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ASPECTS OF MEN COPING WITH CANCER ASPECTOS DO ENFRENTAMENTO DO HOMEM COM CÂNCER ASPECTOS DEL ENFRENTAMIENTO DEL HOMBRE CON CÁNCER

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ABSTRACT

Objectives: to identify ways of coping used by a group of men with cancer under treatment and discuss the sources of support during cancer treatment. **Method:** this is a descriptive study of a qualitative approach whose participants were 12 adult males under outpatient cancer treatment and admitted to a university hospital in the city of Rio de Janeiro/RJ. The production of data came from semi-structured interview. The thematic analysis was made by the exploitation of the material with survey of the registration units. **Results:** after analyzing the following categories were presented: << Hope and faith as a way of coping cancer >> and << Family and friends as a support network for men with cancer >>. **Conclusion:** the results showed the need to implement nursing interventions to strengthen coping skills and support of these men during the oncological treatment, aiming to promote their well-being. **Descriptors:** Human Health; Malignant Neoplasm; Coping; Health Promotion.

RESUMO

Objetivos: identificar formas de enfrentamento utilizadas por um grupo de homens com câncer em tratamento e discutir as fontes de apoio durante o tratamento oncológico. **Método:** estudo descritivo com abordagem qualitativa cujos participantes foram 12 homens adultos em tratamento oncológico ambulatorial e internados em um hospital universitário no município do Rio de Janeiro/RJ. A produção de dados ocorreu a partir de entrevista semiestruturada. A análise temática foi constituída pela exploração do material com levantamento das unidades de registro. **Resultados:** após análise foram apresentadas as seguintes categorias: << Esperança e fé como formas de enfrentamento pelo homem com câncer e, << Família e amigos como rede de apoio para o homem com câncer >>. **Conclusão:** os resultados evidenciaram a necessidade de implementar intervenções de enfermagem para o fortalecimento das habilidades de enfrentamento e apoio desses homens durante o tratamento oncológico visando promover o bem estar. **Descritores:** Saúde do Homem; Neoplasia maligna; Enfrentamento; Promoção da Saúde.

RESUMEN

Objetivos: identificar las formas de afrontamiento utilizadas por un grupo de hombres con cáncer en tratamiento y analizar las fuentes de apoyo durante el tratamiento oncológico. **Método:** este es un estudio descriptivo con enfoque cualitativo cuyos participantes fueron 12 hombres adultos en tratamientos oncológicos ambulatorios y hospitalizados en un hospital universitario en el municipio de Rio de Janeiro/RJ. La producción de datos se produjo a partir de entrevistas semi-estructuradas. El análisis temático estuvo constituido por la examinación del material con el levantamiento de las unidades de registro. **Resultados:** tras el análisis fueron presentados a las siguientes categorías: << La esperanza y la fe como modos de afrontamiento por el hombre con cáncer >> y << Familia y amigos como una red de apoyo para el hombre con cáncer >>. **Conclusión:** los resultados muestran la necesidad de aplicar las intervenciones de enfermería para el fortalecimiento de habilidades de afrontamiento y el apoyo de esos hombres durante el tratamiento oncológico destinado a promover el bienestar. **Descriptores:** Salud del Hombre; Neoplasias Malignas; Afrontamiento; Promoción de la Salud.

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INTRODUCTION

Integral National Care Policy to Human Health (PNAISH) guides completeness shares, equity and humanization of men care that should be developed through a comprehensive proposal in which men consider health services as well as male spaces and, in turn, health services recognize men as subjects in need of care.¹

In PNAISH, the reflections started to incorporate gender relationships as determinants of the health-disease process and to rescue the men as subjects with right to health. Men, culturally, have low demand for health services generally seeking assistance when feel great discomfort to interfere with their work capacity and autonomy. It is understood that much of the non-adherence to prevention and treatment by men comes from cultural variables, beliefs and values of being a male, contributing to exposure to risky situations.¹⁻⁴

Considering the male mortality from chronic diseases, cancer is the second leading cause of death worldwide and in Brazil in 2014/2015 there are estimated 395,000 new cases of cancer and 204,000 in males.² The National Policy for the Prevention and Cancer Control aims at reducing mortality, disabilities caused by the disease and the incidence of some types of cancer and aims to contribute for the improvement of the quality of life of users with cancer through actions of health promotion, prevention, early detection, appropriate treatment and palliative care;⁵ however, in men, the cancer diagnosis occurs in the later stages of the disease with the presentation of signs and symptoms, which creates a lot of inconvenience in the lives of these men.^{3,4}

