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KNOWLEDGE AND PRACTICE OF NURSES FROM PRIMARY CARE ABOUT PROSTATE CANCER

SABERES E PRÁTICAS DE ENFERMEIROS DA ATENÇÃO PRIMÁRIA SOBRE O CÂNCER DE PRÓSTATA

CONOCIMIENTO Y PRÁCTICA DE LAS ENFERMERAS SOBRE LA ATENCIÓN PRIMARIA EN EL CÁNCER DE PRÓSTATA

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ABSTRACT

Objective: to keep knowledge and Nursing practices about prostate cancer. **Method:** this is a qualitative study, with 13 nurses from the Family Health Strategy of Cajazeiras/Paraíba, Brazil. The data were built through a semistructured interview after project approval by the Committee of Ethics in Research, Opinion no. 098/2010. The information were copied, coded, processed and handled by the Technical Content Analysis that originated thematic categories of analysis. The discussion was held on the literature. **Results:** thematic categories of analysis: a) Sense of nurses on prostate cancer, b) the role of the professionals primary at basic care to health in controlling prostate cancer c) The actions of nurses aimed at prevention of prostate cancer. **Conclusion:** it is essential that nurses develop assistance that addresses not only the early diagnosis of prostate cancer, but especially the determinants linked to the disease. **Descriptors:** Men's Health; Prostática neoplasia; Primary Health Care.

RESUMO

Objetivo: apreender saberes e práticas de enfermeiros acerca do câncer de próstata. **Método:** estudo qualitativo, com 13 enfermeiros da Estratégia Saúde da Família de Cajazeiras/PB, Brasil. Os dados foram construídos pela entrevista semiestruturada, após a aprovação do projeto pelo Comitê de Ética em Pesquisa, parecer nº. 098/2010. As informações foram copiladas, codificadas, processadas e tratadas pela Técnica de Análise de Conteúdo que originaram categorias temáticas de análise. A discussão foi realizada à luz da literatura. **Resultados:** categorias temáticas de análise: a) Sentidos dos enfermeiros sobre o câncer de próstata; b) Papel dos profissionais da atenção básica a saúde no controle do câncer de próstata; c) Ações dos enfermeiros voltadas à prevenção do câncer de próstata. **Conclusão:** é primordial que os enfermeiros desenvolvam a assistência que contemple não apenas o diagnóstico precoce do câncer de próstata, mas, sobretudo, os determinantes ligados à doença. **Descritores:** Saúde do Homem; Neoplasia Prostática; Atenção Primária à Saúde.

RESUMEN

Objetivo: capturar los conocimientos y las prácticas de enfermeras sobre el cáncer de próstata. **Método:** estudio cualitativo con 13 enfermeros de la Estrategia Salud de la Familia Cajazeiras/Paraíba, Brasil. Los datos fueron construidos mediante entrevista semiestructurada después de la aprobación del proyecto por el Comité de Ética en Investigación, opinión no. 098/2010. Las informaciones fueron copiladas, codificadas, procesadas y manejadas por la de análisis de contenido que se originó de categorías temáticas de análisis. Se celebró un debate sobre la literatura. **Resultados:** categorías temáticas de análisis: a) Sentido de las enfermeras sobre el cáncer de próstata, b) el papel de la atención primaria de salud en el control del cáncer de próstata c) Las acciones de enfermería dirigidas a la prevención del cáncer de próstata. **Conclusión:** es esencial que las enfermeras desarrollan la asistencia que se ocupa no sólo del diagnóstico precoz del cáncer de próstata, pero especialmente los determinantes relacionadas con la enfermedad. **Descriptores:** Salud de los Hombres; Prostática neoplasia; Atención Primaria de Salud.

