

A Qualitative Exploration of Prostate Cancer Survivors Experiencing Psychological Distress: Loss of Self, Function, Connection, and Control

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PURPOSE: To explore the experiences of men with prostate cancer identified as having psychological distress and to identify factors influencing distress.

PARTICIPANTS & SETTING: 28 men with prostate cancer diagnosed 18–42 months earlier, identified as having psychological distress on survey measures.

METHODOLOGIC APPROACH: Semistructured telephone interviews were conducted. Thematic analysis using a framework approach was used.

FINDINGS: Men with psychological distress had strong perceptions of loss toward self (identity, sexuality/masculinity, self-confidence), function (physical activities), connection (relational, social, community), and control (future, emotional). Psychological vulnerability appeared heightened in particular groups of men. Maladaptive strategies of emotional concealment, help-seeking avoidance, and withdrawal appeared to contribute to distress.

IMPLICATIONS FOR NURSING: Distress in men with prostate cancer is multifaceted. Men with distress should be identified and offered support. Nurse- or peer-led interventions are required.

KEYWORDS patient experience; distress; prostate cancer; psychological; qualitative; health care

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Prostate cancer is the second most common cancer among men worldwide (Bray et al., 2018). Although survival rates are high (Allemani et al., 2015), prostate cancer and its treatments can negatively affect quality of life (Punnen et al., 2015; Watson et al., 2016). In the United Kingdom, the setting for the current study, men with localized prostate cancer are commonly offered a choice of treatments, including radical prostatectomy, external-beam radiation therapy, brachytherapy, androgen deprivation therapy (ADT), active surveillance, or a combination of these (National Institute for Health and Care Excellence, 2019). Men with advanced prostate cancer may be offered hormonal therapy, watchful waiting, or chemotherapy. No U.K. prostate cancer screening program currently exists; however, men with family history or symptoms are offered a prostate-specific antigen test and digital rectal examination.

Treatments can significantly affect sexual, urinary, and bowel functioning, and may also lead to fatigue, weight gain, hot flashes, loss of muscle mass, and emotional instability (Blomberg et al., 2016; Punnen et al., 2015; Watson et al., 2016). Meta-analyses of previous studies suggest that, in men with prostate cancer, rates of depression and anxiety post-treatment are 18.4% and 18.5%, respectively (range = 15%–27% across the treatment spectrum) (Watts et al., 2014); these are significantly greater than in the general population. Men are also at increased risk for suicide after a prostate cancer diagnosis, particularly men who are older, unpartnered, or White, or those with metastatic disease (Klaassen et al., 2015; van Leeuwen & Schröder, 2010). Although most men with prostate cancer report good overall