The focus of attention when a cancer is diagnosed happens to be when the treatment of the disease and its possible complications, what requires from men coping strategies and support in the course of treatment. The diagnosis of cancer is shocking and the treatment is aggressive, causing changes in the image, the senses, affecting the physical, mental and emotional strength.^{3,6,7}

In the oncology context, the nurse has a crucial role in the different stages of the diagnosis to curative/palliative treatment and deals with the demands of physical, emotional and social order. In this sense, the nurse brings together the two dimensions of health actions - the technique that requires knowledge and skills to the specialized procedures and dimension of care that involves providing care to the person who

needs, which involves affection and promotion of the welfare of the other.

The objectives of the study are to identify the ways of coping used by a group of men under treatment for cancer and discuss the sources of support during cancer treatment.

METHOD

This is a descriptive study of a qualitative approach. The setting was the outpatient and inpatient unit of a public teaching hospital located in the city of Rio de Janeiro. The criteria for participation in the study were male adults under antineoplastic treatment without neurological impairment and/or psychiatric previously identified that agreed to participate in the study and to inform the researcher when questioned, the diagnosis of cancer. The participants who met the inclusion criteria were invited to participate and scheduled with the same place and time for fulfilling a form of characterization of the participants (name, age, gender, marital status, number of children, occupation prior to treatment) and semi-structured interview dealt with questions about ways of coping and support during cancer treatment.

The production of data took place between March and April 2012. After completion of the clarification concerning the research, the participants signed the Consent Form and the interviews received the codes from E1 to E12 corresponding to the respondents from 01 to 12.

The production of data has suffered limitations. Many records consulted for an initial survey had incomplete information, without staging and no time to diagnosis. The approach was hampered by the lack/omission of the diagnosis of cancer for/by certain participants, what made it impossible to approach and call for a greater number of men to participate in the study. It also points out that some participants in the first approach of the researcher spontaneously informed their diagnosis, however, with the exposure of the research objectives refused to participate in the interview. During the interviews, it became evident a certain discomfort and limitation for the exposure of ideas and feelings of some men interviewed, especially those over 50 years old; there was also apparently quite naturally with the diagnosis of the younger men, between 20 and 40 years old, in general. The statements were recorded in mp3 player and later transcribed.

The thematic analysis⁸ was formed by the exploitation of the material with the survey of the record units, being later classified and

aggregated the cores of meaning constituting and guiding the following categories: 1) Hope and Faith of men coping with cancer; and 2) Family and friends as a support for men with cancer.

RESULTS AND DISCUSSION

Regarding the marital status of the respondents, four men (33,3%) were single and 8 (66,7%) married. The average number of children was of 1,8 per man, the age range is of 22-73 years old, with an average age of 51 years old predominance of adults and elderly men. Occupational change related to changes in daily activities occurred in 11 (91,7%) cases where 8 (66,7%) of respondents were dismissed or retired after starting the antineoplastic treatment.

Therapeutic modalities carried out by men were chemotherapy in 9 subjects (75%), surgery in 6 (50%) and radiotherapy in 2 (11,76%); showing 1 (5,88%) indication for transplantation hematopoietic stem cells after treatment with chemotherapy. The average time of diagnosis and treatment was of approximately 27 months and some participants were subjected to more than one modality in this period.

The profile of the sample of this research focuses on adult men aged 51 (on average), married and who needed to leave their work to make cancer treatment in which chemotherapy and surgery are the main policy choices in cancer intervention. What approximates to the profile pointed out in other studies where there are checked cancer diagnoses in the age range from 40 to 65 years old, surgery corresponds to the main treatment, being 60% of patients with this approach, either for diagnosis or control of the disease.^{2,3,6,9}

Men, with short habit of caring, usually present diagnosis and delayed treatment, contributing to progression of the disease, increased of disabilities and syndromes related to cancer that force these men to turn away from their daily activities causing them several disorders that require from them the need to seek coping strategies and sources of support to overcome the everyday of the disease and the cancer treatment.^{6,9}

♦ Category: Hope and Faith of men coping with cancer

The speeches of the participants refer to men coping strategies as hope and faith. "Positive thinking" was also highlighted by respondents, indicating, to some extent, self-control to deal with this situation.

