



## Exploring men's preferred strategies for learning about testicular disorders inclusive of testicular cancer: A qualitative descriptive study



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### ABSTRACT

**Purpose:** Men's awareness of testicular disorders is lacking and their intention to seek help for testicular symptoms is sub-optimal. Studies conducted to explore and raise men's awareness of testicular disorders did not address their preferred learning strategies and failed to include men who are at risk for health inequities. The aim of this study was to explore, in-depth, the preferred strategies for learning about testicular disorders inclusive of testicular cancer among men who self-identify as heterosexual, gay, or bisexual.

**Methods:** Maximum variation and snowball sampling were used to recruit 29 men aged 18–47 years. Participation was sought from community and youth organizations and a university in the Republic of Ireland. Semi-structured individual interviews and focus groups were conducted. Interviews were audio-recorded and transcribed verbatim. Inductive analysis of manifest content was used.

**Results:** Seventeen informants self-identified as heterosexual, 11 as gay, and one as bisexual. Four main categories emerged, namely: strategies to enhance awareness (television, internet, campaigns, print media), educational dos and don'ts (tailoring effective messages, drawbacks of national initiatives, ineffective learning strategies), implications of raising awareness (risks and benefits of increasing awareness), and learning among gay and bisexual men (learning needs and strategies).

**Conclusion:** Future studies promoting awareness of testicular disorders should take into account men's preferred learning strategies. National campaigns should be delivered frequently and altered occasionally in order to achieve a top-up effect. Clinicians are encouraged to educate young men about the seriousness of testicular symptoms and the importance of seeking timely medical attention for any abnormalities.

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### 1. Introduction

The location, anatomy, and physiology of the testes can put men at risk for a number of diseases ranging from painless and benign to incapacitating and malignant (Wampler, 2010). TC<sup>1</sup> is most prevalent among men aged 20–44 years in the United States (National Cancer Institute, 2016). Similarly, 91% of TC cases in Ireland are diagnosed before the age of 50 (National Cancer Registry Ireland, 2016). Although rare and curable, TC incidence is on the rise in Western European countries and in the United States (Shanmugalingam et al., 2013). Orchiectomy is the main treatment

modality for TC and is often followed by chemotherapy and/or radiotherapy (Saab et al., 2016b). TC treatment is associated with a multitude of long-term complications including chronic fatigue, Reynaud like phenomena, and reduced gonadal function (Huddart et al., 2005; Rossen et al., 2009; Saab et al., 2014).

Public health initiatives promoting TSE<sup>2</sup> are linked to a reduced tumour size at presentation, which highlights the need to raise men's awareness of TC (McGuinness et al., 2016). In a systematic review of 25 studies exploring men's awareness of TC and its screening, Saab et al. (2016c) found that, despite having heard of TC, men were often uninformed about the different aspects of this malignancy. Subsequently, their TSE practices and intention to seek medical help for a testicular lump were suboptimal. In addition, men's perceived risk for TC is known to be low (Roy and Casson,

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<sup>1</sup> TC: testicular cancer.

<sup>2</sup> TSE: testicular self-examination.

2016).

Non-malignant disorders, such as testicular torsion, epididymitis, and orchitis, are more prevalent than TC, and if left untreated, can cause various complications that can be life-threatening (Centers for Disease Control and Prevention [CDC], 2015; Ringdahl and Teague, 2006). Testicular torsion, for instance, is a medical emergency that leads to ischemia and necrosis if help-seeking is delayed by 6 h or more from the onset of pain (Ringdahl and Teague, 2006). Epididymitis, often transmitted sexually among men aged less than 50, can lead to severe orchitis, sepsis, and infertility if left untreated (CDC, 2015). Like TC, men often lack awareness of benign testicular disorders and tend to delay help-seeking in the event of testicular pain, lumpiness, and/or swelling (Babu et al., 2004; Clark et al., 2011).

Saab et al. (2016b) conducted a systematic review of 11 interventions targeted at raising TC awareness and screening. A number of these interventions succeeded in improving men's knowledge of TC and in promoting TSE; examples include videos about TC and self-examination (Folkins et al., 2005; Sacks et al., 2013), a university campaign (Wanzer et al., 2014), and mass media (Trumbo, 2004). It is worth noting that none of these interventions mentioned men's education needs and preferred modes of learning a priori. Similarly, quantitative and qualitative studies that explored men's awareness of testicular diseases, seldom addressed their information needs and preferred learning strategies (Saab et al., 2016a, 2016c). Moreover, very few studies included men who are at risk for health inequities (Folkins et al., 2005; Sacks et al., 2013) and only one study reported that gay men were more likely to perform TSE than heterosexual men (Reece et al., 2010). This is quite alarming, especially that gay men are twice more likely to report a cancer diagnosis than heterosexual men (Boehmer et al., 2011). Therefore, the aim of this study was to explore, in-depth, the preferred strategies for learning about testicular disorders inclusive of TC among men who self-identify as heterosexual, gay, or bisexual.

