Coping Style, Psychological Impact, and Information Needs of Men With Prostate Cancer

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Background/Significance

World wide, prostate cancer (PCa) is the second leading cause of cancer in men and the fifth leading cause of cancer death.\(^1\) Prior studies on PCa have primarily focused on disease aspects, treatment, and medical outcomes. Few studies have examined the psychological aspect of PCa in men or their adjustment to this disease. Studies available portray men with PCa as being at risk for anxiety,\(^2\) depression,\(^3\) and suicide.\(^4\) The Cognitive-Social Health Information Processing Model (C-SHIP) used in this study focuses on differences in how individuals perceive and define stress and their reaction to the threat of illness.\(^5, 6\) This model is useful in examining men with PCa as decisions regarding PCa are filled with uncertainty. Information is needed for men with PCa to make sense of their cancer and guide them in their decision-making. Few studies have examined coping styles and information seeking in men with PCa. Little is known of the impact illness perception may have on the psychological well being of these men.

Purpose: To examine coping styles, psychological impact and informational needs in men diagnosed with PCa.

Specific aims include: (1) Identification of coping styles (2) Examination of the relationship between coping styles and perceived severity of illness (PSIL). (3) Examination of sources of information and satisfaction with information received.

Conceptual Framework

The Cognitive-Social Health Information Processing Model (C-SHIP) focuses on ways in which individuals regard or disregard stress.\(^7\) According to Miller in controllable situations monitoring is the primary coping style while coping styles displayed in uncontrollable situations are exhibited by blunting.\(^6\) Constructs of the framework include one’s encoding and self-interpretation of cancer-relevant feedback,\(^2, 7, 8, 9, 10, 11\) one’s affective and emotional responses to cancer,\(^10, 11, 12\) and the skills and techniques of self-regulation, coping and strategies for dealing with illness. These relationships provide insight into decision-making, adjustment to illness, and behavior when cancer is diagnosed. Two types of individuals emerge in the model: monitors (M) and blunters; also termed low monitors (LM). Monitor characteristics include preference for detailed information, scanning for threatening cues and experiencing anxiety. Blunter (LM) characteristics include distracting themselves and avoiding information in order to minimize threat and decrease anxiety.

Methods:

Participants and Setting: A cross-sectional survey of a convenience sample of 62 men diagnosed with PCa within the prior 3 months were recruited for this study after receiving institutional review board approval. Participants were recruited from a metropolitan university urology clinic serving primarily rural areas of the state. Age ranges were from 40-70. Inclusion criteria were the ability to read and write English, never being diagnosed with a prior cancer, and never receiving a prior treatment for PCa.

Procedures
Participants who consented received a questionnaire packet including the Monitor/Blunter Style Scale Short Form (MBSS), Depression Anxiety Stress Scale (DASS-21, Visual Analog Scale (VAS) to determine perceived severity of illness, two questions to assess sources of information and satisfaction with information. All surveys were completed on site and took 10-15 minutes to complete. Demographic data included county of origin, education, race, marital status and employment status were obtained through chart review. Data were collected over a 2-year period.

Measures

**Monitor/Blunter Style Scale short form (MBSS):** a well-validated self-report scale designed to assess two coping styles monitoring and blunting to predict cognitive-emotional reactions in studies of quality of life, decision-making, adherence, and behavior change. Participants are asked to vividly imagine two hypothetical stress-invoking scenarios.\(^5\)

**Visual Analog scale (VAS):** to determine perceived severity of illness (PSIL). Participants were asked to place a mark on a line with a left endpoint of 0 and labeled not severe at all, and a right endpoint labeled 100 and defined as very severe.

**Depression Anxiety Stress Scales (DASS-21):** a reliable measure with internal consistency, and convergent and divergent validity similarities across racial groups. A self-reported scale for assessing depression, anxiety and stress (current distress) over the past week.\(^{13,14,15}\)

**Quantitative Questions:** Two questions to assess sources of information and satisfaction with information.  1) What information sources did you use to learn more about your PCa? (Assigned scores of 0-5). 2) How satisfied were you with the information sources? (Assigned scores of 1-5).

