Ethnicity and the prostate cancer experience: a qualitative metasynthesis

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Introduction
• Prostate cancer (PCa) is the most common invasive cancer in men in developed countries [1] and the 4th most common cancer worldwide [2].
• PCa incidence and survivorship figures and management pathways vary considerably with country, and between ethnic groups within countries, affecting the experiences of men with PCa.
• UK minority ethnic (BME) men with PCa express considerable dissatisfaction with care [3].
• Better understanding of the experiences of men with PCa from different ethnic groups is needed to improve satisfaction with health services and reduce inequalities.

Method
Using Noblit and Hare’s [4] approach to metasynthesis, we undertook the first systematic synthesis of the qualitative literature on the experiences of men with PCa that focused on:
• BME groups within regions with the highest prostate cancer incidence and survival figures (Northern and Western Europe, North America and Australasia),
• majority ethnicities in countries outside these regions.

Results
• We found 18 relevant studies; mostly quality was fair to good but themes reflected study aims and are unlikely to be a complete representation of cultural perspectives.
• 14 studies on men from US and UK BME groups provided 3 unique thematic constructs
• In 4 majority ethnic group studies (from Brazil, Israel and Turkey), some themes resembled those found worldwide, but others had cultural nuances in common with the BME studies.

Main themes
Themes similar across countries worldwide
Emotions work and emotional resources
Embodied vulnerabilities and reduced activities
Valuing others and being valued: the strengths and challenges of close relationship bonds
From the present a new future is shaped: taking control or being controlled

Culturally nuanced themes in Brazilian, Turkish and Israeli studies
A lack of economic capital
The male protector and disclosure strategies: harming and protecting the self and partners
The continuum from life on earth to immortality
The importance of community and social networks
Trust in HCPs and the break down of trust
Shifting masculinities and the impact of cultural differences in what it means to be a man

BME-specific themes
Old and new discourses and the status of CAM*
One more thing in the fight against adversity
Men’s and partner’s places on the spiritual continuum from the will of God to God as a helpmate

*CAM = complementary and alternative medicine

Conclusions
Spirituality enabled BME men to transcend healthcare issues and inequalities and draw on networks of support. Disclosure strategies were affected by all main constructs. Healthcare for Pca should consider and harness men’s contextually and culturally specific coping mechanisms. More studies are needed in diverse ethnic groups.