



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

MALE BREAST CANCER: THE SURVIVOR'S CONTEXT CÂNCER DE MAMA MASCULINO: O CONTEXTO DO SOBREVIVENTE CÁNCER DE MAMA MASCULINO: EL CONTEXTO DEI SOBREVIVIENTE

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ABSTRACT

Objective: to know the context of the man when getting sick and surviving breast cancer. **Method:** exploratory and descriptive study, qualitative research. Two men who survived breast cancer participated in the study. Data collection was done through semi-structured interviews, and these were analyzed according to Minayo's proposal. **Results:** the results presented three themes: the discovery of breast cancer; the coping of male survivors of breast cancer and sources of support of men surviving breast cancer. **Conclusion:** this study made it possible to know the universe of men with breast cancer and it is hoped that it could contribute to the qualification of care for male survivors of breast cancer, inserting the questions that permeate their life context in Nursing care practices. **Descriptors:** Chronic Disease; Breast Neoplasms; Men's Health; Survival; Nursing.

RESUMO

Objetivo: conhecer o contexto do homem ao adoecer e sobreviver ao câncer de mama. **Método:** estudo exploratório e descritivo, pesquisa qualitativa. Participaram do estudo dois homens sobreviventes ao câncer de mama. A coleta de dados se deu por meio de entrevistas semiestruturadas, e estes foram analisados conforme a proposta de Minayo. **Resultados:** os resultados apresentaram três temáticas: a descoberta do câncer de mama; o enfrentamento do homem sobrevivente ao câncer de mama e fontes de apoio do homem sobrevivente ao câncer de mama. **Conclusão:** este estudo possibilitou conhecer o universo do homem com câncer de mama e se espera que possa contribuir na qualificação da assistência aos homens sobreviventes ao câncer de mama, inserindo as questões que permeiam o seu contexto de vida nas práticas de cuidado da Enfermagem. **Descritores:** Doença Crônica; Neoplasias da Mama; Saúde do Homem; Sobrevivência; Enfermagem.

RESUMEN

Objetivo: conocer el contexto de hombre al enfermarse y sobrevivir al cáncer de mama. **Método:** investigación cualitativa exploratoria y descriptiva. El estudio incluyó dos hombres que sobrevivieron al cáncer de mama. La recolección de datos se dio a través de entrevistas semiestructuradas y analizadas según lo propuesto por Minayo. **Resultados:** los resultados mostraron tres temáticas: el descubrimiento de cáncer de mama; la confrontación del hombre sobreviviente al cáncer de mama y las fuentes de apoyo de los hombres sobrevivientes de cáncer de mama. **Conclusión:** este estudio ha permitido conocer el universo del hombre con cáncer de mama, y se espera que contribuya en la calidad de la asistencia a los hombres sobrevivientes de cáncer de mama mediante la introducción de los temas que impregnan el contexto de la vida en las prácticas de cuidados de Enfermería. **Descriptores:** Enfermedad Crónica; Neoplasias de la Mama; Salud del Hombre; Sobrevivencia; Enfermería.

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INTRODUCTION

Cancer is defined as a chronic-degenerative disease that has disordered cell growth.¹ However, there are several types of malignant neoplasms. One of the most common is breast cancer, which has an increased incidence each year, as well as its frequency in both developed and developing countries.²

Due to its importance, breast cancer has been the focus of several studies. A very interesting question, however, is the involvement of this disease in men, considered rare, considering its number of occurrences in relation to women, since it represents less than 1% of all breast cancers.³

In 2008, 1,990 cases of breast cancer in men were diagnosed in Brazil,⁴ of which Rio Grande do Sul is the State with the highest incidence.⁵ In this scenario, mortality in men of practically all is much higher than in women.⁶ Thus, this data corroborates that there is still great male resistance in the search for health care.⁷

In this sense, men's low demand for health services makes them more susceptible to diseases, often postponing necessary treatment and affecting their quality of life.

Due to the low demand for health services, in 2008, the Ministry of Health presented the National Policy for Integral Attention to Human Health, whose objective is the realization of comprehensive health care actions of these individuals between the ages of 20 and 59.⁷

In this perspective, the context can be understood with the global environment that is inserted the person in development, the forms of relations and its social and cultural environment.

Therefore, surviving cancer is a condition where the individual has the capacity to live and to recognize the condition of being cured.⁹ In this sense, Nursing needs to understand the aspects that surround the illness and the survival to the oncological disease, because, in this way, they can plan and program interventions and care in patient rehabilitation and help family members, as well as promoting a quality of life.¹⁰

In this way, it is fundamental to know the way men surviving breast cancer live, in order to build health promotion strategies tailored to their needs. In this thinking, it is justified the relevance of this study, which aimed to know the context of the men when getting sick and surviving breast cancer.

