cancer death among American men after lung cancer and its incidence ranked the first among all cancers in 2013.¹⁰ The incidence of Prostate Cancer in India is 19,095 and Mortality is 12,231 according to Globacon, 2012¹⁰

Methodology

Rigor/Trustworthiness: According to Polit & Beck (2012) “Reliability refers to accuracy of measurement”

For open ended interview guide, the analysis of responses was done and themes were coded. The reliability is calculated using Lincoln and Guba model (1985) on four aspects of enhanced trustworthiness of a study including Credibility by *prolonged engagement and peer debriefing*, Transferability by *Thick description*, Conformability by *Bracketing* and

Dependability by *External audits*. The analysis of response was done and themes were coded. Coding was done by the researcher and the experts.

Procedure: Qualitative research approach and Descriptive phenomenological design was used in this study. Formal administrative approval was obtained from Surgical Oncologist Grecian super speciality cancer hospital of Mohali, North India to conduct the study. Data was collected from 12 December 2016 to 15 Jan 2017. The *ethical clearance* was obtained from university research ethics committee of Maharishi Markandeshwar Deemed to be University Mullana, Ambala (MMU/IEC/8) and the study was carried out in accordance with the guidelines laid by Indian Council of Medical Research ICMR(2006). Sample size comprises of 10 men with prostate cancer admitted in Grecian super specialty cancer hospital were included in the study by criterion sampling technique. Data saturation was achieved after interviewing 8 patients with prostate cancer. Researcher interviewed 2 more prostate cancer men to explore the possibility of any new code and to confirm that saturation had been achieved. Before starting the study the investigator maintained the rapport with participants and introduced him to the participants and introduction of the study was given to the men suffering from Prostate Cancer. Informed consent was obtained from the respondents and respondents were assured about the confidentiality of their response. Sample characteristic data was collected from the participants using Interviewing technique. Open ended interview guide was used to explore living experience of men with prostate cancer. Researcher started with general questions and proceeded with interview guide which consist of 14 items to explore feelings, expectation, and issues of men suffering from prostate cancer. Duration of interview and number and order of question varied from one participant to another. Length of interview lasted from 20 minutes to 40 minutes. All interviews were conducted in hospital in a separate room.

Analysis

Analysis for quantitative data: Frequency and percentage was used to analyses sample characteristics including demographical and clinical variables.

Analysis for qualitative data: Data analysis was guided by Giorgi's (1985) Framework. The basic outcomes of this model are the description of the meaning of an experience often through the identification

of useful themes. Themes are a way of describing large quantities of data in a condensed manner.

Results: Thematic Analysis

The following themes and subthemes were emerged from qualitative data as depicted in the table 1.

Table No. 1: Themes and subthemes

S. No.	Themes	Subthemes
A	Corroboration of Illness	1. Facts and Perspectives
		2. Confirmation and worries
B	Illness and impact	1. Fear of getting worse
		2. Impact on Health
C	Treatment and expectations	1. Mode of treatment
		2. Finance and burden
		3. Changes and satisfaction
D	Quality of Life	1. Family and Supporter
		2. Responsibilities
		3. Future and Almighty

Experiences of Men with Prostate Cancer

A. Corroboration of Illness: The subthemes in Corroboration of Illness are grouped into two categories that are Fact and Perspectives, and confirmation and worries.

1. Facts and perspectives: Prostate Cancer is a topmost cancer among men and they do have certain preconceived opinions about cancer. In this regards some of the participants verbalized that

“It is known to be the deadliest disease... its name is not to be taken.” (P1)

“My wife suffered from throat cancer and she died in 2008.... I kept thinking about her every time.... May be that’s why even I got cancer.” (P3)

Mostly all of the respondents gave preconceived opinion regarding cancer as it affects the patient’s psychological health. Most of the participants verbalized that cancer leads toward death.

B. Illness and Impact: Under this theme there are two sub themes that are Fear of getting worse and Impact on Health.

1. Fear of getting Worse:

“I didn’t tell to any of the family members that I have this disease... Everything I hid myself. Sometimes,

I think that I will inform to family members but I worried that they start to take tension...there is no benefit to tell them. One thing is certain that I cannot overcome the pain in my body.” (P1)

“This was there, that what will happen or not?... after all it is cancer. I got tensed...but I thought it can be cured and it is there in my mind that there will be some treatment which can cure the disease and my life be safe otherwise there is only problem. Time will leads toward death as it will always happen in cancer. Usually death happens in cancer... after all this disease is like so....” (P10)

Fear of getting worse is a biggest issue, all the patient experienced certain issues related to treatment of prostate cancer like extreme tension and worry and many of the participants verbalized that they had to face fear as it usually happen in cancer.

