



The Effects of Age, Ethnicity, Sexual Dysfunction, Urinary Incontinence, Masculinity, and Relationship with the Partner on the Quality of Life of Men with Prostate Cancer

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Introduction

- Prostate cancer, the leading cause of cancer in men, has positive survival rates and constitutes a challenge to men with its side effects.
- These men are generally around 50 years of age and older, do not look or feel sick, but endure urinary and sexual dysfunctions as a result of their prostate cancer.
- The normalcy and quality of their life is disrupted.



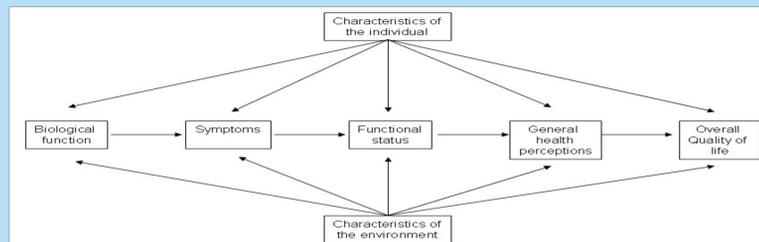
Background

- Prostate cancer accounts for 238,590 (28%) of cancer incidence and is the leading cancer in men (NCI, 2015).
- It is estimated that one in six men will have prostate cancer in their lifetimes (NCI, 2015).
- Prostate cancer treatment options vary; surgery, radiation, hormonal therapy, or watchful waiting.
- The side effects of these treatments include sexual dysfunction (30-80%), urinary incontinence (30-74%), and bowel incontinence (3-10%).
- These side effects cause a challenge to men's masculinity, relationship with their partner, and quality of life (QOL).

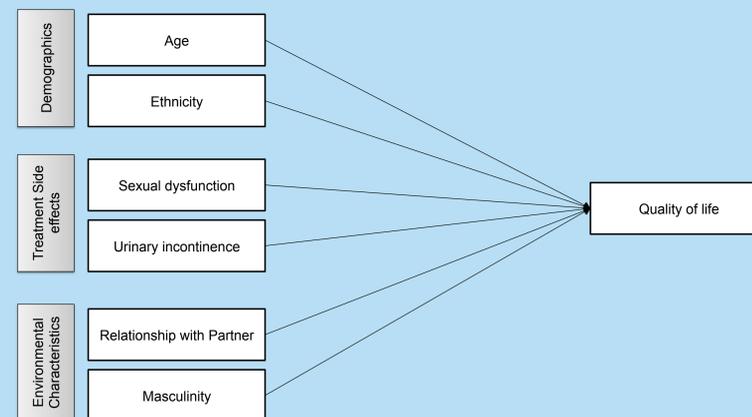
Purpose

- The purpose of this study was to examine relative contributions of age, ethnicity, sexual dysfunction, urinary incontinence, masculinity, and perception of the relationship with the partner on the QOL in men diagnosed with prostate cancer.

Conceptual Framework



Ferrans et al. (2005) revised Wilson and Cleary model.



Conceptual framework for variables contributing toward QOL in men with prostate cancer

Methods

- This study used a cross-sectional design and recruited participants from four urology clinics in Miami and Broward counties in FL.
- Inclusion criteria:** English or Spanish speaking men diagnosed with prostate cancer, heterosexual, and partnered.
- Exclusion criteria:** Men with erectile dysfunction or urinary incontinence due to reasons other than prostate cancer.

Sample

- A total of 117 men meeting the inclusion criteria participated in the study. The sample mirrored the ethnic distribution in South Florida.
- The majority of men participating in this study were diagnosed with prostate cancer more than one year ($n = 70, 59.9\%$) ago.

Variables	Total Sample N (%)	Hispanic n= 63 n (%)	NonHispanic n= 53 n (%)	Statistic	p value
Age [M (SD)] Range 52-85	67.57 (8.42)	66.60 (8.56)	68.55 (8.20)	t = 1.24	.22
Ethnicity					
Hispanic	63 (54.3%)				
White/ Caucasian	17 (14.7%)				
White Hispanic	39 (33.6%)				
African American	17 (14.7%)				
Black Hispanic	24 (20.7%)				
Black Caribbean	19 (16.4%)				

Contributions to QOL

Variable	B	SEB	β	T	p
Age	.15	.12	.13	1.32	.19
Ethnicity	2.76	1.94	.14	1.42	.16
Relationship with partner	-.22	.10	-.25	-2.28	.03*
Masculinity	-.20	.15	-.15	-1.38	.17
Sexual functioning	.12	.11	.11	1.14	.26

Note. Ethnicity was dummy coded as nonHispanic "0" and Hispanic "1"; relationship with partner was measured using DAS, masculinity was measured using CMNI, sexual functioning were measured using UCLA PCI.

Discussion

- Men in this study considered their health to be good or very good ($n = 75, 64\%$).
- There was an association between sexual and urinary functioning.
- No functional differences among different treatment options.
- Men with stronger masculine norms, usually aligned with the concepts of hypermasculinity and *machismo*, were less satisfied with their relationship.
- Men with better relationship satisfaction reported decreased QOL.
- In the end, what mattered most to the QOL of men with prostate cancer was their relationship with their partner.
- Nursing interventions with these men should consider strengthening the relationship and involving the female partner as an active participant.