Exploring the lived experience of gay men with prostate cancer: a phenomenological study

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Background
Few studies have explored the experiences of gay men with prostate cancer despite suggestions that the impact of treatment may be more profound, or in some ways unique compared to heterosexual men. This heteronormative bias may pose difficulties when healthcare providers try to frame equitable individualised care and support to gay men with prostate cancer.

Aims & Objectives
The aim of this research was to explore the lived experience of gay men with prostate cancer in Ireland. The objectives were to add to the body of emerging literature on gay men with prostate cancer to broaden the evidence base, increase healthcare provider knowledge, inform practice, influence policy, and ultimately improve the services and delivery of care to this underserved cohort.

Methods
Qualitative: Descriptive Phenomenology
In-depth interviews were recorded and transcribed verbatim from a purposive sample of eight gay men treated for prostate cancer in Ireland. Giorgi's descriptive phenomenological method was an appropriate qualitative methodological approach employed to collect and analyse data. A reflexive process was engaged throughout the study and a reflexive journal maintained. Transcripts and analysed data were reviewed by a second experienced researcher. Ethical approval was granted from the university ethics committee.

Findings
Three key themes and associated sub-themes representing the essence of the participants lived experience are presented in Figure 1.

Diagnosis, treatment decision making and the impact of treatment
- A perceived information deficit could result in anger, frustration and treatment decision regret.
- Prostate cancer treatment appears to have a profound impact on masculinity.
- Treatment related sexual dysfunction impacted a threat to gay identity
  [Prostate cancer treatment] "...annihilated who I am...like someone took my manhood out...just got it and took it away from me and I can't...I can't address that..." [P #7].
  [Erectile dysfunction] "...a very taboo subject...you certainly don't want to stand out in the [gay] community...especially if you are not in a relationship." [P #6]

The experience of the healthcare service
- Communication difficulties with the healthcare team could result in unmet needs.
- Specialist nurses were often described as the greatest source of support.
- Participants described an absence in the provision of psychosexual support.
  "...and when I ask questions about that [sexual side effects]...oh, well it was like taboo! They didn't want to kind of talk about that..." [Participant #5]
  "she didn't have any of the language...I presume not everyone going into her was straight...I could hardly have been the first gay man she had met...and lots of people have different sexual practices, you know...it was kind of...she was just uncomfortable..." [Participant #4].

Sources of Support
- Partners were reported as being the main source of support, mediating the impact of the disease.
- Cancer support groups held heteronormative assumptions and were unable to meet the men's needs.
- Specialist nursing and Public services were often described as the greatest source of support.
- ...there is never anything in them about prostate cancer...they were supposed to be good on health... there was never a mention of...prostate cancer at all" [P #1]

Discussion and Conclusions
Consistent with the limited body of existing research conducted in this area, the findings of this study demonstrate that gay men with prostate cancer have unmet information and support needs at time of diagnosis, treatment decision making, and with regards to side effect management, particularly sexual rehabilitation. This impacts their psychosocial and sexual functioning with consequent impairment to quality of life. Some of the issues identified which are of distinct relevance to gay men with prostate cancer include the role of ejaculate in gay sexual behaviour, the potential for role reversal in penetrative sex, the prostate as a source of pleasure, a firmer erection being required for penetrative sex, threats to gay identity, differences in social support structures, and an absence of formal support outside the healthcare service provided by the cancer charity sector or the gay community. Difficulties encountered with communication, healthcare provider knowledge, and education, may contribute to a perceived ambivalence towards gay men's issues or indicate to gay men that the subject matter is taboo, compounding issues of stigma and minority stress.

Limitations
All of the men in this study were Caucasian, received treatment in Ireland, most were partnered, well educated and their HIV status was not disclosed, therefore the results may not be generalizable beyond this population.

Recommendations
- Inform gay men diagnosed with prostate cancer of the unique impact treatment may have on their wellbeing to facilitate informed decision making.
- Medical and nursing education should include training on diversity issues in healthcare that address the specific information needs, psychosocial and sexual concerns of gay men with prostate cancer.
- There remains a need for further research in all areas of prostate cancer and how it impacts gay men. Factors influencing treatment decision making, comparative studies of various treatments and their impact on gay men, the impact on partners, and on single gay men, have never been adequately researched.

References

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