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# **The Self-directed Learning of Men with Prostate Cancer: A Qualitative Study**

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**Abstract:** *Semi structured interviews were conducted with 12 men who have been diagnosed with prostate cancer and who used self-directed learning extensively in regard to their disease. The commonalities in their motivations, learning resources, learning strategies, and outcomes are discussed as well as the common themes and recommendations emerging from their interviews.*

## **Introduction**

More than 232,090 American men will be diagnosed with prostate cancer this year, and more than 30,350 will die of the disease. Prostate cancer will afflict one man in every six over the course of his lifetime. Self-directed or independent learning is a common response among the men who are diagnosed with this life threatening illness and yet very little is known about their experiences.

## **Methodology**

For this qualitative study, purposeful sampling was used to locate information-rich subjects from the Wichita, Kansas area using contacts with health organizations, support groups, and networking. Selection criteria will included being male, English speaking, within five years of prostate diagnosis, and having engaged in a minimum of seven hours of self-directed learning about prostate cancer. Data was gathered using a semi-structured interview format. Individual face-to-face interviews were conducted by the researcher. It was determined that the point of saturation was reached after 12 interviews. Each interview was tape recorded and professionally transcribed by the same individual. The constant comparative method was used to identify common patterns and themes in the prostate cancer and self-directed learning experiences of the participants.

## **Research Questions**

The following research questions guided this study: 1. Are there common motivations, process elements, resources and problems in the experiences of these prostate cancer patients in their self-directed learning efforts? If so, what are they? 2. Are there common outcomes, either intended or unintended, from the perspective of these cancer patients which come from their self-directed learning experiences? If so, what are they? 3. Are there common themes in the descriptions of these prostate cancer patients concerning their experiences in using self-directed learning techniques to understand prostate cancer? If so what are they? 4. What are the recommendations of the participants, if any, for helping others who choose to use self-directed learning in dealing with their prostate cancer?

## **Findings**

Analysis of the interview transcripts of the 12 men who participated in the study revealed that their common motivations for engaging in self-directed learning were the need to make informed decisions in regard to their treatment or to validate their doctors' recommendations, the need to select the doctors who would treat them, and the desire to find out from men who had been through the treatment what they might be facing. All of the participants except one were

experienced in using self-directed learning. They used print materials, networking with survivors, the Internet, a prostate cancer support group, and doctors in their quest for knowledge about prostate cancer. They spent from 10 to 1053 hours engaged in self-directed learning in the time since their diagnoses which ranged from 9 to 49 months. With one exception, they articulated that they carefully evaluated the information they accessed and all of the participants thought that their learning was helpful to them. The common problems they described concerned the time pressure they experienced, the reluctance of men to talk about prostate cancer, the complexity of some of the material they accessed, and the fact that learning about side effects did not fully prepare them for the reality of what they would experience. The results of their self-directed learning helped them to converse with their doctors, assisted them in making treatment decisions and in choosing doctors, was useful in dealing with the side effects of their treatments, gave them confidence that they were doing all that they could to help themselves, and prepared them to help other newly diagnosed men. The four overarching themes that emerged from the data analysis were Watchful Waiting, Men Don't Talk, Living with the Reality of My Choices, and Balancing Head and Heart. The recommendations of these participants included encouragement regarding the importance of becoming informed about prostate cancer, the need for yearly PSA screenings, and the need to be proactive.

### **Discussion**

The results of this study clearly validate the importance of learning to learn. In circumstances such as when faced with a diagnosis of prostate cancer, the skill and ability of the individual to learn on his own becomes critically important. The participants' experiences generally support prior research on self-directed learning in the natural setting. Of particular interest are issues that emerged from the findings that appear to relate to gender. The results suggest that men are more reluctant to discuss personal topics such as prostate cancer particularly as they relate to their sexuality and their emotions. This was a significant limitation in their self-directed learning experiences. A comparison with previous research regarding self-directed learning and breast cancer (Rager, 2004; Rager, 2003) offers interesting insights regarding gender differences when facing similar circumstances. Additionally, the influence of the Internet as a resource in the self-directed learning process was clearly evident. Because the participants were careful in their evaluation of the information they accessed, the lack of quality control regarding Internet resources was not a problem.

This study adds to the knowledge base about self-directed learning as experienced in a crisis situation. The findings provide valuable information to adult educators, health care providers, the prostate cancer support community, and individuals facing serious medical situations.

### **References**

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