Cancer is a chronic disease that needs treatment to control aggravations and symptoms, causing disabilities and often leaving from labor and daily activities due to needs to attend daily or weekly outpatient treatment, for the need for hospitalization for interventions in case of aggravations or even the symptoms related to the disease itself.^{5,7}

In this study, during the identification of ways of coping used, there could be highlighted aspects related to the daily lives of men affected by cancer in the course of the anticancer treatment. There were identified life experiences, such as fear, stream and worry, according to the reports:

Cancer is a stigmatized disease, the fight is difficult, I'm afraid to suffer, to be alone, abandoned and become dependent [...] (E1)

[...] I'm afraid of death and leave children alone, my wife works, but I am the base of the house in the living, you know? (E6)

[...] I am afraid of surgery, chemotherapy makes me tense, because changes my personal life, work, at home with the family [...] I'm afraid of becoming dependent and I get worried, because I earn the living of my family, as I am the base of the home [...] (E2)

[...] I thought the world had just finished [...] I seek to treat myself, maybe I do not get cured? (E3)

[...] Chemotherapy causes nausea, affects the psychological that will limit [...] some days I think I will not be able to go through it alone, I care about the suffering of my family, but I get upset because people feel sorry and flatter me. (E4)

Aspects related to everyday activities during treatment were marked by a sense of regret at the change in routine and/or labor activity, concern for family support and parenting and possible difficulty/financial dependence on other family members have been reported by participants. In the reports became evident the sociocultural issues related to men as the main family provider, causing fear and anxiety about personal and family suffering and uncertainty about the future.

It became evident, however, Hope and Faith. The treatment also represents to the study participants a chance for a restart, and return to normal life.

[...] In the course of treatment I believed in healing, in life, in improvement and return to my activities. (E5)

I am hopeful with treatment, keep treating myself... (E3)

I pray to God, I have hope... (E9)

I have faith, I pray, I believe in healing and I have hope. (E2)

I keep positive and hopeful thinking in returning to work. (E11)

I see naturally and hope, think positive. (E12)

I hope to live, to see my children grow up and return to play football. (E7)

I have faith, I think positive, I occupy myself, go out, go to church, I talk to people... (E3)

The emotional conditions that these men face under cancer treatment are unique and the involvement in religious practices and beliefs and other activities that offer them personal satisfaction are sources of support that strengthen feelings of hope and faith in the routine of the treatment, minimizing the stressors and increasing the quality of life of these men. The treatment several times is seen as a chance of survival and quality of life, and together with cancer treatment, when the force of the mind is allied to faith, in order to recover from the injury, the patient feels more supported and with other provisions to cope the disease, which strengthens his coping improving even his state.^{7,9,10}

Such statements made possible highlight, beyond the feelings, the ways used to fight the disease and allowed reflections about the needs of these men with cancer, contributing thus in Nursing, to discuss the actions of promotion of coping skills of these men. In this sense, control of emotion to manage the condition of anxiety that men with cancer can live to the treatments, such as surgery, radiotherapy or chemotherapy, becomes an essential element for the nursing care.^{9,11}

Nurses should encourage the identification of coping skills by providing information about the treatment and care offered by the community to assist them, what can reduce stress and anxiety coming from the cancer experience.^{9,12,13}

To promote the strengthening of the ways of coping, nurses must host men with cancer to meet their demands promoting the bond that allows expressing their doubts, anxiety, fears, feelings of denial, anger and depression, increasing the sense of control.¹²

Men showed the fear of death, concern with the treatment and dependency of care, among other aspects. It appears that the diagnosis and treatment resulted in participants feeling hopelessness, anger, anxiety and irritability, while being confident on the treatment with the chance to live and restart life.

Jean Watson¹⁴ in his theory of care, emphasizes the needs of the nurse as a facilitator and health educator, promoting

the strengthening of faith and hope in the face of problems, since it provides better individual response in the processes lived in vulnerable situations and of greater satisfaction to cope with the lived experiences of the disease. The transpersonal care favors the strengthening of coping strategies based on need, right, expectations, beliefs and desires, in order to strengthen the identity of care.¹⁴⁻¹⁶

In the process of living of antineoplastic treatment, the family has an undeniable role in men with cancer lives, being their main source of support, the bond is a protection factor and the closeness and involvement are essential to face adversities.^{9,17}

♦ Category: Family and friends as a support to men with cancer

Men with cancer need to receive support before the stressors.^{9,17} The sources of support for the men participating in the study were family for 11 men (91,7%), and friends 6 (50%). Health professionals were also mentioned by participants as a source of support 6 (50%). It is noteworthy that Support Groups were not mentioned.

