MEN’S EXPERIENCES WITH PROSTATE CANCER

VIVÊNCIAS DE HOMENS COM CÂNCER DE PRÓSTATA

VIVENCIAS DE HOMBRES CON CÁNCER DE PRÓSTATA

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ABSTRACT

Objective: to describe the experiences of men in cancer treatment for prostate cancer. Method: qualitative, exploratory descriptive study, developed with 30 men with prostate cancer in cancer treatment in a large hospital. The production of data was performed through a semi-structured interview. For the organization and data analysis, the technique of Content Analysis in the Thematic Analysis modality was used. Results: data analysis allowed the identification of three categories: "The news of the diagnosis and the confrontation", "The sexuality compromised in the therapeutic path", "Urinary incontinence in the daily life of the men". Conclusion: the diagnosis and the treatment of prostate cancer causes significant changes in the life of the patients. It was found that wife support and spirituality are positive strategies for coping with the disease.

Descriptors: Oncology; Men’s Health; Care; Prostatic Neoplasia; Sexuality.

RESUMO

Objetivo: descrever as vivências de homens em tratamento oncológico para o câncer de próstata. Método: estudo qualitativo, exploratório, descritivo, desenvolvido com 30 homens com câncer de próstata em tratamento oncológico num hospital de grande porte. A produção de dados foi realizada por meio de entrevista semiestruturada. Para a organização e análise dos dados, foi empregada a técnica da Análise de Conteúdo, na modalidade Análise Temática. Resultados: a análise dos dados permitiu a identificação de três categorias: <<A notícia do diagnóstico e o enfrentamento>>, <<A sexualidade comprometida no percurso terapêutico>>, <<Incontinência urinária no cotidiano dos homens>>. Conclusão: o diagnóstico e o tratamento do câncer de próstata provocam modificações significativas na vida dos pacientes. Constatou-se que o apoio da esposa e a espiritualidade são estratégias positivas para o enfrentamento da doença. Descritores: Oncologia; Saúde do Homem; Cuidado; Neoplasias Prostáticas; Sexualidade.

RESUMEN

Objetivo: describir las vivencias de hombres en tratamiento oncológico para el cáncer de próstata. M étodo: estudio cualitativo, exploratorio, descriptivo, desarrollado con 30 hombres con cáncer de próstata en tratamiento oncológico en un hospital de gran porte. La producción de datos fue realizada por medio de una entrevista semiestructurada. Para la organización y análisis de los datos, se empleó la técnica del Análisis de Contenido, en la modalidad Análisis Temático. Resultados: el análisis de los datos permitió la identificación de tres categorías: <<La noticia del diagnóstico y el enfrentamiento>>, <<La sexualidad comprometida en el recorrido terapéutico>>, <<Incontinencia urinaria en el cotidiano de los hombres>>. Conclusión: el diagnóstico y el tratamiento del cáncer de próstata provocan modificaciones significativas en la vida de los pacientes. Se constató que el apoyo de la esposa y la espiritualidad son estrategias positivas para el enfrentamiento de la enfermedad. Descriptores: Oncología; Salud del hombre; Cuidado; Neoplasias prostáticas; Sexualidad.

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INTRODUCTION

Prostate cancer is considered one of the pathologies of high morbidity and mortality in the male population. The incidence has a great geographical variety, being higher in developed countries (Australia, New Zealand, the United States). In Europe in 2012, this neoplasm had an incidence of 214 cases per 100 thousand inhabitants.1 Already in South America, in the same period, countries such as Argentina, Chile and Colombia had rates ranging from 42.5 to 66, 9 cases per 100 thousand inhabitants.2

