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Purposeful Interaction: Ways Latino Men Communicate About Prostate Cancer

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Abstract

Purpose/Objectives—To develop a descriptive framework of the communication processes used by Latinos with prostate cancer to communicate about their diagnosis.

Research Approach—A constructivist grounded theory approach was used to analyze and build a descriptive framework from semistructured interviews.

Setting—A university-affiliated urban hospital in southern California.

Participants—30 Latinos treated for prostate cancer, who had at least one first-degree male relative (FDMR), and who lived near the medical center.

Methodologic Approach—Semistructured interviews with bilingual Latinos were conducted in participants' homes in the language they preferred. Individual and collaborative analyses of translated transcripts were guided by constructivist grounded theory.

Findings—Analysis uncovered an overarching process of purposeful interacting. Components of the process included occasionally overlapping spheres of communication, which were connected to purposes and content. Balanced in and influenced by the spheres were cross-cutting processes of respectful silence and selective disclosure.

Conclusions—Men communicated different content about their prostate cancer to people representing different reference groups. Respectful silence and selective disclosure could be viewed as men's enactment of social interaction—using and choosing words based on the symbolic meaning the men perceived would have their intended meaning for the people in each of the spheres.

Interpretation—Culturally sensitive educational interventions should be targeted at Latinos with prostate cancer to understand risk and encourage disclosure to FDMRs.

Communication about the diagnosis and treatment of prostate cancer is critical to shared informed decision-making. The need for communication is magnified by the uncertainty surrounding the survival benefit of mass prostate-specific antigen (PSA) screening for prostate cancer and definitive treatment for all early-stage prostate cancers. The need for information about prostate cancer risk, screening, and treatment is particularly relevant for men who are at higher risk for prostate cancer because they are a first-degree male relative (FDMR) of a man with prostate cancer (McDowell, Occhipinti, Gardiner, Baade, & Steginga, 2009). In reviewing literature on the prevalence and predictors of prostate cancer screening among FDMRs, investigators found that FDMRs had higher rates of prostate

cancer screening and perceived themselves to be at higher risk than men who did not have a FDMR with prostate cancer (McDowell et al., 2009). However, FDMRs may not be aware of their risk status if they were never informed that a family member had prostate cancer. That lack of information can impair FDMRs' ability to fully participate in informed decision-making about screening. Communication about prostate cancer by men with prostate cancer is poorly understood, particularly among minority populations such as Latinos.

Much of the literature on cancer diagnosis disclosure addresses physician communication with patients and not patient disclosure to family and friends. However, in exploring gender differences in disclosing a cancer diagnosis to family and friends, the literature shows that men are more reluctant to disclose their diagnosis because of social expectations that perpetuate the myth that men are strong, stoic, and self-sufficient (Hilton, Emslie, Hunt, Chapple, & Ziebland, 2009). When considering ethnic differences in cancer communication, Papadopoulos and Lees (2004) found similarities in family communication regarding cancer diagnosis among ethnicities, with most restricting communications to the very immediate family. Ethnicities included in the study were Bangladeshi, Greek, Irish, Montserratian, Jamaican, and Caucasian English, (Papadopoulos & Lees, 2004). Two studies specifically investigated diagnosis disclosure among men with prostate cancer. Gray, Fitch, Phillips, Labrecque, and Fergus (2000) found that men were very cautious about disclosing their prostate cancer diagnosis because the idea of needing support and the need to control their anxiety about their diagnosis were linked to discomfort. In the other study, investigators found that men who told members of their social network about their diagnosis received positive support and felt they had done the right thing (Jackson et al., 2010). However, the men in both studies were predominantly Caucasian; minorities were underrepresented in all of the studies reviewed.

