

Uncertainty and Quality of Life of Older Men Who Undergo Watchful Waiting for Prostate Cancer

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Purpose/Objectives: To explore uncertainty, anxiety, and the personal manner in which uncertainty is understood, and explain the health-related and affective quality of life (QOL) of men who undergo watchful waiting for prostate cancer.

Design: Descriptive, quantitative, survey approach.

Setting: United States.

Sample: A national sample of 21 men diagnosed with prostate cancer (\bar{X} age = 76 years) who had elected to receive no treatment for their disease.

Methods: 19 subjects who met the criteria contacted the researcher and completed the mailed questionnaire.

Main Research Variables: Uncertainty and QOL.

Findings: Moderate yet significant relationships were found between each of the independent variables. Significant relationships were found among uncertainty, anxiety, and the perception of danger (a dimension of QOL). Using hierarchical multiple regression, a model was built to explain 60% of the variance in this QOL dimension.

Conclusions: This study supports that men who undergo watchful waiting are uncertain and that this uncertainty results in their perception of danger and influences their affective health-functioning QOL. This study lends further support for the Uncertainty in Illness Model in the watchful waiting population.

Implications for Nursing: The findings of this study imply that increased teaching and patient care management regarding watchful waiting are needed both before and after the treatment decision has been made. This study provides the framework for further study on interventions to improve the QOL of this population.

Key Points . . .

- ▶ Watchful waiting is an appropriate management option for certain men with prostate cancer.
- ▶ As men's uncertainty increases, so does their perception of that uncertainty as a danger.
- ▶ Uncertainty explains a significant amount of the variance in affective health functioning quality of life.
- ▶ Nurses should target their efforts to reduce uncertainty through teaching and patient care management, which likely will reduce the perception of danger and the effects of this perception and uncertainty on the quality of life of the watchful waiting population.

with prostate cancer over the age of 40 in a suburban general practice, 31% underwent watchful waiting (Brett, 2001).

Men who receive watchful waiting as a treatment are likely to be older than most men diagnosed with prostate cancer and have other medical conditions and low-grade tumors. Watchful waiting is most appropriate for men whose life expectancy is less than 10–15 years. Naitoh, Zeiner, and De Kernion (1998) found watchful waiting to be an appropriate management option for older men with prostate cancer or men with other serious illnesses that could threaten their lives more quickly than the cancer. Koppie et al. (2000) conducted a study to determine the demographic and clinical profile of men who elect watchful waiting as a management option by analyzing a database of 329 watchful waiters from the Cancer of the Prostate Strategic Urological Research Endeavor. Chi-square analysis revealed that patients treated with watchful waiting were more likely to be 75 years old or older and have a low serum prostate-specific antigen, organ-confined disease, and a total Gleason score of seven or less. In another study of 199 men who were undergoing watchful waiting for prostate

Prostate cancer is the sixth most common cancer in the world and the fourth most common cancer among men (Parkin, Pisani, & Ferlay, 1999). In the United States, prostate cancer is the most prevalent cancer in men, with 220,900 new cases estimated for 2003 (American Cancer Society, 2003). Low death rates and the high risks and costs associated with treatment have led some patients and physicians to choose not to aggressively treat prostate cancer but rather to periodically observe its progression. Watchful waiting is defined as “initial surveillance followed by active treatment if and when tumor progression produces symptoms” (Adolfsson, 1995, p. 333). Watchful waiting takes into consideration factors such as age, other medical conditions, and tumor qualities (organ-confined disease and total Gleason score of seven or less) in the decision of how to manage prostate cancer. From 3%–13% of urologists consider watchful waiting to be as appropriate as aggressive therapy (Fowler et al., 1998). In a study of patients

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