Based on information from the Globocan3 project in the Latin American and Caribbean region, of the 530,000 new cases of cancer estimated for men in 2014, prostate cancer was the most frequent (28.6%). Brazil follows this epidemiological profile. For the biennium 2016-2017 the estimate is 61,200 new cases of prostate cancer. These figures correspond to an estimated risk of 61.82 new cases per 100,000 men. The rates vary significantly in the different regions, with the highest incidence in the South (95.63 / 100 thousand), followed by the Midwest (67.59 / 100 thousand), the Southeast (62.36 / 100 thousand), the Northeast (51, 84/100 thousand) and with a lower rate in the North region (29.50 / 100 thousand).3

According to the Hospital Registry of Cancer of a large hospital in a city in the interior of Rio Grande do Sul, in 2012, 246 cases of prostate cancer were registered. Of these, 80% occurred in men older than 60 years of age.4

Mortality is more frequent in the Caribbean region and in some areas of Africa.1 In Europe, prostate cancer is the third in mortality, with more than 72 thousand estimated deaths in 2012. The World Health Organization estimates 499 thousand deaths by 2030, which shows that mortality rates will continue to grow in the future.5

The experience of the diagnosis of cancer confronts the individual with stressful events. For men, in the case of prostate cancer, the impairment of the physical integrity, especially of the aspects that involve sexuality, besides the possibility of finitude and terminality, arouses negative feelings. The emotional repercussions influence the process of illness, from the acceptance of diagnosis and illness, to the effective treatment of cancer, which compromises their physical and psychological well-being, as well as the quality of their personal, family, professional and social life.6

OBJECTIVE

- To describe the experiences of men on cancer treatment for prostate cancer.

METHOD

A qualitative, descriptive, exploratory study with 30 men undergoing oncological treatment for prostate cancer at a large hospital in the northern State of Rio Grande do Sul (RS), in the months of March and April of 2015. The interviews were carried out until the saturation of the data.11 The participants’ approach was carried out by the researcher and nurse of the oncology service, at the end of the Nursing consultation that is part of the patient care protocol. The study was conducted with 30 men who were being treated for prostate cancer at a referral hospital in the northern state of Rio Grande do Sul.

The inclusion criteria of the study were: elderly men, regardless of social class and / or level of education; occupation and who were being treated at the oncology service with a primary diagnosis of prostate cancer. Patients
who had previous treatment and with relapse of the disease, with metastases and those who were hospitalized in ICU were excluded.

The interviews were individual, after the acceptance and signing of the Free and Informed Consent Term (FICT), previously scheduled at the time and place indicated by the participants and interfering as little as possible in their daily lives. Data collection was performed through a semi-structured interview, with closed questions regarding the characterization of participants and open with specific questioning to meet the study objective. The interviews lasted approximately 30 minutes, recorded on an MP3 player, with prior authorization of the subject interviewed. The identification of the subjects was done by means of the letter “e” with sequence of numbers (e1, e2, e3), maintaining their anonymity.

For the data treatment, the Thematic Analysis Technique was used, which serves as a methodological instrument that applies to speeches and / or speech, in this case, of the patients. This technique has three different phases: the pre-analysis; the exploitation of the material and the treatment of results, inference and interpretation. In the pre-analysis phase, the researcher’s objective is to do the first reading by discovering the main and / or initial ideas, in order to lead to a precise scheme of the development of successive operations, in a plane of analysis. The next phase, the exploitation of material, consists of coding operations, according to rules formulated in advance. Finally, in the third step, the gross results are treated in a way that is meaningful and valid.

After reading the answers given by the subjects, the data were sorted, classified and analyzed qualitatively. To interpret them, the technique employed was that of Content Analysis, in the Thematic Analysis modality, grouping them into thematic units that gave rise to categories of significance, which were analyzed in light of the literature. The research was approved by the Ethics and Research Committee of the University of Passo Fundo - RS, with protocol number 937,128.