Prostate cancer is the most commonly diagnosed, noncutaneous cancer among men in the United States (Siegel, Naishadham, & Jemal, 2012), and Latinos are the fastest-growing minority (United States Census Bureau, 2008). Therefore, understanding how and with whom Latinos communicate about prostate cancer is important. In addition, Latinos are disproportionately uninsured when compared to Caucasians, and, for many, English is not their first language (Vega, Rodriguez, & Gruskin, 2009). Prostate cancer and issues surrounding its treatment, including incontinence and erectile dysfunction (ED), are not generally accepted topics of conversation among Latino men (Maliski, Rivera, Connor, Lopez, & Litwin, 2008), and Latinos with prostate cancer may not understand the need to communicate with FDMRs or may be reluctant to do so because of unique cultural issues. Therefore, the purpose of the current study was to develop a descriptive framework of the communication processes used by Latinos with prostate cancer when communicating with others about their diagnosis.

Methods

The authors used a constructivist grounded theory approach (Charmaz, 2006) to analyze and construct a descriptive framework from semistructured interviews with Latinos who had been diagnosed with prostate cancer. Sampling and analysis were continued until categories and relationships among the participants were identified and completely described from the data. Constructivist grounded theory approach is ungirded by symbolic interactionism, which posits that meaning is made in interaction.

Participants

After receiving approval from the University of California, Los Angeles (UCLA), Office for the Protection of Research Subjects, men were recruited from the UCLA Men's Health

Study, a longitudinal survey of clinical and patient-centered outcomes. Participants in the Men's Health Study were recruited from IMPACT (Improving Access, Counseling, and Treatment for Californians with prostate cancer), a state-funded program that provides free prostate cancer treatment to low-income men. Program eligibility requires having biopsy-proven prostate cancer, California residency, income of no more than 200% of the Federal Poverty Level, and not having insurance. Participation in the Men's Health Study bears no influence on receipt of program benefits, which, in addition to medical care, include a wide variety of psychosocial services provided by nurse case managers and clinical coordinators. Men who were self-reported Latino, treated for prostate cancer, had at least one FDMR (brother or son), and lived in a 50-mile radius of the UCLA campus were invited to participate. Although 30 men aged 54 to 71 and older were interviewed, saturation was reached with 16 men (see Table 1). All men preferred that the interviews be conducted in Spanish.

Procedure

Data were gathered using semistructured, in-depth interviews. The interviews were conducted by bilingual (Spanish and English) male interviewers in participants' homes. Participants were asked to talk about their experience with treatment, with whom they talked to about their cancer before and after diagnosis, and what and when they told others. Prompts were used to elicit in-depth explanations. Follow-up interviews were conducted with 10 of the participants. Theoretical sampling was used to select participants who could provide additional information about theoretical concepts as they emerged. All interviews were tape recorded and transcribed verbatim in the language in which the interviews were conducted. Spanish transcripts were translated using the rigorous process developed by the research team for qualitative research.

Analysis started with line-by-line coding and constant comparison among codes. From that, process categories were identified, described, and labeled. Description of categories involved developing properties and dimensions for the categories, which led to the discovery of relationships among the categories. Analysis continued until no new categories were discovered and no new properties or dimensions in categories were found. As categories were described, they were amplified and verified in the follow-up interviews. As the framework was described, the remaining 14 transcripts that were not used for the framework development were reviewed to verify that the framework was applicable. Analysis was conducted by the authors individually and collaboratively, and agreement on categories was reached by consensus and from consultation with the interviewers. Analysis notes and memos were maintained throughout the study.

Results

The analysis uncovered an overarching process of purposeful interacting. Components of the process included spheres of communication, with each sphere connected to purposes and content. Some spheres had partial overlap with others. The crosscutting processes of respectful silence and selective disclosure were balanced and influenced by the spheres.

Spheres of Communication

Spheres of communication emerged when men identified different groups with whom they communicated about their prostate cancer. The purpose of the communication in each sphere guided what was told, how it was told, and when it was told. The investigators identified the spheres as experts, inner circle, work, beneficiaries, and outer circle (see Table 2).

Experts—The expert sphere was used to determine the best treatment, understand the treatment and its effects, and to develop expectations following treatment. Included in this sphere were healthcare providers and men who previously had prostate cancer. Most of the participants related that they wanted to know the physician's recommendation for treatment, which carried the most weight in their treatment decision for early-stage prostate cancer.

