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TRANSITION OF ELDERLY MEN WITH PROSTATE CANCER: ANALYSIS OF FACILITATING AND DIFFICULTY CONDITIONS

Transição de homens idosos com câncer de próstata: análise de condicionantes facilitadores e dificultadores

Transición de ancianos con cáncer de próstata: análisis de condiciones facilitadoras y de dificultad

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ABSTRACT

Objective: to understand the transition experience of elderly men with prostate cancer. **Method:** descriptive study with a qualitative approach carried out in four services of the health care network in a city in Bahia, Brazil. Data were collected through semi-structured interviews with eighty elderly men, which were organized and analyzed based on the Collective Subject Discourse Technique and interpreted in light of the Theory of Transitions. **Results:** the influence of family members, friends, other men, nurses and other professionals are facilitators; and complicating factors are the scarcity of knowledge and financial resources of the individual, geographic barriers, limitations related to the structure and bureaucracy of services. **Final considerations:** when constructing meanings for prostate cancer and admitting vulnerability, men confront their beliefs, reach the awareness that allows them to overcome limitations and assume the leading role of self-care in the health/disease transition.

DESCRIPTORS: Elderly health; Men's health; Transitional care; Prostate neoplasms; Chronic disease.

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RESUMO

Objetivo: compreender a experiência de transição de homens idosos na experiência com o câncer de próstata. **Método:** estudo descritivo de abordagem qualitativa realizado em quatro serviços da rede de atenção à saúde de uma cidade da Bahia, Brasil. Os dados foram coletados por meio de entrevista semiestruturada com oitenta homens idosos, as quais foram organizados e analisados com base na Técnica do Discurso do Sujeito Coletivo e interpretados à luz da Teoria das Transições. **Resultados:** são facilitadores a influência de familiares, amigos, outros homens, enfermeiros e demais profissionais; e dificultadores a escassez do conhecimento e recursos financeiros do indivíduo, barreiras geográficas, limitações relacionadas à estrutura e burocracia dos serviços. **Considerações finais:** ao construir sentidos para o câncer de próstata e admitir a vulnerabilidade, os homens confrontam suas crenças, alcançam a consciencialização que permite superar limitações e assumir o protagonismo do cuidado de si na transição da saúde/doença.

DESCRITORES: Saúde do idoso; Saúde do homem; Cuidado transicional; Neoplasias da próstata; Doença crônica.

RESUMEN

Objetivo: comprender la experiencia de transición de ancianos con cáncer de próstata. **Método:** estudio descriptivo con abordaje cualitativo realizado en cuatro servicios de la red de atención a la salud de un municipio de Bahía, Brasil. Los datos fueron recolectados a través de entrevistas semiestructuradas con ochenta ancianos, que fueron organizadas y analizadas a partir de la Técnica del Discurso del Sujeto Colectivo e interpretadas a la luz de la Teoría de las Transiciones. **Resultados:** la influencia de familiares, amigos, otros hombres, enfermeras y otros profesionales son facilitadores; y los factores que complican son la escasez de conocimientos y recursos financieros del individuo, las barreras geográficas, las limitaciones relacionadas con la estructura y la burocracia de los servicios. **Consideraciones finales:** al construir significados para el cáncer de próstata y admitir la vulnerabilidad, los hombres confrontan sus creencias, alcanzan la conciencia que les permite superar las limitaciones y asumir el papel protagónico del autocuidado en la transición salud/enfermedad.

DESCRIPTORES: Salud del anciano; Salud de los hombres; Cuidado de transición; Neoplasias de próstata; Enfermedad crónica.

INTRODUCTION

As human beings, we experience processes that require the incorporation of changes, reorientation, and redefinition in the ways of living, being, and being in the world. These processes have been defined by Afaf Meleis as transitions, and result from events related to health-illness processes as well as to life cycles. In general, they usually change the dynamics of relationships, social roles, and well-being.[1] The consideration of human responses in transitions has implications for the nurse's practice by guiding the nurse in recognizing the needs evidenced by individuals in the transitional process, and by supporting interventions to promote adaptation, prevent damage, and restore balance.