MÉTHOD

An exploratory and descriptive study, with a qualitative approach, being a subproject of the research titled "Resilience as coping strategy for the cancer survivor". The data collection site was the domicile of the participants and the collection period comprised the months of August to October 2013. Two men who survived breast cancer were enrolled in the study database and who agreed to participate of the study.

The inclusion criteria were: being male and having had the experience of breast cancer; being registered in the research database "Resilience as a coping strategy for cancer survivors"; Be able to communicate verbally and in a coherent way; allow interviews to be recorded; authorize the presentation and dissemination of information acquired through results in academic and scientific circles.

To maintain the participants' anonymity, they were identified by the initials of their names, plus age. This research was approved by the Research Ethics Committee of the Faculty of Nursing of the Federal University of Pelotas, under protocol number 31/2009, on August 17, 2009, which complied with the norms established by Council Resolution 466/12 Of National Health.¹¹

The process of data collection started with the database search. In this, there were three men diagnosed with breast cancer. Soon, a telephone contact was made with the selected ones, at which point the purpose of the study was explained and how it would be developed, and afterwards, it was requested to participate. From this, two subjects were accepted and an interview was scheduled in their homes. The third subject had died.

Data collection was done through a semi-structured interview, containing questions that addressed the context of the man, the discovery of cancer, the experience, support networks and changes in daily life. The interviews lasted, on average, 43 minutes. The analysis was based on Minayo's operational proposal,¹² following the ordering, classification and final analysis steps.

RESULTS AND DISCUSSION

Initially, we will present the characterization of the study participants and, therefore, the themes arising from the analysis: the discovery of breast cancer; coping with breast cancer survivor and sources of support for surviving breast cancer. J.M, 74, widowed, childless, retired, Catholic,

incomplete elementary school participated in the study. He was diagnosed in 2007, underwent surgical treatment and reviews annually at the oncology service of a teaching hospital. O.M, 66, married, three children, retired and farmer, Protestant and incomplete elementary school. The diagnosis was made in 2007, performed radiotherapy, chemotherapy and surgery, and annually performed the oncology service of a teaching hospital.

♦ The discovery of breast cancer

To understand the context of the breast cancer illness of the men who were part of this study, it is important to know how the disease was discovered and how that moment was experienced by them.

Being ill is a process surrounded by a sequence of events and the understanding of its perception and meaning requires the monitoring of the entire occurrence of the pathology.¹³

In this way, the men revealed how they identified the first signs of the disease and the observation of some alteration before seeking assistance in the health services:

No, I never felt anything, [...] I was shaving in a big mirror and when I saw blood came out through my breast. "Funny. Did it break a vein? "I thought, and that's when I went to get medical help. But I did not imagine it was cancer, because I did not know about it (J.M, 74).

There was a lump, a lump, and then I had to operate ... I was always working, but I often touched the place a little and it hurt ... before I found out I went to several doctors (OM, 66 years).

It can be noticed, through the statements of the participants, that both presented characteristic symptoms of the disease, such as pain and bleeding, and even then, they continued their activities normally. In O.M's testimony, this one reported having sought out several doctors, demonstrating the difficulty of diagnosing male breast cancer.

Regarding the diagnosis of male breast cancer, there is still a delay and often the disease is discovered in advanced staging. This fact can be attributed to the delay in diagnosis.¹⁴

Also, associated with the low demand of men for the health services, fact related to the individual's cultural issues and also by the position of provider, besides assigning the difficulty of accessing the health services due to the hours of operation to match the daily workload of work.⁷

In the meantime, after confirming the diagnosis of malignant mammary neoplasia, the men followed the path of their lives with

the disease and performed the proposed therapies.

Then I did the surgery, I did very well, three days, four days later, the doctor went to discharge me. He gave me discharge and I left, alone and on foot, I left, I went there alone and I came back alone, it did not hurt me, it never hurt me, I never took a pill because of that, he did radical surgery, JM, 74 years old).

[...] Surgery, chemotherapy, I did twenty-one sessions (radiotherapy) (O.M, 66 years).

The indicated treatments for men with breast cancer are based on those offered to women. The surgical procedure is standard, and radical mastectomy is performed. Treatments such as radiotherapy and chemotherapy are also used.³

One of the participants spoke about their views on existing treatments for breast cancer, demonstrating relief from not having to perform them.

No, I did not have to do anything like that (chemotherapy and radiotherapy), thank God, that's horrible (J.M, 74).

The interviewee J.M has a stigmatized view of antineoplastic treatments such as radiotherapy and chemotherapy, since it is observed in the fear speech in relation to these, being understood by him as something horrible.