2. Impact on Health: If a person is having prostate cancer he has lots of impact on health which may not allow an individual to perform activities of daily living.

“My body became stiffed when I was operated... Weather it was operation or accident it was always worst” (P7)

Outliers: *“I am unable to see the impact of prostate cancer. My Moustache was very thick but suddenly hair started falling then I realized something is going on... otherwise nothing else ha!.ha!.ha!.ha! (P2)*

Most of the participants have lots of impact on their health as they became week and their physical health is much affected as their skin complexion is also changed. But many of the participants are not having any impact on health as most of them are pension holder.

C. Treatment and Expectation: Under this theme there are three sub themes that are mode of treatment, finance and burden and changes and satisfaction.

1. Mode of Treatment: The treatments like chemotherapy and radiation therapy could be helpful in managing prostate cancer but there are certain issues with the patients as they have to face N number of side effects.

“I did not have any idea about the treatment that I am receiving. I came to hospital with no option. In such cases, what should I do...? an individual will only go to the hospital not to the graveyard.” (P7)

Majority of the Participants had taken good and expected treatment to overcome prostate cancer like radiation therapy, some of patients gone for operation. Most of the participants had good faith that prostate cancer treatment is possible with chemotherapy and radiation therapy.

2. Finance and Burden: *“As I am getting my pension I used to give that to my family members. I have two children both are earning so there is no tension about what to do or what not to do? and I know treatment is possible” (P 2)*

Most of the Participants were supported well enough by their family member with regards to financial issue. Even their children also supported them well enough by spending for patient rather than for own expense.

D. Quality of life: The subtheme in quality of life is grouped into three categories that are Family and Supporter, Responsibilities and Future and Almighty.

1. Family and Supporter: *“My family members gave me medication on time, gave me food at time and took proper care of me” (P1)*

My wife and my son got worried more from the rest of family. Sometime they used to cry.” (P8)

Family members are the only one who care and help the most of the time as they never take it as burden and they voluntarily do all work regarding care and all. Most of the participant verbalized that they had enough support from their family member and nurtured with adequate love and affect to overcome the prostate cancer.

2. Responsibilities: *“By god’s grace I have done all my Responsibilities.” (P6)*

“Mostly I am free from all my responsibilities as my all family members are educated and they do take great care of my family... my wife is lecturer... and my son is also studying well” (P7)

“Responsibilities of entire family were on my shoulder as I had to deal with the money issues... that which is borrowed here and there in family.” (P 9)

Discussion

The first theme emerged from the study was corroboration of illness under which two subthemes

identified were Facts and perspectives and confirmation and worries.

Current findings are similar with study conducted by Smolsky et al. (2013) where they found that Prostate Specific Antigens Using Surface-Enhanced Raman Scattering-Based Immunoassay for accurate diagnosis of Prostate Cancer. Further Result showed that PSA markers in clinical fluids have strong potential for application was an accurate diagnosis of prostate cancer.⁷

The second theme emerged was Illness and Impact under which two subthemes were identified i.e fear of getting worse and Impact on Health.

Current findings are similar with study conducted by Langston B, Armes J, Levy A, Tidey E, Ream E in 2012 where they found that Study that symptoms most frequently mentioned by patients include erectile dysfunction, loss of sexual desire or interest, incontinence/leaking, urgency, and hot flashes.⁸

The Fourth theme emerged was Quality of life under which three subthemes identified were Family and Support, Responsibilities and Future and Almighty. Current findings are similar with study conducted by Jayadevappa R, Schwartz JS et al. (2011) where they found that patients’ assessment of satisfaction with care, quality of care, and outcomes has become a central issue in patient-centered prostate cancer (PCa) care. The study result showed that Prostate cancer patients were satisfied with the care provided to them.⁹

Participants stated that they had completed all their responsibilities and had a better quality of life. In contrast the study was conducted by Zajdlewicz L, Hyde MK, Lepore SJ et al. (in 2011) where they found that longer-term impact of disease progression and treatment adverse effects on health-related quality of life (QoL) of men.¹⁰

Conclusion

The present study revealed that most of the participants worried about confirmation of prostate cancer as they had many questions in their mind that what would happen after the confirmation. Participants expressed that the prostate cancer can affect their health and also stated that they were afraid about the consequences. Most of the participants had undergone proper treatment. Most of the participants showed positive attitude towards the management of prostate

cancer as they knew very well that it could be treated. Majority of the participants expressed that they faced problems in various aspects like unable to keep up with daily living activities and financial issues. Participants expressed that prostate cancer not only affect them but could also affect their family and friends. Most of the participants expressed that they had completed their responsibilities. They also expressed that only God could save them because most of the participants had strong faith in God.

Conflict of Interest: Nil

Source of Funding: Nil

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