RESULTS AND DISCUSSION

♦ Characterization of study participants

Thirty men participated in the study. Age ranged from 60 to 82 years. Regarding the educational level, 83.3% (n = 25) had incomplete elementary education and 16.7% (n = 5), complete elementary education. Regarding the marital status of the participants, 80% (n = 24) were married; 13.3%, (n = 4) widowers and 6.7% (n = 2), unmarried. Agriculture was reported as the main occupancy by 60% (n = 18) of the participants. All participants were on cancer treatment for prostate cancer between 2010 and 2015. When analyzing treatment time, 43.3% (n = 13) were between six months to one year; 20% (n = 6) between one year and two years; 20% (n = 6) between two years to five years and 16.7% (n = 5) were less than six months of treatment. Regarding the types of treatment for prostate cancer, 16.7% (n = 5) of the participants performed only radiotherapy and 80% (n = 24) performed two or three associated therapies: hormone therapy and radiotherapy, with 50% (n = 15); surgery and radiotherapy, with 13.3% (n = 4), and surgery, hormone therapy and radiotherapy, with 20% (n = 6).

From the analysis of the data, three categories emerged: "The news of the diagnosis and the confrontation"; "Sexuality committed in the therapeutic path"; "Urinary incontinence in the daily life of men".

♦ The news of the diagnosis and coping.

The moment of diagnosis and the imminence of the treatment for cancer generates a situation of stress and anguish in the life of the patient with the possibility of a risk of dysfunction in the personal and familiar system. Among the psychosocial factors involved in this process, are a feeling of impotence, fear, deprivation of sociability, isolation and alteration of personal projects. However, each actor involved reacts differently, depending on pre-existing factors and the context in which it is inserted.

The diagnosis of prostate cancer raises feelings in the individual and each person lives in a different way, as evidenced by the manifestation of e9, when he declares that it is a negative experience in his life and mentions the death wish, perhaps to cease the experience of the suffering. On the other hand, e6 responds in a positive way, as it is observed in the reports:

Now, we’re at the very end. [...] I think, what I really wanted was to die [...]. It seems that the better the person, the more she suffers in life. (e9)

There are people who are worried and it seems that he is dead. I do not […] I'm touching the boat forward. It's no use giving up because it's cancer. (e6)

The symbolism, as well as the perception of cancer, whether in the individual or collective dimension differs greatly from other diseases, since it brings with it the perspective of the finitude of life and this
Men's experiences with prostate cancer.

[...] I have to take care of the food. And I had two glasses of beer over the weekend, and it made me sick, I know it does, but I ended up taking it. (e19)

I had the habit of taking my chimarrão, and had to suspend, if I take it, it causes me more the bladder [...]. (e24)

The conditions imposed by the therapy led the participants to resignations, some of them personal, others in the sphere of desires and customs. Abdicating that which provided well-being, due to intensified reactions was not easy, but attitudes reveal resignation, so guidance and support for patients are indispensable for a better agreement and conformation to occur at this time in their lives.

In the imminence of disease, in the perspective of suffering in the course of disease, the person invokes his faith, seek help in a greater force, God. The speech of e26 illustrates the request that life be lived as long as it can exercise dominion over itself, especially about self-care, for the fact that it needs help and being dependent on others, in most cases, causes consternation.

I ask that God give me life as long as I can master my body, [...]. (e26)

When a stressful situation arises, strategies are used to adapt to the new situation. Hope and belief help in coping with the disease process. Positive thinking and the desire for healing motivate treatment, and recovery is facilitated at a time of great impact on a man's life. 18

According to the participants, faith gives strength to the process of diagnosis and treatment, with the conviction and the hope that everything goes well. In the perspective of improvement, follow the life ahead.

For me to surrender is difficult, I have faith in God, I go to Mass every weekend. And you have to believe why if it is not God, we do not live. (e16)

... Ask God for tranquility to fulfill that plan He has made. (e15)

Participants, in prostate cancer, have expressed mixed feelings ranging from hopelessness and sadness to optimism, acceptance and hope. They mention that they used spirituality and religiosity to overcome problems caused by the disease.