When presenting harm to his health, the human being, as a whole, demands a support system that serves him to overcome the adversities of the disease and treatment process, and are essential in the clinical evolution of the individual, directly influencing his quality of life.^{17,18}

In the following statements there are the sources of support for the respondents:

I got desperate with the diagnosis; I relied on my family until then [...] (E1)

[...] I have family support and guidance of health professionals. (E3)

[...] I get emotional support to fight the disease, I relied on my family. (E4)

[...] There are days that are tense, and my children, my wife and my brothers give me strength. (E5)

[...] I thought I could not go through this alone, I had to have someone on my side, and my friends from the internet give me strength... (E6)

[...] I have a good professional monitoring and support from friends, my daughters give me strength. (E8)

[...] I have hope with the treatment and the staff is very cool, helps me to have faith... (E9)

[...] Sometimes I feel sadness and discourage at the treatment, but then my wife gives me strength, then it improves. (E10)

Family and friends, defined in this study as extended family, were the main sources of

support reported by respondents. Health professionals are also cited by the participating men in the study as sources of support. Support exercises mediating function of the health-disease process, minimizing the impact that cancer has on the lives of the study participants. It is necessary that the health professional stimulates and encourages the strengthening of the bond with family and friends during antineoplastic treatment to improve men's ability to cope in the therapeutic process.^{9,12}

It is noteworthy that there was no denial from the participants about being a part in the support groups, indicating the need for strengthening and spread as a resource, because the respondents might not have had knowledge about this option and the existence of these groups, being a possibility for the nurse to stimulate coping skills of these men and direct their actions and care.

The family is the main source of men in coping with cancer, the support on decisions concerning the therapeutic measures, the protection of vulnerabilities and the needs of interventions to injuries are mediated by this support network and the nurse must involve the family in care guiding, listening, clarifying, stimulating the relationship and communication with the patient during the antineoplastic treatment. One should also mediate problem areas, know the feelings and value them, and understand the needs of this binomial, mobilizing aid sources and strengthen this support network, in order to promote human skills to cope cancer.⁹

It is of vital importance that the nurse prepare the nursing care plan considering the device "hosting" as an ethical attitude that integrates the patient as the protagonist in his therapeutic process considering his culture, knowledge and ability to assess risks those aim and contemplate the actions of Promotion, Prevention, Diagnosis, Treatment, Rehabilitation and Palliative Care proposed by the National Policy for Prevention and Cancer Control.^{5,19}

The nurse plays a mediator role between care and cancer treatment and must provide physical comfort, psychosocial and spiritual support, giving dignity to men in situation of vulnerability associated with cancer, welcoming and listening to their demands of care, facilitating the communication between the staff and the family and following the results of their interventions for a better assessment of the strategies used and the necessary adjustments in their strengthening actions of men with cancer skills.

CONCLUSION

The study made possible an approximation to the reality experienced by men with cancer, the ways of coping used and the sources of support. The fear of death, the worry about the family, the suffering with the disease and the treatment have been reported. However, Hope and Faith as ways of coping and the support from the family, friends and health professionals are understood by participants as essential to maintain the control of the situation and life.

In the treatment of cancer a multidisciplinary team is essential; however, the specificity of the roles of the professionals, the nurse is a professional with competence to support and guide men with cancer and their family throughout the course of treatment. Nurses who deal directly with this population, must be culturally competent, trained to act, in view of the completeness of the person cared, for stressing the importance of his health and the prioritization and the maintenance of the same. It is also necessary that health services improve the inclusion of men in care strategies from primary care till the specialized service, in order to reduce health problems from preventable diseases and stigmas, empowering men for their self-care.

The nurse has a role that can be decisive in the care of men with cancer and how these men deal with cancer treatment, being fundamental their role in strengthening coping skills. Their actions should be guided in actions to promote the quality of life of these men. Support for these men and cancer treatment should be continued in any scope and level of complexity, promoting their health and preventing diseases, listening and guiding from primary care to intensive care units, ensuring longitudinal and comprehensive care, considering the human being in all his complexity.

Devices, such as reception and conversation circles and nursing consultations and consultations with the multidisciplinary team and family can be useful to clarify, guide, listen, host and promote comprehensive care to men with cancer and all aspects associated with the disease that interfere in their life.

The results of this study can contribute to further researches. We need new approaches regarding the theme and the subject, which for its complexity, needs to be further explored.

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