



## Men's experiences after prostatectomy: A meta-synthesis



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### ABSTRACT

**Objective:** The purpose of this review was to critically analyze, interpret, and synthesize the literature on men's experiences after prostatectomy.

**Design:** A meta-synthesis was conducted.

**Data sources:** Six databases (PubMed, EMBASE, CINAHL, PsycINFO, AgeLine, and Sociological Abstract) were searched from the earliest year to 2016. From initial searches with main keywords (prostatectomy and qualitative study), 642 abstracts were retrieved. Based on inclusion criteria (English-language published qualitative study focusing on the experience of men after prostatectomy), this meta-synthesis included 15 studies.

**Review methods:** Components of meta-study (meta-data-analysis, meta-method, and meta-theory) were employed to analyze, interpret, and synthesize the results of included studies. Three authors independently appraised the methodological quality of the included studies using a combined appraisal tool (The Critical Appraisal Skills Programme Qualitative Research Checklist and Paterson et al.'s Primary Research Appraisal Tool). The Enhancing Transparency in Reporting the Synthesis of Qualitative Research Statement was used to strengthen the completeness of reporting.

**Results:** Fifteen studies met inclusion criteria and quality appraisal guidelines, however, most did not identify or relate their findings to theory. Through meta-synthesis, five themes emerged: facing a life-changing situation, experiencing changes and their impact, striving to manage and adjust to changes, coping with masculinity, and anticipating the future.

**Conclusions:** After prostatectomy, men experienced physical, psychological, and social changes. Many men are physically and psychologically ill-prepared and suffer from lack of information and support. Health care providers need to be sensitive to men's needs including perceptions of masculinity, realize the importance of support as an essential component of men's adaptation post-prostatectomy, and provide comprehensive and individualized patient-centered interventions. Future studies need to use rigorous research methods, clearly identify methodological approaches, and consider employing or developing theory.

### What is already known about the topic?

- Prostate cancer is the second most commonly diagnosed cancer in men and prostatectomy is one of the most commonly selected treatments.
- Men experience many physical changes and side effects after prostatectomy, the most commonly reported are urinary incontinence and sexual dysfunction.
- Most existing review studies regarding prostatectomy focused on physical or functional health outcomes using quantitative methods. There is a lack of qualitative reviews which comprehensively analyze, interpret, and synthesize literature on men's experiences after prostatectomy.

### What this paper adds

- After prostatectomy, men face a life-changing situation, but they are both physically and psychologically ill-prepared for these changes.
- Men experience physical, psychological, and social changes after prostatectomy. Men's perceptions of masculinity are threatened after prostatectomy and men spend time seriously considering their future.
- Health care providers need to be sensitive to the needs of men and realize the importance of comprehensive and individualized patient-centered interventions following prostatectomy.

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## 1. Introduction

Worldwide, prostate cancer is the most common non-cutaneous malignancy, the second most commonly diagnosed cancer in men, and the fifth leading cause of overall cancer-related deaths in men (Ferlay et al., 2015). In 2012, approximately 1.1 million men across the globe were diagnosed with prostate cancer; most cases (close to 70%) occurred in more developed countries with incidence rates highest in Australia/New Zealand, North America, and Western and Northern Europe (Ferlay et al., 2015). In developed countries such as the United States (U.S.), prostate cancer is primarily a disease of older men where as many as 25% of all diagnosed cases occur in men > age 75 (Brawley, 2012).

Once prostate cancer is diagnosed, many treatment options exist (e.g., conservative management, surgery, radiation therapy, hormonal therapy, and chemotherapy) that take into account numerous factors such as stage, overall life expectancy, goals/side effects of therapy, other health problems, and quality of life. For men with organ-confined, localized disease, radical prostatectomy is considered the gold-standard treatment (Hugosson et al., 2011) and has been shown to have excellent long term cure rates, such as decreased mortality from cancer death when compared with watchful waiting (Bill-Axelsson et al., 2011; Porter et al., 2006). Currently, three surgical options are available: open retro-pubic; laparoscopic; or robotic-assisted laparoscopic radical prostatectomy. A systematic review (Ficarra et al., 2009) compared the three surgical options and reported that although laparoscopic radical prostatectomy and robotic-assisted radical prostatectomy showed lower blood loss and transfusion rates, there was no sufficient evidence to prove the superiority of any surgical option. A recent meta-analysis compared outcomes of open versus robotic-assisted radical prostatectomy from 61 studies (Seo et al., 2016): The risk of peri- and post-operative complications (e.g., blood loss; length of hospital stay) was less for robotic-assisted radical prostatectomy whereas recurrence-free long-term survival and rates of positive surgical margins were comparable between the two techniques (Seo et al., 2016).