Reaction and interpretation to disease by individuals are induced by the stigmata on cancer, which is regarded as a death sentence, as a divine punishment, that is, a disease surrounded by stigma.¹⁵

♦ Coping with a breast cancer survivor

After receiving the diagnosis of breast cancer and performing the necessary treatments, the men in this study demonstrated different coping mechanisms. People, faced with health problems, express themselves individually, because the experiences are formulated from the perception that each one has of himself and the process of being sick.¹⁶

Thus, when asked how they experienced the confrontation of cancer, they answered:

You have to accept what it is like ... I always thought positive, always forward, you do not have to warm your head ... I feel calm like this, I was never nervous about it, until today everything is normal [...]. No good thinking bad things, I just thought of good things (O.M, 66 years).

It is observed, from O.M's speech, that he sought to accept the diagnosis of cancer and found resources, through optimism, adapting to the new reality.

Acceptance happens when the individual is able to understand their situation as well as the consequences. The same still has full peace and reluctance ceases to exist.^{17,18}

Meanwhile, J.M presented a differentiated view from O.M to live with the disease, leaving the dichotomy of accepting or not the process of becoming ill implicit.

Look how I'm going to explain, I've never had anything to complain about ... as if I did not have cancer, I've always been very disconnected for this business there ... no, I've never had either difficulty or ease, and I did not have to pretend that I did not have surgery (JM, 74 years old).

From the expression "pretends", it is noticed that the participant resorted to the mechanism of denial of the disease and the treatment that he / she performed, despite starting the testimony with words that indicated the little concern with the cancer.

The patient facing a serious illness often has the need for denial. And listening to him at that moment is comparable to hearing a patient suffering from minor discomfort, nothing so serious as to threaten his life.¹⁸

When asked about the difficulties experienced, O.M, even accepting the disease, acknowledges that there were changes in his life and, together, some limitations, such as when he had to temporarily suspend his work activities.

Tired, lacking strength, tired, my life is no longer as before [...] I stopped (work) a few times (O.M, 66 years).

The participant, even accepting the disease, acknowledges that there are limitations. It is known that the most obvious limitation for the survivor of breast cancer is physical, with influence on remission of labor, as mentioned by O.M. The treatment of choice, that is, mastectomy often causes motor capacity to be affected, limiting the individual to perform daily activities and work.¹⁹

Surgical treatment for breast cancer can present limitations in the performance of work, whether formal or informal, and these can be observed as: fatigue, exhaustion, pain, limitations and impairment in motor ability.²⁰ These manifestations are present in the interviewee's experience OM and helped him reduce his work activities. Another study also found that most of the interviewees, survivors of breast cancer, reported physical limitations, such as difficulties with movement, strength and dexterity due to surgical treatment.¹⁹

Participant J.M denies the disease, which is evidenced when he uses the expression "as if

he did not have cancer" and, for him, there were no limitations arising from it. However, it is believed that limitations could occur in his life because of the actual surgical treatment performed, but because of the need to resort to the denial mechanism, he may not recognize possible limitations.

I can tell you that it's like I did not have cancer, I never had cancer, because I do not feel anything, I did not feel in surgery, I did not feel it after the surgery, I did not feel anything [...] ..] this has not changed in anything, nothing, until today, so far has not changed at all (JM, 74 years).

It is noted that men still demonstrate difficulties in recognizing the weaknesses and limitations imposed by the disease, which may be related to the historical and cultural factors that surround them.

Men have great difficulty in demonstrating their limitations and weaknesses. This may be related to the historical aspects of masculinity.²¹ Still, due to cultural and educational issues, he is seen by society as an invulnerable and strong person, immune to any kind of illness. Thus, man constructs his masculinity, based on paradigms, presenting himself as self-sufficient and not perceiving his vulnerability.²²

Already in the speech of O.M, it is observed that he considered the impossibility of working as one of the alterations coming from the sickness.

I could not work as I wanted. (MW, 66 years)

Work has an important meaning in people's lives, especially when it comes to the male figure. Thus, one can see the significance of the work for this participant, who mentioned, at various moments of the interview, his longings for not being able to develop this activity.

When men become ill from cancer, vulnerability places them in the face of physical and social limitations.²³⁻⁴ And these limitations often lead to the impossibility of returning to normal activities, making work impossible and this in turn in the lives of men, is a place of socialization that provides social recognition of their efforts and dignity.²⁵

Already in the following testimony, O.M again states that he accepts the disease, even with the changes.

The business is to live while giving, sometimes we feel bad, but it is temporary ... to do what, you have to accept how things are, it is no use to warm your head, live the time you give (OM, 66 years).

Acceptance of the disease by the participant is intertwined with the sense of conformation, since it believes that it is

necessary to accept its new condition passively. Some changes occur in the life of the person with cancer because the diagnosis changes the previous condition of activity to put in a place of passivity in relation to life.²⁶

However, when asked about the activities they carried out in their daily lives, they answered:

Walk with that guy there (dog) [...] look I do around twenty, twenty five blocks a day [...] I'm going to watch the news that is on the TV, I look at the newspaper until ten and a half and then I go to sleep [...]. I go to Catholic, here in the cathedral church, I have always been of that church (J.M., 74 years).