**Results:**

All men were of Caucasian race, 87% were married, 43% college or above educated, and 50% were retired. Sixty-five percent were from rural counties. Thirty men scored as HM and 32 men scored as LM. The assumptions of Miller that HM would experience more distress than LM in stress inducing situations were not supported. LM consistently reported higher depression, anxiety and stress scores than HM but comparisons were not statistically significant. Younger men reported higher depression scores than older men. No coping differences were demonstrated between HM and LM. PSIL was not significantly different between LM and HM consistent with the fact that coping style did not affect PSIL. HM consistently reported higher mean satisfaction scores for all sources of information consulted but found the most satisfaction with media. Older men were more likely to be satisfied with information from their primary care provider than were younger men.

**Conclusion:** The small sample size is a limitation influencing results of coping styles. Ethnic groups were not represented, therefore, it is not known if differences would exist in underrepresented groups. LM exhibited higher levels of anxiety although not significantly with that of HM (p=.20). Yet, this does imply a link between anxiety and a diagnosis of PCa. The findings of depression in men is a point of interest requiring greater exploration, as so few studies on depression exist in these men. Methods of assessment have not been developed specifically for men with PCa limiting our knowledge of psychosocial issues for this group. PCP were favored by older patients in the study over other information sources therefore, it is important that PCP be aware of the psychological impact of the PCa diagnosis.

**Title:**
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References:


**Abstract Summary:**
This research study focuses on the psychological aspects of prostate cancer examining coping styles, information seeking, satisfaction with information received, perceptions of illness, depression, anxiety and stress in 62 men.

**Content Outline:**
I. Introduction

A. Worldwide, prostate cancer (PCa) is the second leading cause of cancer in men and the fifth leading cause of cancer death.

B. Few studies have examined the psychological aspects of PCa or their adjustment to this disease.
II. Body

A. Main Point #1 The Cognitive-Social Health Information Processing Model (C-SHIP) developed by Miller is used in this study to examine differences or coping styles in men with PCa and their reaction to the threat of illness.

1. Supporting Point #1 In controlled situations monitoring is the primary coping style. In situations that are uncontrollable the primary coping style is blunting.

a). Individuals in stressful situations can display characteristics of monitoring or blunting.

b). Monitor (High Monitor) characteristics include a preference for detailed information, scanning for threatening cues and experiencing anxiety.

c). Blunter (Low Monitor) characteristics include distracting themselves and avoiding information in order to minimize threat and decrease anxiety.

B. Main Point #2 Miller's model is useful in examining men with PCa as decisions regarding PCa are filled with uncertainty.

1. Supporting Point #1 Information is needed by men with PCa in order to make sense of their cancer and guide them in their decision-making.

a). Few studies have examined coping styles and information seeking in men with PCa.

C. Main Point #3 Little is known of the impact illness perception may have on the psychological well-being of men with PCa.

1. Supporting point #1 Illness perception impacts psychological well-being.

a). Coping styles may influence the ways men perceive their illness.

D. Main Point #4 Men's psychological adaptation to cancer is poor.

1. Supporting point #1 Research regarding the psychological impact of PCa is mixed as researchers combine all patients into a single group.

a). Anxiety is the most frequently reported reaction to a diagnosis of PCa.

Conclusion

A. Thirty men scored as a High Monitor (HM) while thirty two men scored as a Low Monitor (LM)

B. Assumptions of Miller that HM would experience more distress than LM was not supported in this cohort of men.

C. LM consistently reported higher depression, anxiety and stress scores than HM.

D. Younger men reported higher depression scores than older men.

E. HM consistently reported higher mean satisfaction scores for all sources of information consulted.
F. Older men were more satisfied with information from their primary care provider.

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