Sexuality compromised in the therapeutic path

In the literature, erectile dysfunction is described as a common reaction among patients who have been treated for prostate cancer. In addition, men may experience ejaculatory dysfunction and decreased libido.19 In general, the human being develops
feelings according to his subjectivity. In this sense, patients mention that, in the beginning of the treatment, the sexuality was compromised, that really was different with the companion, but, at the same time, that they set the expectation on the return to the normality.

They explained that they would not be able to have a relationship with the woman during this period [...] And, after this treatment is finished, will there be another one to return to normal? (e12)

And sex harms? As soon as I started injecting I was not able to [...] it gets in the way. (e9)

Guidance to men about the effects of treatment on sexuality, urinary function, among others, is imperative to decide treatment. Sexual function, in many cases, is something that concerns and is considered a priority of man, so this clarification is fundamental so that it can make a conscious decision.20

The prolonged time of sexual impotence is also referred to, by the interviewees, as something that bothers and gives rise to concern. Therefore, clarifying the types of treatment for the patient, involving him in this decision, is essential to minimize his anxiety, if the side effect arises.

It was said that something could happen, but it could not be fatal either. [...] can you not get back to normal? [...]. (e28)

This sex business declined by over 50%; bother [...] (e15)

The repercussion of therapy mainly, involves sexuality, in its physical and emotional dimension. Sexual performance is altered, bringing frustration to patients with prostate cancer.14

The manifestations that reveal erectile dysfunction are referenced throughout the interviews, and these concerns greatly affect the male identity, since the treatment promotes changes that interfere negatively in its body image of the man, being besides functional alterations in the sexuality. The effects, such as changes in libido and erectile dysfunction, cause the feeling of loss, since, for man, the body is no longer as it was before and permanent changes bring memories of the experience of cancer.21

The reports demonstrate the duality of this new condition and the limitations imposed by prostate cancer show the duality in relation to established social standards and the position attributed to men. Prostate cancer alters some concepts of culturally accepted models regarding masculinity and the construction of masculine identity.

The support of the family, especially, the wife, as well as the information and clarification of the health team, help in coping with prostate cancer.6,22

For the participants who maintain a conjugal life, in spite of this anguish, the support and the companionship of the wife help in the confrontation.

It is not the same with the wife, it was different, but, it feels good, so I accept and I feel good too. (e1)

My wife understands me well because it is the remedy that is working. (e28)

Participants’ concerns about sexuality occur because of the change in their life, being different, causing discomfort and discomfort. Each respondent, by individual reactions, demonstrates the condition of ambivalence between denial and acceptance, beyond hope and the desire for everything to return to normal. Sexual dysfunction, in causing frustration, may compromise male identity; however, the assertive way in which the participants reveal aspects of conjugal intimacy under different circumstances, evidencing the new conception constructed on the fact, is something that comforts and softens the complications of the event on your life.

I was more relaxed with the explanation, it brings more peace to the couple [...]. (e28)

For those interviewed, it is very important that the partner has the knowledge about the treatment, possible reactions and interferences in the sexual life of the couple. The wife, as the primary caregiver, plays an essential role during the treatment, serving as support and demonstrating understanding of the changes that may occur in the sex life caused by the treatment of prostate cancer.6

- Urinary incontinence in men’s daily routine

The disease process and the experiences of men with prostate cancer alter their social, family and affective relations, and may even generate personal conflicts due to the conditions imposed by the treatment, as is the case of radical prostatectomy, that may have as side effects, the urinary incontinence and sexual impotence.21

Urinary incontinence is a reaction mentioned by most of the participants who underwent radical prostatectomy because they can cause embarrassment, causing changes in daily life due to the loss of urine, which, in many cases is persistent, requiring constant precautions and care measures. It is observed in the lines below:
I lose my urine and sometimes I get embarrassed, my underwear smells and I smell around. [...] Sometimes you have to change three times a day [...]. (e16)

[...I have to urinate often, if I try to hold it, it’s burning. If I force myself, I lose urine, so I’m wearing a diaper. (e24)

Men, as a result of prostatectomy, felt the need for the use of protectors, the diapers. Such a condition is revealed with a sense of sorrow and sadness announced by shame in the face of the uncontrollable state of the physiological state. The fact that he has no control over his urination and the possibility of smelling, it is embarrassing, since physical incapacity and emotional shock reveal his fragility to others.24

Some participants who have already experienced the surgery and diaper use often face a new treatment, experience the situation or even fear the occurrence of this embarrassing and stressful condition.