With the elderly man, it is common a transition from adulthood to old age marked by the experience of prostate cancer, which represents the fifth leading cause of death in the world and the second most prevalent type of cancer in cisgender men in Brazil, occupying the first position according to data from the National Cancer Institute for estimated incidence of cancer types in men in the year 2020 with 65. 840 cases, representing 29.2%.[2] It is a type of cancer marked by an asymptomatic clinical picture in its initial stage, but of indolent progression, which can make it difficult for these elderly men to become aware of their condition.[3-4]

In this context, it is understood as important to discuss the changes in the health/illness condition, which promotes a process of transition, in which people who are in this continuum subject to a greater vulnerability to risks that can harm their health. Identifying such risks may contribute to improve the conditions of these people in order to understand their transition process.[5]

In health services, nurses are usually the main caregivers, so they prepare people for a possible transition process and favor the learning of new skills so that these people can deal with their health/illness experiences. The concept of transition has been discussed in the field of Nursing, from a defined framework to articulate and reflect the relationships between the components of a transition, either as a perspective or as a structure. Thus, a transition occurs from the moment in which a present reality is discontinued, thus causing a compelled or optional modification that results in the obligation to construct a new reality.[1]

In the experience of elderly men with prostate cancer, it is possible to recognize a transition of the health/illness type from the moment they receive a multiple and related medical diagnosis, when the development of a chronic disease such as cancer is observed, and, at the same time, the loss of masculinity.[5-6] It has as properties the awareness of the patient and his involvement with the changes facing the new condition of life due to a chronic disease, the particularities of each person, the time for assimilation, in addition to the events and critical points that will be triggered from this process.

Thus, it is necessary to understand the conditions that may facilitate the transition or hinder it, whether they are of a personal, community, or social nature and, based on this knowledge, it is expected to have greater subsidies for planning therapeutic nursing interventions, in order to make the transitional process easier, with fewer negative repercussions.[7-8]

Thus, the research questions are: How is the health-illness transition of elderly men in the experience with prostate cancer configured? What are the facilitating and hindering conditions of the healthdisease transition process in elderly men with prostate cancer?

This study aims to understand the transition experience of elderly men in the experience with prostate cancer.

METHOD

Qualitative study, sustained on the basis of Afaf Meleis' Theory of Transitions. This Theory assumes a transition as a passage from a stable state to another reasonably stable or unstable state, triggered by a change. It pays attention to the changes in the person's health condition and their outcomes - positive transition or not.[1]

The study included 80 elderly men followed-up in four institutions of the health care network in a city of Bahia, Brazil, users of the public network of the Unified Health System. They were intentionally selected based on: history of illness with medical diagnosis of prostate cancer and the indication of nurses of the services.

The institutions were two Family Health Strategy Units, a High Complexity Oncology Reference Center, and a Hospital Unit specialized in urology, nephrology, and transplants. The participants had access to daily care, medical and nursing appointments, diagnostic tests, specialized attention for cancer screening, referrals for surgical treatment, hormone therapy, and chemotherapy.

Inclusion criteria were: having been referred/being in screening/treatment. Excluded were: participants who had difficulty verbalizing their experience, who manifested pain or clinical discomfort that generated suffering.

Data were collected (individual interviews) in December 2017 to January 2019. Awareness/acceptance strategies and health education actions were carried out. Participants were invited to participate in the research, checking the consent of the Informed Consent Form. The interviews took place in a reserved room, were guided by a semi-structured instrument (sociodemographic/health characterization and open questions about the phenomenon) previously validated as a pilot and lasted 40 minutes, conducted by trained researchers, transcribed in full, identified by codenames: letter H (Man) and number of occurrence.

Theoretical data sampling criteria were considered for the composition of the corpus. [9] The COREQ recommendations were followed. The processing of the empirical material was supported by NVivo®11 software. The analysis was subsidized by the Collective Subject Discourse Technique (CSD), an inductive method, which derived Key Expressions and the Central Ideas sustaining the Discourse-Synthesis of collective representation,[10] interpreted based on the theoretical constructs of transitions from the observation of changes existing at the personal, community, and social levels.[1]

The study respected the ethical aspects. The project was approved by the Research Ethics Committee of Faculdade Nobre de Feira de Santana, with CAAE: 47814815.4.0000.5654, opinion number: 1.208.304, on August 31, 2015.

RESULTS

The study participants were characterized as married, aged 62 to 79 years, retired, with incomplete elementary education, black race/color, average monthly income one minimum wage; they have a history of prostate cancer in 1st degree relatives and use of alcohol and smoking.

The collective discourse of elderly men with prostate cancer allowed us to highlight the complicating factors for an unhealthy transition and the facilitating factors for a healthy transition from a personal, community, and social perspective, as presented in Figure 1.