He said that, for me, there was the operation; the surgery was the, the best . . . because I had the age to get a surgery. Yes, and, uh, there was another treatment, but for me, [surgery] was the, the right one. . . . I told him, that it was best for him to operate me.

The men in the current study also talked about consulting with prostate cancer survivors. Survivors were viewed as experts by participants because they had been treated for and survived prostate cancer. Experienced survivors were consulted regarding what to expect during and after treatment, particularly side effects and whether symptoms being experienced were normal compared to the survivor's experience. One participant said, "I did not know anything about that, and I started to talk . . . with my friend and coworkers also." Participants consulted more with experienced survivors about symptoms related to sexual function and physical sensations more often than with healthcare professionals.

I found friends of mine in the hospital that also had the, the operation. And yes, sometimes I go to visit them, we talk about that, only that. Yes, every time we see each other we talk about that, "How do you feel? Do you have a symptom or anything? No, well, we are fine."

Inner circle—The inner circle consisted of those who a participant considered closest to him, who were told first about the illness, and were involved most with his prostate cancer treatment and recovery. For married men, this included the wife and, very often, adult children who lived nearby or with the couple. Of the two unpartnered men in the study, one's inner circle was his mother and the other's were his close friends.

Work—The work sphere was comprised of bosses and coworkers. The boss, in particular, had to be given a reason for requested time off. Men reported giving limited information about their diagnosis in that situation, such as needing treatment for a serious condition, but not always telling the boss about their cancer diagnosis.

No, well, I said that I had some tests done, and they had shown that there was a problem with my prostate and that I was going to get operated. That if they could give me permission to, to go to the operations. They said yes, that I could go.

The same was true for coworkers when limitations at work existed after returning from treatment.

Well the same comments that . . . what I was going to go do, that is why I wasn't going to go [to work] for some days. That I was going to get my prostate operated.

Beneficiaries—The beneficiary sphere consisted of people the men thought could benefit from knowing about their experiences with prostate cancer, including sons, other male relatives, male friends, and sometimes, male coworkers. The goals were to educate and encourage others to be screened to save their lives. Men saw screening as a way of preventing prostate cancer or of others being able to prevent what had happened to them. One participant explained, "Like [I] told them, you gotta get that [PSA], so you don't get cancer like me." The men talked of telling others to not be concerned about the digital rectal examination, because it would save their life.

Outer circle—The outer circle consisted of those with whom men felt no need to discuss their diagnosis, including family members who were geographically or emotionally distant, casual friends, or coworkers. Men did not want to impose a burden on those who would be unable to help or, in other cases, felt that it was none of their business. Therefore, the diagnosis was not disclosed in this sphere.

Interactional Processes

The interactional processes of respectful silence and selective disclosure operated in and among spheres. In each sphere, a balance of respectful silence and selective disclosure was achieved.

Respectful silence was respecting people's feelings and privacy or maintaining one's own privacy instead of talking purposefully about topics that would be embarrassing to another person. Relative to prostate cancer, respectful silence was exercised by men with prostate cancer when they did not talk about their prostate cancer because they felt it would cause others' discomfort. They received respectful silence when others did not introduce prostate cancer issues that might be embarrassing.

Most men disclosed all the information they were aware of to their wives, including the possibility and actuality of ED and incontinence. When talking to their adult children, coworkers, or acquaintances, however, they may have disclosed that they had prostate cancer without the details, particularly the possibility of side effects such as ED or incontinence. Also, some men did not tell geographically or emotionally distant relatives because they saw no need to burden them.

The men received respectful silence from people they believed knew about prostate cancer's side effects but, out of respect for the participants' feelings and privacy, did not mention it. Participants mentioned this happening with coworkers and bosses, who did not share with others that the participant had prostate cancer or did not ask questions beyond what they were told. Family members such as adult children and in-laws exercised respectful silence when they knew that side effects included ED and incontinence, but were careful not to talk or joke about those topics. Participants expressed appreciation for the respectful silence, selective disclosure, and the selection of what to tell to whom, which were influenced by the spheres and purpose of the interaction. Participants were selective in the disclosure and discussion of ED and incontinence. Wives, in particular, were affected by ED but provided the most support to men in dealing with this side effect. Therefore, it was unavoidable and necessary for them to know about ED.

