

## **Sociodemographics in Relation to Satisfaction With Cancer Care, Social Support, Self-Efficacy, Barriers, and Change Strategies Among Individuals With Prostate Cancer**

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**Background:** Sociodemographics can have associations with experiences of cancer care and ability to revise lifestyle habits after a cancer diagnosis. To improve patient navigation and design effective interventions, it is important to understand how these factors relate to satisfaction with care and facilitators of and barriers to healthy lifestyle.

**Methods:** We conducted cross-sectional analyses of pre-treatment data from Prostate 8-II, a trial of exercise and/or dietary interventions versus usual care in 204 men newly diagnosed with prostate cancer who chose treatment with radical prostatectomy. Our primary outcome, satisfaction with cancer care, was measured using the validated Service Satisfaction Scale for Cancer Care (four domains). Secondary outcomes included four constructs of Social Cognitive Theory, a theoretical model to understand behavior change: social support, self-efficacy (confidence in one's ability to engage in relevant behaviors), perceived barriers, and use of change strategies. We used t-tests (age) and Chi-square tests (marriage status, education, and employment) to examine associations of baseline sociodemographics with satisfaction with care and health behavior change constructs.

**Results:** 172 participants responded to baseline questions regarding satisfaction with cancer care. Younger (versus older;  $p=0.03$ ) and unmarried (versus married;  $p=0.01$ ) individuals reported reduced satisfaction with "information provided about care." Sociodemographic variables were not otherwise statistically significantly associated with satisfaction with care domains, though college-educated individuals (versus less education) reported greater satisfaction with "information provided about care" ( $p=0.08$ ). 190 individuals completed surveys on social support, self-efficacy, perceived barriers, and use of change strategies for exercise and dietary behaviors. Regarding exercise, married men reported higher self-efficacy scores ( $p=0.03$ ) and fewer barriers ( $p=0.05$ ) than unmarried men, and those with more (versus less) education were more likely to apply change strategies ( $p=0.04$ ). Regarding diet, married men received more encouraging social support ( $p<0.01$ ), perceived fewer barriers ( $p<0.01$ ), and applied change strategies more frequently ( $p=0.02$ ) than unmarried men, while men working full-time (versus less) were more likely to experience sabotaging social support ( $p<0.01$ ).

**Conclusions:** Sociodemographic characteristics may factor into patient experiences with prostate cancer and health behaviors during survivorship. Younger, unmarried, and less educated men may especially benefit from research geared toward developing tailored communication/education and behavioral intervention strategies.

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