Understanding Men’s Experiences With Prostate Cancer Stigma: A Qualitative Study

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PURPOSE: The purpose of this study was to explore the experiences and perspectives of men who have had prostate cancer to better understand the effect of prostate cancer and associated stigmas on men in the Canadian province Newfoundland and Labrador (NL).

PARTICIPANTS & SETTING: Eleven men from NL who have had prostate cancer participated in semistructured interviews exploring their perspectives and experiences of prostate cancer and stigma.

METHODOLOGIC APPROACH: A social–ecological framework was used to understand experiences from different domains. Interviews were analyzed using Lichtman’s three Cs approach. Analysis focused on establishing themes of the participants’ lived experience of prostate cancer and related stigma.

FINDINGS: Participants described how emasculating a prostate cancer diagnosis can feel. They identified ways prostate cancer negatively affected their behaviors and sense of self, described coping with the diagnosis and different strategies, and talked about broader system change required to address prostate cancer stigma. Participants expressed a need for additional support from healthcare providers (HCPs).

IMPLICATIONS FOR NURSING: HCPs, such as oncology nurses, may be able to reduce stigmatization by providing patient navigation, improving information delivery, or providing psychosocial counseling to individuals experiencing feelings of internal or external stigmatization related to prostate cancer.

KEYWORDS prostate cancer; stigmatization; qualitative research; quality of life
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Prostate cancer is the most common cancer among men in Canada, with about 21,000 new cases diagnosed annually (Canadian Cancer Statistics Advisory Committee [CCSAC], 2018). Because of modern medical advances, most men survive prostate cancer but face long-lasting and late-appearing side effects (CCSAC, 2018; Ettridge et al., 2019; Weber & Sherwill-Navarro, 2005), which can be physical (e.g., fatigue, sexual dysfunction, incontinence) or psychological (e.g., stress, anxiety, depression) (Weber & Sherwill-Navarro, 2005). In addition to the negative side effects, an increasing number of prostate cancer survivors are facing a new kind of challenge—stigma.

Stigma, which refers to a human attribute that is devalued in society (Goffman, 1963), is not new to cancer. In general, cancer has been identified as a highly stigmatized condition, often because of its association with death, changes in one’s body image, or blame and shame (Else-Quest et al., 2009; Mosher & Danoff-Berg, 2007). Evidence has shown that prostate cancer survivors can experience adverse consequences, such as depression and anxiety, making cancer-related stigma a growing topic in prostate cancer–related research (Koller et al., 1996). To this point, most cancer stigma research has focused on lung cancer, because there are strong feelings of blame and shame caused by the belief that one has caused his or her own disease (Else-Quest et al., 2009); however, research has begun to explore the effects of stigma on other types of cancer, such as prostate cancer.

To date, research on prostate cancer stigma has identified that perceptions of the disease as self-inflicted can lead to internalized stigma (Else-Quest et al., 2009; Lebel & Devins, 2008; Vogel et al., 2011). Internalized stigma, characterized by negative self-perceptions and self-blame, has been shown to