A number of men shared their story with male relatives and male friends in an attempt to illustrate the importance of prostate cancer screening. Information selected to be disclosed in this context was about the importance of the screening process and the need to overcome concerns about the digital rectal examination. The integration of the spheres of communication and interactional processes is depicted in Figure 1.

Discussion

The major findings of this study described a process by which Latinos with prostate cancer purposefully interacted with others about their prostate cancer through selective disclosure and respectful silence in spheres of communication. This was consistent with and extended the previous studies on disclosure of a prostate cancer diagnosis to Latinos and articulated the process of prostate cancer communication (Gray et al., 2000; Hilton et al., 2009; Jackson et al., 2010; Papadopoulos & Lees, 2004).

The explanatory framework that emerged is consistent with the tenets of symbolic interactionism (Blumer, 1969; Charon, 2007), in particular, the notion that interaction is purposeful, with individuals choosing how to interact with other individuals in various contexts. That clearly was demonstrated by the spheres of communication, each of which had unique purposes and content. Participants communicated different content about their prostate cancer to different groups of people, which represented different reference groups in symbolic interactionism terms. Reference groups are the multiple social worlds in which individuals interact. How an individual presents him- or herself in various groups can, and often does, differ based on the views of the group and how the individual perceives the group to view him or her (Charon, 2007). The spheres of communication represent different reference groups with whom Latinos interacted regarding their prostate cancer. The processes of respectful silence and selective disclosure can be viewed as participants' enactment of social interaction using and choosing words based on the symbolic meaning the men intended for the people in each of the spheres.

Of particular concern is the outer circle. No information about the prostate cancer diagnosis was disclosed to individuals in this group. In addition to individuals who did not need to know about the men's prostate cancer, the outer sphere contained FDMRs for a number of the participants. Participants gave many reasons for not communicating the diagnosis to members of the outer circle, such as not wanting to inflict worry, the members could not do anything medically helpful for the participants, or they were estranged by geographical or emotional distance. That creates the potential for a group of FDMRs who may not be aware of their heightened risk for prostate cancer. It also suggests that the men diagnosed with prostate cancer were not aware of FDMRs' increased risk and the need to communicate the diagnosis to them.

Because the current study focused on Latinos in southern California, the results cannot be generalized to other groups. However, the concepts related to communicating about a prostate cancer diagnosis may be transferable to other groups and warrant additional investigation. Previous studies have identified that men are reluctant to communicate their prostate cancer diagnosis (Gray et al., 2000); however, the current study's results provide evidence about the selectiveness of that communication. Although reluctance exists in some spheres of communication, a sense of helping others by communicating about the prostate cancer experience was seen in the beneficiary sphere.

Implications for Nursing Practice

Results of the current study suggest that Latinos with prostate cancer and their inner circle should be targeted for educational interventions by nurses caring for men with prostate cancer. An initial focus might be ensuring that Latinos understand the need for disclosing their diagnosis to all FDMRs. A second focus could be providing culturally appropriate strategies to assist men with prostate cancer and their inner circle in informing all FDMRs about the prostate cancer diagnosis. Culturally appropriate strategies might include involving spouses and adult children in the education and disclosure process and providing them with appropriate resources such as written and electronic information in Spanish. Those types of interventions have the potential to reach high-risk Latinos and provide them with the necessary knowledge to be active participants in informed decision-making regarding screening.