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INTRODUCTION

The prostate is configured as a compact body, located in the pelvic cavity and pierced by the male urethra and the ejaculatory channels, having the function of producing a useful prostatic fluid to the vitality of sperm. However, this body may be the seat of the pathological process distinct carcinogenesis, giving rise to malignancy called prostate cancer.¹

It is considered prostate cancer as one of the most present forms of neoplasia in the male population and it is estimated that one in 12 men being diagnosed with the disease throughout life. Epidemiological evidence demonstrated a marked increase in incidence of this disease in recent years, driven by the lifestyle of modern man and characterized by the practice of health habits inadequate.² According to the National Cancer Institute (INCA), high rates of morbidity and mortality from this cancer have prostate cancer become a serious public health problem and the second most common neoplastic process among the male population, surpassed only by skin cancer melanoma.³

Several factors have been shown to be crucial for the increased incidence of prostate cancer, namely the increase in life expectancy of the male population, the public health actions aimed at screening and early diagnosis of the disease; adopting a lifestyle based on poor eating habits and lack of regular exercise.⁴ According to the Brazilian Society of Urology, men from the age of 50 have a greater vulnerability to disease development and is essential for proper clinical examination preventive associated with laboratory tests that allow health professionals to establish a differential diagnosis and institute the appropriate pharmacological treatment. The symptoms of prostate cancer corresponds, in most cases, the difficulty voiding, jet weak, broken and thin, hematuria, and progressive loss of renal function.⁵

Prostate cancer should be detected early by applying diagnostic screening, in which it recommends Rectal Touch for men over 40 years as conventional screening examination. Consider the Touch Rectal examination effective preventive clinical disease identification that represents a low financial cost to the health system. The measurement of PSA (Prostatic Specific Antigen) levels by transrectal ultrasound of the prostate is presented as a laboratory test to assist diagnosis. This test, besides its low cost, has good sensitivity (positive response in the

examination among those who have the disease) and specificity (negative response in the survey among those without the disease), reducing considerably the prevalence of the number of cases late pathology and their mortality rates.⁶

The role of health professionals, the development of a service-oriented control of prostate cancer by employing educational activities that promote the correct explanation of the users about the early signs and symptoms of the disease and the importance of preventive clinical examination by men over 40 years of age.⁸ The health care users has as a gateway to primary health care based on practical methods and technology, scientifically proven and socially acceptable. It is the first level of contact of individuals, the family and community with the national health system, leading to health care as close as possible the social scope.⁸

Primary Care is a priority strategy for your organization, the Family Health Strategy (FHS) which is an expansion of primary health care towards incorporating preventive practices, educational and healing closer to the everyday life of the population. The Ministry of Health has set as a priority: "consolidate and qualify the Family Health Strategy (FHS) as a model of primary care networks and organizing center for health care in the National Health System".⁹ Thus, we have observed that currently has not yet been implemented public policy specific to prostate cancer prevention in primary care, denouncing the lack of promotion, prevention and restoration of health in ESF for such pathology.

In dealing with this problem, in the municipality of Cajazeiras / PB, venue of this research, it is evident the importance of this reflection, considering the strong presence of nursing in primary health care, the increasing incidence of cases of prostate cancer and the significant amount of terminal cases because of late diagnosis. Based on these, it is appropriate to conduct this study.

In this direction, this study aimed at understanding knowledge and practices of nurses regarding prostate cancer.

METHODOLOGY

Article compiled from the monograph << **Prevention of Prostate Cancer in the optics of Nurses Family Health Strategy** >> presented to the Undergraduate Nursing School Santa Maria / FSM. Cajazeiras - Paraíba, Brazil. 2010.

This is a qualitative study, exploratory-descriptive. Scientific investigations of

qualitative nature does not stop the quantification and distribution of phenomena, but seek to understand and explain the dynamics of social relations that, in turn, are generated from the actions, beliefs, values, beliefs, attitudes and habits human.⁷

The study was conducted in 13 primary health care family units linked to the Municipal Health Cajazeiras city, located in the hinterland of Paraiba, Brazil. The study was accomplished during the years 2010-2012. The subjects consisted of the 13 nurses linked to the Family Health Strategy. It was adopted as inclusion criteria: professionals who had active employment in the City Health Department and that carried out nursing care in health facilities.