Discourse-synthesis 1: constructing meanings for prostate cancer

Central Idea A: Accessing and sharing knowledge: recognizing vulnerability

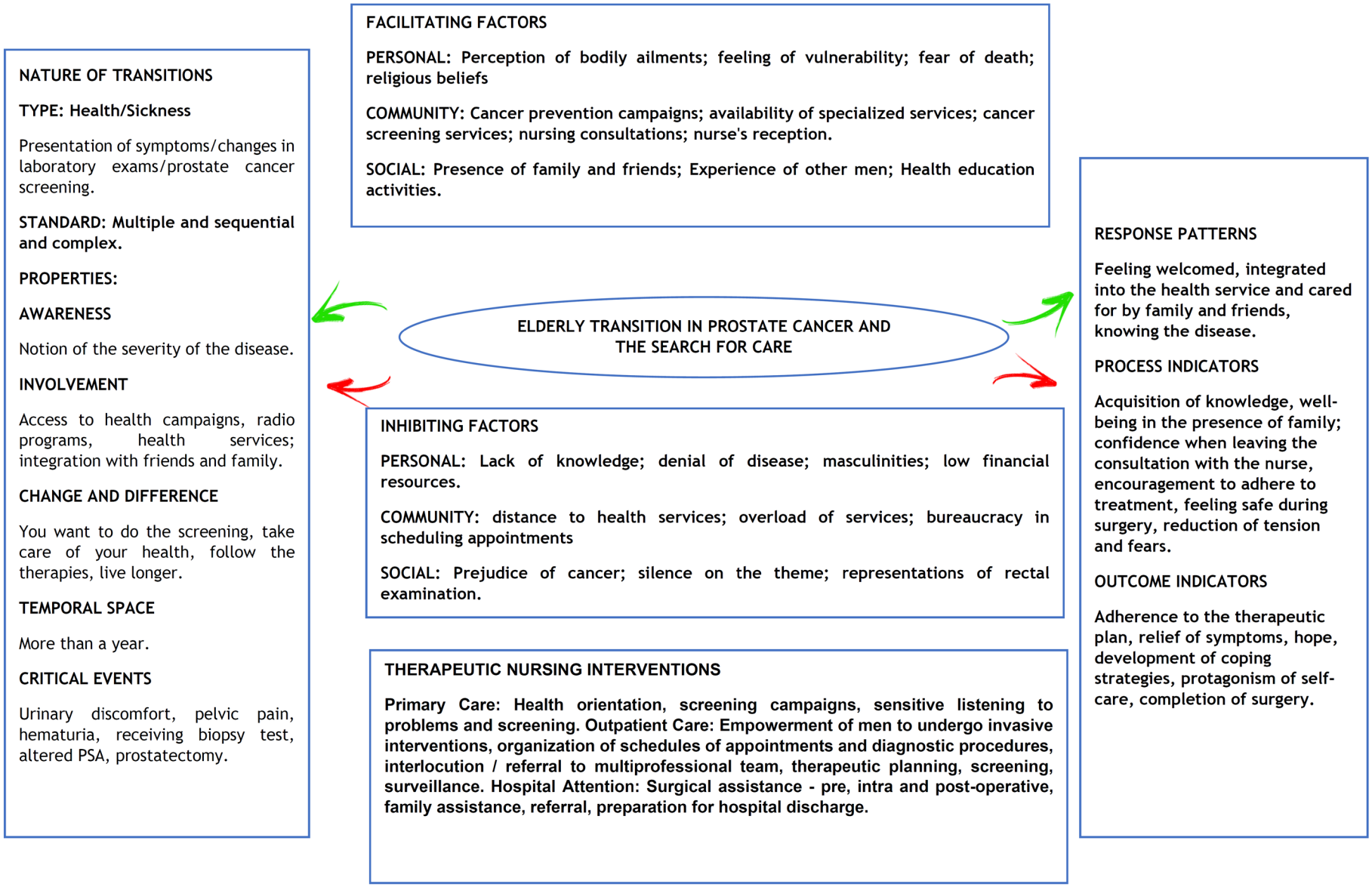
Sharing knowledge with friends, older men who have experienced prostate cancer, and accessing health care professionals were the response patterns for the conceptualization and subsequent involvement and engagement that make up the transition:

> [...] *I sought to understand why I was having difficulty urinating, presenting blood in the urine, feeling pain in the body, even having to use a catheter to urinate. I started to know through the work of doctors talking about the prostate in health campaigns and in a more conscious way when I started to have symptoms. After the medical decision I needed to seek the neighborhood health unit to proceed with the referral. There were new exams, such as ultrasonography and the touch test, and I found out through the consultations that my family also had cases of prostate cancer. After that I have tried to take advantage of the health campaigns like "blue November", the activities and lectures at the health unit in my neighborhood, the information passed on the radio, the exchange of information with other men who had the same disease as me and attend the recommendations of the medical and nursing staff. This has been special, because the health professionals serve me well.* (CSD of elderly men)

Central Idea B: Admitting the existence of the disease: becoming aware of the change

There is a discourse of denying the disease, fearing the preventive exams for cancer detection and considering them invasive, abusive, disrespectful, and unnecessary. In this sense, the discursive fragments denounce that denial tends to delay the submission to exams and their performance can promote shame

Figure 1 – Explanatory model of the health/disease transition of elderly men with prostate cancer. Feira de Santana, Bahia, Brazil, 2020



in such a way that the experiences of body discomforts are what favor the awareness of the existence of the disease:

> [...] *I used to think that this story about prostate cancer was a lie. When I touched the subject I thought it was disrespectful, a lack of consideration for the older man. When I did the exam I felt abused, I was ashamed, I thought it hurt, but the health professionals treated me very well. It was then that I found out that besides having an enlarged prostate, I had cancer. From then on I started taking medicines, going to consultations, exams and evaluations, until the surgery was recommended. I was welcomed and motivated, and this enthusiasm made all the difference for me to better understand the disease and start seeking care for my health.* (CSD of elderly men)

Discourse-synthesis 2: accessing your beliefs and activating the safety net

Central Idea B: Receiving care from family and friends: facilitators of the transition

The care of family members and friends is provided by the scheduling of appointments and examinations, accompaniment during consultations with health professionals, as well as presence during the stages of diagnostic screening, surgical treatment and recovery in the hospital environment:

Central Idea B: Facing Limitations to Access Care: Difficulties in the Transition

Older men score difficulties in accessing services as barriers to entering the formal care system, which include both economic and geographic barriers, service schedule disruptions, gaps in the structure and bureaucracy for authorizing procedures, and difficulties related to the individual:

> [...] *I didn't even know what a prostate was. Due to lack of orientation, ignorance and machismo I tried to take care of my health late. If I had known, I would have taken care of myself earlier. Besides, I faced many financial difficulties to maintain the treatment* (CSD of elderly men).

Difficulties related to the structure of the services:

> [...]*I have tried to take care of my health regarding prostate cancer in the Unified Health System and there is a lot of difficulty, delay, to schedule, perform and show the exams to the doctor. The waiting list is long, the flow of patients is very high, the units are always full, the vacancy quota is very small, and sometimes there is only one doctor and one nurse to attend. I have even waited more than six months to be able to get an appointment and have an evaluation with the results of the exams.* (CSD of elderly men).

Geographical barriers and service bureaucracy:

> [...] *moreover sometimes I come from far away and when I arrive the appointment has been rescheduled and I have to face new difficulties to schedule with the health unit and wait for the release of the municipal health secretariat, which is very bad, and I face many difficulties with the displacement to the health services. The access to the prostate removal surgery is very difficult and time consuming. It is a lot of setbacks, involving many people and departments. I even scheduled the surgery date with the doctor, stamped the form for the last necessary exams, did the exams and the pre-operative consultation with the nurse, but the surgery was cancelled* (CSD of elderly men).

SUMMARY SPEECHES 3: ADHERING TO TREATMENT

Central Idea D: Taking the lead in caregiving to cope with treatment

By assuming the protagonism of care and facing treatment, the discourse evidenced the approach, elaboration of knowledge, diagnosis, and the attribution of meanings to prostate cancer:

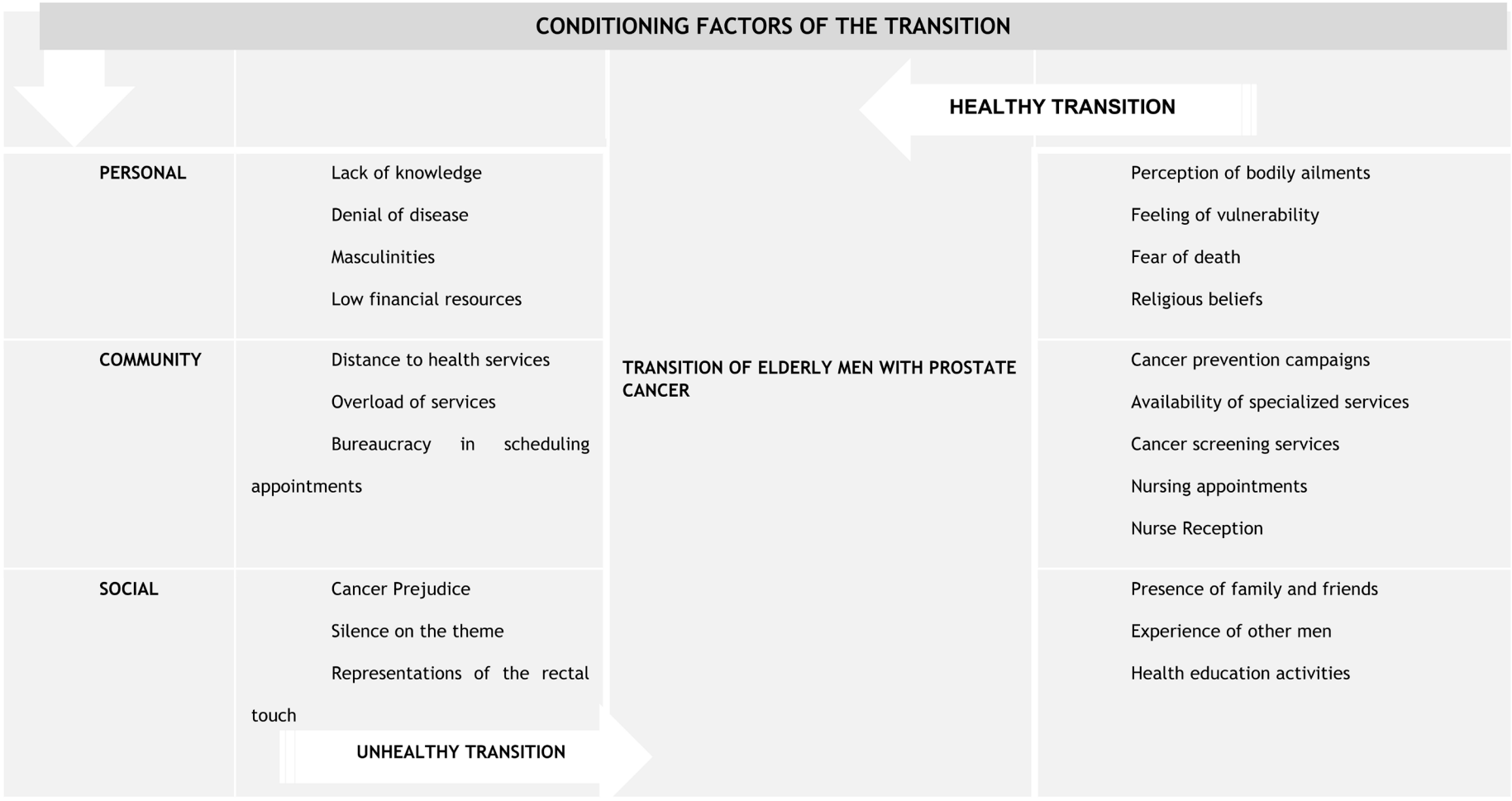
> [...] *I am already aware that it is a serious, ordinary disease, that it can be a tumor, that it kills and harms the lives of many people, and that it is necessary to take care of it from an early age, because if it goes beyond the deadline it can turn into a worse disease and increase the problem, becoming a cancer. It is an illness that is generally caused to men after a certain age, or resulting from family problems due to heredity, which is inside the person and has no cure. It causes pain in the legs, in the stomach, when urinating, and swelling in the testicles. To know if you have the disease, sometimes it is necessary to do a biopsy. Not only me, but all men are afraid of prostate cancer and also of taking the exams, but now I know that if I don't take care of it I can die, because cancer is dangerous and for this reason it is important to look for a health service to take the rectal touch exam, especially men who are more than 40 years old and also those who found some alteration in the PSA exam. Now I feel more courageous and aware to face the disease and follow the treatment.* (CSD of elderly men)

From the findings, it was possible to frame from the Transitions Theory framework, how the complete transition of men--elderly with prostate cancer occurs, and its stages can be visualized in Figure 2.

