

Men's narratives in cancer journeys

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Purpose of project

Men has a lower estimated life span and a lower cancer survival rate than women. Current literature suggests multiple reasons for this, including differences in regular contact with a doctor. Also, it has been shown that men's educational level is related to their cancer survival rates.

The study is the first qualitative part of a Ph.D.-project (2018-2021) that involves men and general practitioners. The three phases are in the figure below.

Interviews with men and GPs

Field work and co-creation

Collaborative workshops with men and GPs and clinical staff

This project investigates narratives in the doctor-patient communication. The aim is to gain a better understanding of men's stories of illness and cancer diagnostics and how men describe changes in sensation of their body and meetings with their general practitioner (GP).

The project will elaborate on how men experience potential symptoms and communicate them with their GP. The project aims to understand how communicational barriers can influence patient delay.

Method

- The qualitative data consist of 13 semi-structured interviews found after advertising in local newspapers in different municipalities in Region Zealand.
 - The interviews are with 9 male patients, who have experienced an urgent referral pathway for suspected cancer (in danish: kræftpakkeforløb),
 - and 4 GPs and clinical staff from Region Zealand.
- Preliminary analysis has been made of the interviews where the male patients have been diagnosed with cancer.



Preliminary Analysis

Preliminary analysis shows examples of "chaos, restitution and quest" for male patients diagnosed with cancer:

Symptoms of prostate cancer, Carl, 65 years:

"There I was on a motorway south of Munich. I had to pee. (...) and then all of a sudden it just runs.. you can't make it stop, and not at all on a German highway. (...) Then I got changed clothes, etc., and it actually happened a few times. (...) If I had the knowledge at the time that I have today, I would not have had a metastatic disease."

Diagnosed at the hospital, Ivan, 64 years:
"In the hospital I was examined crosswise. I was somewhat startled when pulling, something that looked like a large number of tied menstrual tampons out of my nose. I didn't realize we have so many sinuses in our heads. Judgment: a high-mobility plasmatic blood lymphoma. A pure satan. Residual life up to a maximum of 80 months."

Living with prostate cancer, Anders, 71 years: *"that frustration with not being able to satisfy her and making her happy or ... what the hell it is now called. It's not there. So we hug instead, and say: "I think you just need a hug today, baby"."*

Theory

The analysis is based on Louise Phillips' dialogic communication theory with emphasis on tensions in dialogical knowledge production and communication.

The stories heard in interviews are analyzed in relation to dialogical narrative analysis according to Arthur Frank and how genres of health and illness narratives can be seen as "chaos, restitution and quest".

Conclusion

The narratives of health and illness shows the patient perspective from male patients getting diagnosed and living with cancer. In the later phases of the Ph.D.-project these findings will be themes or cases in collaborative knowledge production by men and general practitioners.

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