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References

- Blumer, H. Symbolic interactionism: Perspective and method. University of California Press; Berkeley, CA: 1969.
- Charmaz, K. Constructing grounded theory: A practical guide through qualitative analysis. Sage; Thousand Oaks, CA: 2006.
- Charon, J. Symbolic interactionism: An introduction, an interpretation, an integration. 9th ed.. Prentice Hall; Saddle River, NJ: 2007.
- Gray RE, Fitch M, Phillips C, Labrecque M, Fergus K. To tell or not to tell: Patterns of disclosure among men with prostate cancer. *Psycho-Oncology*. 2000; 9:273–282. doi: 10.1002/1099-1611(200007/08)9:4<273::AID-PON463>3.0.CO;2-F. [PubMed: 10960925]
- Hilton S, Emslie C, Hunt K, Chapple A, Ziebland S. Disclosing a cancer diagnosis to friends and family: A gendered analysis of young men's and women's experiences. *Qualitative Health Research*. 2009; 19:744–754. doi:10.1177/1049732309334737. [PubMed: 19342703]
- Jackson T, Davis K, Haisfield L, Dawson D, Lynch J, Regan J, Taylor K. Disclosure of diagnosis and treatment among early stage prostate cancer survivors. *Patient Education and Counseling*. 2010; 79:239–244. doi:10.1016/j.pec.2009.08.004. [PubMed: 19775849]
- Maliski S, Rivera S, Connor S, Lopez G, Litwin MS. Renegotiating masculine identity after prostate cancer treatment. *Qualitative Health Research*. 2008; 18:1609–1620. [PubMed: 18955461]
- McDowell ME, Occhipinti S, Gardiner RA, Baade PD, Steginga SK. A review of prostate-specific antigen screening prevalence and risk perceptions for first-degree relatives of men with prostate cancer. *European Journal of Cancer Care*. 2009; 18:545–555. doi:10.1111/j.1365-2354.2008.01046.x. [PubMed: 19686273]
- Papadopoulos I, Lees S. Cancer and communication: Similarities and differences of men with cancer from six different ethnic groups. *European Journal of Cancer Care*. 2004; 13:154–162. doi:10.1111/j.1365-2354.2004.00448.x. [PubMed: 15115471]
- Siegel R, Naishadham D, Jemal A. Cancer statistics, 2012. *CA: A Cancer Journal for Clinicians*. 2012; 62:10–29. doi:10.3322/caac.20138. [PubMed: 22237781]
- United States Census Bureau. Projected population by single year of age, sex, race, and hispanic origin for the United States: July 1, 2000 to July 1, 2050. 2008. Retrieved from <http://www.census.gov/population/www/projections/2008projections.html>
- Vega W, Rodriguez M, Gruskin E. Health disparities in the Latino population. *Epidemiologic Reviews*. 2009; 31:99–112. doi:10.1093/epirev/mxp008. [PubMed: 19713270]

Figure 1.
Interaction Patterns for Latinos With Prostate Cancer

Table 1

Sample Characteristics

Characteristic	n
Time since diagnosed with prostate cancer (years)	
1 or less	9
2–3	12
4–6	4
7–10	3
11 or more	2
Treatment received	
Radical prostatectomy	17
External beam radiation therapy	7
External beam radiation therapy and hormone therapy	2
Surgery and hormone therapy	1
Active surveillance	1
Surgery, hormone therapy, and chemotherapy	1
Other	1
Age (years)	
50–55	2
56–60	6
61–65	12
66–70	7
71 or older	3
Relationship status	
Living with spouse or partner	18
In a significant relationship, but not living together	3
Not in a significant relationship	7
Unknown	2
Education level	
Grade school or less	16
Some high school	3
High school graduate	4
Some college	1
College graduate	4
Unknown	2

N = 30

Table 2**Spheres of Communication for Latinos With Prostate Cancer**

Sphere	Interaction Purpose	Interaction Content
Experts	Determine best treatment. Set expectations. Understand treatment.	What do you recommend? Is this normal? What happened to you?
Inner circle	Support for decision Explanation Reciprocal optimism Assistance	Physician said this is best. Good, it can be treated. Stay positive.
Work	Time off Limitations	Need for time off for treatment for serious condition
Beneficiaries	Encourage screening. Educate others.	Get screened to save your life. Don't worry about DRE.
Outer circle	No need to know Not a burden to others	Diagnosis and treatment not discussed

DRE—digital rectal examination