I watch my hen breeding [...] I treat the chickens and then I put the water warm for the coffee [...] I'm there on the back, digging what to do. (O.M., 66 years).

According to the speeches of the participants, it is observed that they performed activities on a daily basis. And this is considered a positive factor in their lives, since it contributes to the autonomy and maintenance of an active life. In a study of 50 cancer patients in palliative care, it was evidenced that the maintenance of autonomy enables the individual to perform routine activities, reducing the suffering and discomfort caused by the disease. Thus, it is of great value to maintain it, since it also assists in the rehabilitation and reduction of the impacts and discomforts generated by the disease.¹⁶

♦ Sources of support for men surviving breast cancer

The importance of support networks lies in their positive effects, in particular, when referring to protracted therapeutic actions. In this way, coexistence among people favors help, monitoring of behavior and health.²⁷ In relation to support networks, the participants mentioned:

My family does not live here, it does not participate in practically anything [...]. There in the place that I get treatment everything is clear, I do every six months (review), I go there, this year I have not gone yet [...] that I am forced to do, but this year I did not go, and I am, I need to do it, and I did not go with this problem of the woman being sick and these confusions that you know better than I do, we get stuck with that from there, understand? (J.M., 74 years).

Participant J.M does not find support from close people, friends or family, as well as from institutions or health professionals. Thus, during his treatment, he eventually left his care aside to care for the wife who was also

sick, reaffirming this condition of not presenting support networks.

The reasons why he denies his illness and vulnerability are thus observed. Possibly, the fact has to do with not having someone to help you in the face of this situation.

Already the participant O.M, in his speech, shows that he had support of his sister, his children and friends.

My sister who was always by my side, together, she always accompanied me [...] They (children) always stayed by my side giving me support [...]. At the time I needed them, they helped me (friends) (O.M, 66 years old).

In addition, the participants did not report support from the health services and professionals, although they still carried out annual revisions in the health service. Social support / support networks are inherent in family care and are essential for the mental and physical health of individuals, being considered as protection factors and health promoters, helping to cope with situations such as cancer.²⁸⁻⁹

The study participants, when questioned about the experience of having cancer, answered:

Only experience I had nothing, if you tell me this tomorrow, you are going to have to do another surgery, I will have it. (J.M., 74 years)

Everything is very quiet, I do not put a bad thing in my head [...] we are fighting while we can [...] one day everyone is going, and it is going to be a seed, we cannot choose [...] my idea is to live a long time still, I've reached sixty-six, let's see if I get to seventy, eighty. (MW, 66 years)

In the speeches of the participants, the negation mechanism, adopted by J.M, appears again as if nothing had happened, and in the speech of O.M it was possible to perceive a greater acceptance of the illness, tranquility and positive thinking with ideas for the future.

In this sense, the individual who faces and overcomes cancer can be defined as resilient, which is the capacity to overcome and positively re-signify adversities,³⁰ such as in the case of participant O.M.

From the results, it can be seen that the interviewees presented different ways of facing breast cancer and, from the reports, the importance of understanding these men is observed, in order to allow a better understanding of the context in which they live, in an attempt to provide health care directed to their needs.

CONCLUSION

This study made it possible to know the context of men when getting sick and surviving breast cancer, since it allowed to observe the steps that involve this process, from the discovery, the treatments performed, coping, survival, daily life and support networks.

Thus, it can be seen from the findings that men presented signs and symptoms that are characteristic of breast cancer and, therefore, sought health services, but did not relate that these manifestations were suggestive of this pathology.

It was also found that, in relation to coping and survival, men presented different mechanisms: while one of them resorted to denial as a way of dealing with this situation, the other sought acceptance.

After the diagnosis of cancer, men managed to lead a normal life, although there are limitations and changes in daily life, such as suspension of some activities, including work. It is also perceived that optimism and the acceptance of the disease were fundamental to face and adapt to these adversities.

Regarding the support network, this was the importance of family and friends that contributed to obtain positive effects in the treatment of one of the participants. Thus, it is important to know the context in which these men are inserted and what implications the diagnosis of cancer can bring to the lives of these survivors. However, it is necessary to carry out other studies with a larger universe of this population that allow to deepen and offer knowledge about breast cancer in men.

It is hoped that this study may contribute to the health of men, as well as to professionals and academics in the health area, helping to understand the experience with the purpose of qualifying the assistance, with a view to the integrality and humanization of care.

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Submission: 2016/07/02

Accepted: 2017/03/27

Publishing: 2017/05/01

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