Most existing studies regarding prostatectomy focused on physical or functional outcomes using quantitative methods. The majority of earlier review studies regarding prostatectomy included many quantitative studies with/without small number of qualitative studies, which focused physical health or complications (e.g. urinary incontinence or sexual dysfunction) after prostatectomy; non-pharmacological interventions (e.g. education, exercise, or nursing intervention) after prostatectomy; other therapy after prostatectomy; and health/function related quality of life (Acar et al., 2014; Alivizatos and Skolarikos, 2005; Anderson et al., 2015; Appoloni Eduardo et al., 2016; Baker et al., 2016; Daly et al., 2011; Ficarra et al., 2009; Frey et al., 2014; Hsu et al., 2016; Lassen et al., 2013; Prabhu et al., 2013; Seo et al., 2016). The earlier reviews highlighted the lack of high quality studies and the limitations of existing measurements in terms of understanding of men's everyday experience (Anderson et al., 2015; Appoloni Eduardo et al., 2016; Baker et al., 2016; Ficarra et al., 2009; Hsu et al., 2016; Lassen et al., 2013; Seo et al., 2016). Most previous quantitative systematic reviews focused on physical or functional outcomes. There is a lack of qualitative reviews which synthesized literature on men's experiences after prostatectomy.

In the last two decades, there have been an increasing number of studies that explored the experience of life post-prostatectomy using qualitative research methods. These studies employed various qualitative methodological approaches and various foci (e.g., post-operative needs, urinary incontinence, erectile dysfunction, masculinity, or penile length shortening) including diverse ethnic groups around the world. There are, however, only two qualitative systematic reviews regarding the experiences after prostatectomy (Fan et al., 2012; Morgan et al., 2015): Fan et al. (2012) focused on the experience of urinary incontinence after prostatectomy and Morgan et al. (2015) reported on a qualitative systematic review protocol regarding physical consequences

of radical prostatectomy on quality of life, but they have not reported results yet. To date, there has been lack of review studies that comprehensively analyzed and compared various existing qualitative studies regarding men's experiences after prostatectomy. Therefore, this meta-synthesis aimed to analyze, interpret, and synthesize existing qualitative studies that explored men's experiences after prostatectomy.

## 2. Methods

### 2.1. Synthesis methodology

Meta-study (Paterson et al., 2001) was conducted to analyze, interpret, and synthesize the results of included studies. Meta-study includes “three components in the analysis procedure: meta-data analysis, meta-method, and meta-theory” (Paterson et al., 2001, p. 10). By combining the three analysis procedures, investigators conducted a meta-synthesis to offer a new interpretation of the phenomenon (men's experiences after prostatectomy). In order to examine the included studies, Atlas.ti 6.2 Software program (ATLAS.ti Scientific Software Development GmbH, Berlin) and summary tables were used to facilitate analyses. Rigor was further enhanced by establishing procedural and coding rules. In addition, this study followed the Enhancing Transparency in Reporting the Synthesis of Qualitative Research statement (Tong et al., 2012) to strengthen the completeness of reporting.

### 2.2. Search methods

The primary investigator and one librarian searched electronic databases; these search results were then reviewed by one of the other investigators for confirmation of the initial record search. Six electronic databases (PubMed, EMBASE, CINAHL, PsycINFO, AgeLine, and Sociological Abstract) were searched with the limitations of language (English) and year (from the earliest year to 2016).

The following keywords were combined for the search: (prostatectomy OR prostate OR prostatic) AND (cancer OR neoplasm OR carcinoma OR operative OR operation OR surgery OR surgical) AND (qualitative research OR qualitative study OR qualitative descriptive OR qualitative method\* OR qualitative methods OR qualitative analysis OR phenomenol\* OR grounded theory OR ethnograph\* OR narrative OR narrative\* OR narration OR focus group OR interview). Several thousand articles were retrieved with the keywords search, therefore, the search was further limited to specific field (Abstract or Title/Abstract). In addition, the reference lists of qualitative review articles were hand searched.

### 2.3. Study selection

EndNote X7 program (Thomson Reuters, Philadelphia) was used to import articles and find duplicates. Inclusion and exclusion criteria were used to select primary studies (see Table 1). Three authors independently assessed the retrieved studies and selected the included studies.

### 2.4. Quality appraisal and data extraction

To appraise the quality of included studies and facilitate data extraction, elements of two quality appraisal tools were combined (total 16 items): The Critical Appraisal Skills Programme – Qualitative Research Checklist (2013) and Paterson et al. (2001)'s Primary Research Appraisal Tool. Three authors independently appraised the methodological quality of the included studies. First, two screening questions from The Critical Appraisal Skills Programme-Qualitative Research Checklist (2013), “Was there a clear statement of the aims of the research?” and “Is a qualitative methodology appropriate?” were assessed. If both questions were answered as “yes”, then all the authors further appraised each included study for 15 additional items (Paterson

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