## 2. Methods

### 2.1. Study design

The qualitative descriptive design was used. This approach is the least theoretical among the different qualitative designs; therefore, the phenomenon of interest was described using the informants' own words and insights, rather than adhering to pre-existing theories (Guba and Lincoln, 1994). Furthermore, qualitative description is appropriate to obtain unadorned responses to specific questions; examples include: "What are the concerns of people about an event? What are people's responses toward an event? What factors facilitate and hinder recovery from an event?" (Sandelowski, 2000, p.337). The Standards for Reporting Qualitative Research (SRQR) guided the reporting of this study (O'Brien et al., 2014).

### 2.2. Sample selection

Informants eligible for this study were: (i) men; (ii) aged between 18 and 50 years; (iii) residing in the Republic of Ireland; and (iv) self-identifying as heterosexual, gay, or bisexual.

Snowball and maximum variation sampling approaches were used. Both strategies are subtypes of non-probability purposive sampling and are used to recruit a varied sample of information-rich key informants (Grove et al., 2013; Patton, 1990). In this study, a sample that was heterogeneous in terms of age, employment status, level of education, ethnic background, and sexual orientation was sought. In addition, informants who expressed an interest in partaking in the study were asked to invite other men to

participate, hence snowball sampling. This sampling strategy serves as an efficient means to recruit hard-to-reach informants (Sadler et al., 2010). This is key as an open discussion of intimate subjects is uncommon among men, let alone young and relatively healthy men from different sociodemographic backgrounds (Saab et al., 2014).

### 2.3. Data collection

This study was reviewed and approved by the Clinical Research Ethics Committee at University College Cork. Participation was sought from a youth organization, an inclusive choir, a surfing club, a family community centre, and a university in the Republic of Ireland. Potential informants were invited to participate by e-mail using a standardized letter, and study flyers were hung in a university sports centre and on campus.

Twelve semi-structured individual interviews and three focus groups were conducted concomitantly between December 2015 and February 2016. The combination of both interview approaches is known to enrich data collection in qualitative research (Lambert and Loiselle, 2008). Due to the intimate nature of the subject and in order to minimize withdrawals and refusals, men were given the choice to partake, either in focus groups or in individual interviews. They were also asked to find a suitable date, time, and location for the interview. Ten interviews took place in the primary investigator's office; one individual interview and one focus group discussion were conducted in the informants' workplace; one focus group discussion took place in a surfing club and another in a youth organization; and one informant was interviewed in a community organization. All interviews were conducted face-to-face and were audio-recorded.

The primary investigator and interviewer was male and a PhD in nursing candidate who was formally trained in oncology nursing and qualitative research; was experienced in conducting qualitative interviews; and had no previous relationship with the informants.

Informants were provided with a study information sheet and a referral form with the contact details of a cancer support hotline and free counselling services. They were then asked to sign a consent form and fill out a socio-demographic questionnaire. Questions included: whether they had a past history of a testicular disorder, whether they were previously educated about testicular disorders, and whether they intended to seek information in relation to testicular diseases. Finally, informants were asked to rate the importance of learning about testicular diseases on a Likert scale from zero to 10; 10 being "Very Important."

An interview protocol was developed to address the gaps identified in the reviewed literature on men's awareness of testicular disorders (Saab et al., 2016a, 2016b, 2016c) and was guided by the aim of the present study. The opening question was: "What are your views and opinions regarding increasing men's awareness of testicular diseases?" Probing was used to allow the informants to elaborate. Reflective field notes were taken immediately after each interview to capture non-verbal cues (Grove et al., 2013). The full interview protocol is presented in Table 1.

Interestingly, getting men to openly discuss their insights in front of others during focus groups was found to be more challenging than recruiting them into the study. As a result, a number of informants were holding back during focus groups, especially those with a past history of a testicular disorder. However, a lot of those who were silent in the beginning of the interview, seemed more relaxed and outspoken as the interview went on.

Data saturation was achieved following seven individual interviews and three focus group discussions. Five additional individual interviews with five new informants were conducted in order to confirm data saturation (Elo et al., 2014). In total, 29 men

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