DISCUSSION

The collective discourse expressed the passage from the condition of "healthy" subject to "subject vulnerable to cancer". It was made explicit that the transition to knowledge of prostate cancer and the experience of the disease presents multiple, sequential, and relational patterns. The transition revealed similar trajectories among men, as observed in other investigations: existence of physical, social barriers lacking male knowledge about

Figure 2 – Stages of the health/disease transition of elderly men with prostate cancer. Feira de Santana, Bahia, Brazil, 2020.



prostate cancer and its existence, which generate repercussions on awareness for self-care.[11]

Awareness is a defining characteristic of transition.[1,12] The individual needs to know the changes that are occurring in the health-illness process, so that the non-perception/unawareness in the absence of these changes does not reverse into impediments in entering the transitional experience. One must locate existing patterns of transitions, patterns of human responses, and awareness, a process that will contribute to reveal necessary nursing therapeutic interventions for elderly men with prostate cancer.[13]

For Transition Theory, adaptation/integration of the new stage will be successful when the subject knows himself in advance. Changes will be triggered - anticipation of the event. Therefore, several transitions may occur at the same time.[1,13] In this sense, in the experience of men with prostate cancer, the passage from the stage of information to the experience of symptoms, it is necessary to pay attention to the transitional time, the attitudes capable of triggering therapeutic help, since the disease may manifest itself insidiously and consider self-perception, recognizing the vulnerability of elderly men, especially in face of the symptomatological behavior that mobilizes transition for this public: pre-treatment, treatment, and post-treatment oncology.[14]

Understanding about the experiences of the individual in transition reveals personal and contextual - social/community conditions that facilitate/hinder progress towards the achievement of healthy transition. Our findings indicated these complicating conditions at the individual level: limited cognitive baggage of the elderly men about the prostate and the disease, acquired before entering the disease process. The condition of low education implied a precarious understanding of the information received. The belief system, the imaginary derived from hegemonic masculinities hindered the perception of vulnerability, which results in the restriction of healthy transitions and their outcomes.[13]

Among the transitional facilitators, the elderly men highlighted: family/affective influence (friends) - they directed words of encouragement, served as companions in transit in health services and shared knowledge with other men with similar experiences. They experienced ongoing support received from nurses and other health professionals - offering relevant information for decisions to be made. During the health/illness transition, some individuals turn to the community for support, but available resources are not always accepted due to mistrust and fears about information privacy.[14-15]

Considering transitional hindrances and facilitators will require the nurse to build favorable spaces for respectful care - individuality, bond building, accountability with the elderly men, mainly due to cancer being surrounded by prejudice/taboos. These behaviors may contribute to the reworking of masculinities, overcoming harmful hegemonic attributes[5,16-22] and advancing clinical practice in uro-oncology nursing.[23-25]

It is emphasized that facilitating conditions for transitions include: community support, reliable information received from health care providers, advice from respected sources, explanations/clarification to questions.[1-13] Nursing professionals will obtain contributions in early recognition of healthy or unhealthy transition in the aging and chronically ill male population. While inhibitors relate to scarcity of resources to respond to the demands of the situation, inadequate support, unsolicited advice or reports of negative experiences, incomplete or contradictory information, discrimination and application of stereotypes, statements of negativity by others.[1-13]

Finally, this study evidenced that men experience a set of situational/simultaneous transitions: aging with reduced vitality of the body; retirement with reduced financial resources; changes in social roles - widowhood and coexistence with children/grandchildren. It emphasized the importance of nurses in caring for elderly men seeking cancer diagnosis/treatment.

This study has limitations: the rigid context of the institutions and the routine of the services may have generated censorship of the speeches and dismissal of the participants in the data collection. The analyses focused on the transitions of the health/disease process derived from cancer, which may have limited the deepening on the simultaneous transitions of men's experience, a gap for future studies.

The contributions of this study include the contribution of scientific knowledge to Gerontological Nursing practice, to the field of aging and health, approaches to socio-pathological markers of the disease experience, and studies of masculinities. The findings may also contribute to: 1. contributing knowledge to the theoretical field of Nursing - use of the Transitions Theory; 2. strengthening the lines of care in Nursing/health in the context of Chronic Noncommunicable Diseases and 3. Subsidize the clinical practice and the management of the care of the person with cancer.

FINAL CONSIDERATIONS

By understanding the experiences of health/illness transitions, the conditioning factors and critical events that occur in the experience of men with prostate cancer, nurses can develop unique care actions that favor, among all the aging transitions, a healthy transition in the health/illness process of elderly men with cancer.

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