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## Gender and Ethnic Differences in Colorectal Cancer Screening Embarrassment and Physician Gender Preferences

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**D**espite the established efficacy of colorectal cancer (CRC) screening (Levin et al., 2008; Winawer et al., 2003), more than half of the people for whom guidelines are relevant have not been tested (American Cancer Society, 2009). Although CRC screening is predicted by several sociodemographic and structural factors, such factors are difficult to modify and appear better suited to identifying at-risk groups than to capacitating interventions (Magai, Consedine, Neugut, & Herschman, 2007). A focus on modifiable factors has been called for (Guessous et al., 2010), and changing attitudes may be one particularly cost-effective approach (Winawer et al., 2003).

Viewed in that light, the fact that so few studies of CRC embarrassment exist is surprising (Inadomi, 2008; Klabunde et al., 2005; McAlearney et al., 2008; Walsh et al., 2004). Greater embarrassment predicts a lower frequency of intimate examinations (Kinchen et al., 2003; Shaw, Williams, Assassa, & Jackson, 2000; Shinn et al., 2004), including cancer screenings (Bleiker et al., 2005; Consedine, Magai, & Neugut, 2004; Denberg et al., 2005; Harewood, Wiersema, & Melton, 2002). Several considerations limit the ability of prior research to inform understanding of CRC screening. First, researchers are unclear about what aspect(s) of CRC screening contexts are embarrassing and, therefore, deterring. Second, the literature regarding ethnic and gender differences in CRC screening embarrassment is scattered and inconsistent. Finally, although some studies have been conducted among women, the potential relevance of physician gender among samples of men and women remains unclear.

**Purpose/Objectives:** To examine colorectal cancer (CRC) screening embarrassment among men and women from three ethnic groups and the associated physician gender preference by patient gender and ethnicity.

**Design:** Cross-sectional, purposive sampling.

**Setting:** Urban community in Brooklyn, NY.

**Sample:** A purpose-derived, convenience sample of 245 European American, African American, and immigrant Jamaican men and women (aged 45–70 years) living in Brooklyn, NY.

**Methods:** Participants provided demographics and completed a comprehensive measure of CRC screening embarrassment.

**Main Research Variables:** Participant gender and ethnicity, physician gender, and CRC screening embarrassment regarding feces or the rectum and unwanted physical intimacy.

**Findings:** As predicted, men and women both reported reduced fecal and rectal embarrassment and intimacy concern regarding same-gender physicians. As expected, Jamaicans reported greater embarrassment regarding feces or the rectum compared to European Americans and African Americans; however, in contrast to expectations, women reported less embarrassment than men. Interactions indicated that rectal and fecal embarrassment was particularly high among Jamaican men.

**Conclusions:** Men and women have a preference for same-gender physicians, and embarrassment regarding feces and the rectum shows the most consistent ethnic and gender variation.

**Implications for Nursing:** Discussing embarrassment and its causes, as well as providing an opportunity to choose a same-gender physician, may be promising strategies to reduce or manage embarrassment and increase CRC screening attendance.