[...when I noticed that I was not well, I thought: “I only needed this, to go back to that procedure of surgery, and to wear the braid” [...] (e10)

Other participants reported impairment in their daily life due to the incontinence problem, with impairments ranging from continuity of treatment to social interaction, as seen in the expressions:

[...If the bathroom is not too far, it gives time [...]. It happened to be in the Church and I had to go outside. [...]. (e13)

On the journey to perform the treatment, in the middle of the road the bladder is already full and has to hold [...], it is burning, and the same thing back. (e24)

Regarding urinary incontinence, the decision adopted by some of the participants, as mentioned below, draws attention to the fact that the man is able to enter a state of isolation or withdrawal so as not to disturb the daily life of his relatives.

I made two small pieces of wood on the ground in the back of the house so that I could be alone and not disturb them in the house [...]. (e16)

I do not feel bad about it, I get it right with the diaper [...]. I have a place I go to [...]. I have a place I go to [...]. I have a place I go to [...]. (e16)

On the journey to perform the treatment, I made two small pieces of wood on the ground in the back of the house so that I could be alone and not disturb them in the house [...]. (e16)

I lose my urines and sometimes I get embarrassed, my underwear smells and I smell around. [...] Sometimes you have to change three times a day [...]. I have to urinate often, if I try to hold it, it’s burning. If I force myself, I lose urine, so I’m wearing a diaper. (e24)

The experience of being ill with cancer modifies an entire existence, since it affects the body both objectively, and subjectively, and a series of anxieties arise because of the new condition imposed on it. These are changes that involve life habits, side effects to treatment, loss of autonomy, feelings of impotence and isolation.25

The meaning of getting sick is different for each participant, as well as everything else that involves the treatment process, because the experiences are individual. Acceptance depends on many factors, not all governed by personal choices or professionals with the intention of enabling them to live with dignity. It is the responsibility of health professionals, to commit themselves and their duty to assist each person in finding coping strategies.10

The search for information and can help in solving the problem, as well as facilitating the adjustment of the emotions of patients with prostate cancer. It is also known that there is a strong association between spirituality / religiosity and coping with crisis situations.9, 10,15 Faith and prayer can be resources used to face the fears and uncertainties caused by the disease, often, working as factor of protection.

Emphasis is placed on the importance of psychotherapy for the strengthening of the personal and family system.10 Therefore, this process requires, a broader view of the health professional, which extends beyond clinical research and the use of therapy focused on the disease. It reiterates the appreciation of the psychological, emotional and spiritual aspects, as well as the very context in which the person inserts himself.

CONCLUSION

This study made it possible to describe some of the experiences of men with prostate cancer in cancer treatment. The diagnosis generated a mixture of feelings, questions, impacting greatly on the patients’ lives.

The experiences described demonstrate that the cancer process can bring deprivations of everyday sociability, isolation and possibility of interruption of the normal course of life traced by patients and relatives.

Another fact to be highlighted is the treatment and its side effects, that affects the daily life of the participants. The stable union of the interviewees, combined with spirituality and religiosity, brought comfort and hope throughout this process.

In this perspective, it is essential that, in the face of a fearful diagnosis and influence on the physical and emotional dimensions, information is provided, highlighting the potentialities and limits of the treatment for man. In this way, the patient can participate in decision making regarding the treatment and thus seek coping strategies with his family and with the professionals. It is suggested that new studies be carried out on the subject to

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Men’s experiences with prostate cancer.
increase the knowledge about the daily life experiences of men with prostate cancer and to understand their multidimensionality.

REFERENCES


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