The information was obtained through the application of semi-structured interview. The instrument for the construction of the data enabled the characterization of academic and

professional profile of the participants, besides the central topic of research. Once collected, the information were stored, coded, processed and handled by Technical Analysis Content that originated the themes: a) Sense of nurses on prostate cancer, b) The role of the primary care health in controlling prostate cancer c) Shares of nurses geared to preventing prostate cancer. The discussion was held in the light of the scientific literature.

The participation of the subjects had been accepted by signing the consent form, with the research, the assent No.: 098/2010 by the Ethics Committee of the Faculty of Santa Maria, as now recommends 196/96 National Health Council - CNS / SISNEP governing research with humans in Brazil.

RESULTS

Table 1. Academic and professional profile of the participants, Cajazeiras - Paraiba, 2012.

Title	n	%
Graduated	1	7
Especialist	12	93
Time of performance in ESF		
Less than 1 year	4	31
1-5 years	4	32
6-10 years	1	7
Over 10 years	4	30
Introductory training in ESF		
Yes	6	46
No	7	54
Training in Prostate Cancer Control		
No	13	100
Total	13	100

Most nurses (93%) have postgraduate modality Lato sensu, as highest academic degree. Regarding the time working in the Family Health Strategy, 31% of nurses had less than a year, 32% had 1-5 years of professional practice, while 30% of subjects had a period exceeding 10 years in business in primary care.

Were noted in all (100%) subjects did not participate in any professional training aimed at improving their skills geared to the control and prevention of prostate cancer in Primary Health.

• Senses of nurses on prostate cancer

The subjects conceive prostate cancer as neoplastic process that affects the prostate gland, triggering hypertrophy and hyperplasia of the organ, compression of the urethra and the consequent disruption of diuresis regular patient. As the speeches, the disease has a higher prevalence among men over 60 years old.

And a cancer that develops in the prostate may cause the growth thereof and hence interruption of diuresis by compression of the urethra. (Nurse 08)

It is a cancer that affects the function and anatomy of the prostate, sometimes irreversibly. Its initial symptom, difficulty urinating. (Nurse 01)

It would be a malignant hyperplasia of the prostate gland that presents a higher incidence from the age group of 60 years. (Nurse 07)

Malignant tumor that affects men over 50 years old, with prevalence or distinction of color or social class. (Nurse 11)

• Role of the primary care health in controlling prostate cancer

The nurses felt that the working professionals of Primary Health should develop promotional activities and health education aimed at prevention and early detection of prostate cancer. It is essential that the implementation of actions to occur primarily on the male audience (over 60 years) that has a higher propensity to develop the disease.

Primary care plays an important role in the fight against Prostate Cancer, guiding, educating on prevention. (Nurse 04)

Through educational interventions for this problem, one can induce early diagnosis of

prostate cancer, with greater treatment possibilities. (Nurse 08)

Influence through the work of health education and guidance within the age range of the target [...]. (Nurse 12)

• Nurses' actions aimed to the prevention of prostate cancer

Participants reported activities that develop health education on the importance of promoting early diagnosis of prostate cancer and refer the patient for medical evaluation when they identified the characteristic clinical signs of the disease.

Guidance as to the importance of the exams, especially the digital rectal exam and patient referral to the urologist for definitive treatment. (Nurse 3)

Group orientation, educational activities, referral to specialists, guiding patients to preventive screenings and campaigns on the issue. (Nurse 12)

Carrying out activities aimed at men aged over 60 years old, advising the group on how to prevent this disease. (Nurse 03)

DISCUSSION

The scientific literature also ignores precisely the etiology of prostate cancer and the set of biological and environmental factors that make a person prone to developing the disease. However, it is believed that a lifestyle based on poor eating habits, smoking, lack of regular physical exercise, heredity, the influence of male hormones and endogenous aging process raise significantly the possibility of man acquiring the disease.¹⁰

