The Effects of Age, Ethnicity, Sexual Dysfunction, Urinary Incontinence, Masculinity, and Relationship with the Partner on the Quality of Life of Men with Prostate Cancer

Prostate cancer, the leading cause of cancer in men, has positive survival rates and constitutes a challenge to men with its side effects. These men are generally around 50 years of age and older, do not look or feel sick, but endure urinary and sexual dysfunctions as a result of their prostate cancer. Consequently, the normalcy of their life is disrupted, and their quality of life (QOL) is disputed. Studies have addressed the bivariate relationships between prostate cancer treatment side effects masculinity, partner relationship, and QOL. However, few studies have highlighted the relationships among prostate cancer treatment side effects (i.e., sexual dysfunction, urinary incontinence), masculinity, and relationship with the partner together on QOL in men. Most studies were conducted with predominately Caucasian sample of men. South Florida, being a multiethnic region, constituted an interesting setting for this study. Miami is a unique multiethnic setting that hosts Cuban, Columbian, Venezuelan, Haitian, other Latin American and Caribbean communities that were not represented in previous literature. The purpose of this study was to examine relative contributions of age, ethnicity, sexual dysfunction, urinary incontinence, masculinity, and perception of the relationship with the partner on the QOL in men diagnosed with prostate cancer. Data were collected using self administered questionnaires measuring demographic variables, sexual and urinary functioning (UCLA PCI), masculinity (CMNI), partner relationship (DAS), and QOL (SF-36). A total of 117 partnered heterosexual men diagnosed with prostate cancer were recruited from four urology clinics in Miami, Florida. Men were 67.47 (SD = 8.42) years old and identified themselves to be of Hispanic origin (54.3 %, n = 63). The ethnic distribution mirrored that of South Florida where the most men identified themselves as White Hispanic (n = 39, 33.6 %), Black Hispanic (n = 24, 20.7 %), and Black Caribbean (n = 19, 16.4%). The majority of men participating in this study were diagnosed with prostate cancer more than one year (n = 70, 59.9%) ago. Findings demonstrated that there was a significant moderate negative relationship between urinary and sexual functioning of men. There was a significant strong negative association between men’s perceived relationship with partner and masculinity. There was a weak negative relationship between the partner relationship and QOL. Results showed that men with stronger masculine norms, usually aligned with the concepts of hypermasculinity and machismo, were less satisfied with their relationship. Hierarchical multiple regression showed that the partner relationship (β = -.25, t (91) = -2.28, p = .03) significantly contributed overall to QOL. These findings highlight the importance of the relationship satisfaction in the QOL of men with prostate cancer. Findings from this study provide an understanding of the perceived factors that influence the QOL in a sample of older men diagnosed with prostate cancer and from a multiethnic and multiracial sample. Nursing interventions to enhance QOL for these men should consider strengthening the relationship and involving the female partner as an active participant.