Prostate cancer is characterized by the formation and development of malignant nature of a tumor located in the prostate gland, causing numerous changes in order histological and anatomical organ. The malignancy of the disease emphasizes the severity of the signs and symptoms presented by the individual and promote the spread of cancer cells to other tissues of the body through the process of metastasis.¹¹

The conventional method for tracking the disease occurs through the realization of digital rectal examination and measurement of Prostate Specific Antigen (PSA). The health care provider must perform digital rectal examination to evaluate the size, shape and consistency of the prostate in order to identify lymph suggest that the development of a neoplastic process on the organ.¹² It is known that the DRE has some limitations, since the survey only allows palpation of the posterior and lateral portions of the prostate, leaving about 40% of the external area of the

body out of reach. It is known that the quality and accuracy of the test depends on the location of nodes, directly, training and clinical experience shows the examiner.¹³

The PSA represents a glycoprotein synthesized by the prostate gland, which, at high levels in the bloodstream, is considered as an important biomarker for the diagnosis of prostate cancer. It is observed that the antigen can be produced by prostate epithelial cells of the prostate typical and not necessarily by cancer cells because it is possible to identify the elevation of serum PSA levels in other prostate diseases.¹⁴ The Brazilian epidemiological studies show that among ethnic groups, prostate cancer has a higher incidence among black audiences in relation to white men and Asian. It is also observed that the age of men over the age of 60 corresponds to a higher percentage of mortality of the disease in recent years.¹⁵

This epidemiological situation is urgent for the construction and execution of public policies aimed at promoting human health, able to develop specific preventive actions that contribute to reducing the high mortality rates of prostate cancer. In this context, the scope of the Primary Health Care is configured as an environment conducive to the development of educational strategies aimed at promoting changes in the way the male is seen as addressing their own health.¹⁶

It is essential that professionals working in primary assistance resolving the male audience, inserted on the principles of integrity, fairness and universality recommended as desirable characteristics to any service provided by the Brazilian Unified Health System. The actions taken should be arranged to produce a clinical setting welcoming that makes the man protagonist and co-responsible for their own health.¹⁷ Sometimes it is observed that the rules and routines of basic health units do not include the performance of concrete actions specific to screening and prevention of prostate cancer. The role of the multidisciplinary team, the planning, organization and implementation of strategies aimed not only prophylaxis and the early diagnosis of prostate cancer, but especially favoring the promotion of health and quality of life of individuals with the disease course.¹⁸

Professionals still, especially nurses, should develop health education activities to address and propose major changes to the social conditions, economic and cultural aspects linked to disease. It is observed that in the present day, persist in society, cultural values against the realization of preventive screening

for prostate cancer by man.¹⁹ It is known that the individual to seek health care for the purpose of performing the digital rectal exam can present a strong resistance and embarrassment upon completion of examination for considering it a violation of his masculinity, as regards their condition active man.²⁰ In this sense, health professionals need to adopt educational strategies that illustrate the male audience, the seriousness of the current epidemiological situation of the disease, the real purpose of holding the digital rectal exam and its decisive role in the early diagnosis of prostate cancer.²¹

FINAL REMARKS

In the design of the subject, prostate cancer represents a serious public health problem, characterized by the formation and development of neoplastic process that affects the prostate gland and, because of their evil nature; there may be the migration of cancer cells to other anatomical structures body.

The scope of the Primary Health Care should be configured as a space appropriate assistance to implement specific actions and strategies that target the social, economic, biological and cultural prostate cancer, through a practice of promotion and health education.

The role of professionals working in the Family Health Strategy, the constant practice of the planning and execution of activities in health education who demonstrate male viewers prone to disease development, the real meaning of the exam preventative for early diagnosis of cancer prostate.

While, the multidisciplinary team should not be limited only to a care biologicist aimed at prevention and early diagnosis of the disease, but especially it is necessary to develop concrete actions that modify the current social and cultural values against the realization of Examination Touch Rectal man.

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