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PROSTATE CANCER: ENABLING AND INHIBITORY CONDITIONS IN THE TRANSITION TO HEALTH AMONG CISGENDER MEN

CÂNCER DE PRÓSTATA: CONDIÇÕES FACILITADORAS E INIBIDORAS NA TRANSIÇÃO PARA SAÚDE ENTRE HOMENS CISGÊNEROS

CÁNCER DE PRÓSTATA: CONDICIONES FACILITADORAS E INHIBIDORAS EN LA TRANSICIÓN A LA SALUD ENTRE HOMBRES CISGÉNERO

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Objective: understanding the facilitating and inhibitory conditions of cisgender men with prostate cancer in the transition to health. Method: qualitative research performed in an outpatient clinic of high oncological complexity, with 30 men diagnosed with prostate cancer. Data obtained through instrument and semistructured interview, organized according to Content Analysis and interpreted by the Theory of Transitions. Results: the enabling conditions: perception of the disease as something simple, faith, social support, effective communication; the inhibitors: stigma and uncertainty of disease and treatment, lack of financial resources and lack of guidance influenced the transition to health. Final considerations: the transition shows that prostate cancer and its treatment arise as an opportunity for men to reinterpret and exercise their masculinities. Understanding the conditions of transition enable new learning for nursing, in order to implement new resources in the care process of man.

Descriptors: Nursing. Prostatic Neoplasms. Men. Men's Health. Nursing Theory.

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Objetivo: compreender as condições facilitadoras e inibidoras dos homens cisgêneros com câncer de próstata na transição para a saúde. Método: pesquisa qualitativa, realizada em ambulatório de alta complexidade oncológica, com 30 homens diagnosticados com câncer de próstata. Dados obtidos por meio de instrumento e de entrevista semiestruturada, organizados de acordo com a Análise de Conteúdo e interpretados pela Teoria das Transições. Resultados: as condições facilitadoras: percepção da doença como algo simples, fé, suporte social, comunicação eficaz; as inibidoras: estigma e incerteza da doença e do tratamento, escassez de recursos financeiros e falta de orientações influenciaram no processo de transição para a saúde. Considerações finais: a transição mostra que o câncer de próstata e seu tratamento surgem como uma oportunidade para os homens reinterpretarem e exercitarem suas masculinidades. Compreender as condições da transição possibilitam novas aprendizagens para a Enfermagem a fim de implementar novos recursos no processo cuidativo do homem.

Descritores: Enfermagem. Neoplasias da Próstata. Homens. Saúde do Homem. Teoria de Enfermagem.

Objetivo: comprender las condiciones facilitadoras e inhibidoras de los hombres cisgéneros con cáncer de próstata en la transición a la salud. Método: investigación cualitativa realizada en ambulatorio de alta complejidad oncológica, con 30 hombres diagnosticados con cáncer de próstata. Datos obtenidos por medio de instrumento y de entrevista semiestructurada, organizados de acuerdo con el Análisis de Contenido e interpretados por la Teoría de las Transiciones. Resultados: las condiciones facilitadoras: percepción de la enfermedad como algo simple, fe, soporte social, comunicación eficaz; las inhibidoras: estigma e incertidumbre de la enfermedad y del tratamiento, la escasez de recursos financieros y la falta de orientación influyeron en el proceso de transición a la salud. Consideraciones finales: la transición muestra que el cáncer de próstata y su tratamiento surgen como una oportunidad para que los hombres reinterpreten y ejerciten sus masculinidades. Comprenderlas condiciones de la transición posibilitan nuevos aprendizajes para la Enfermería a fin de implementar nuevos recursos en el proceso de cuidado del hombre.

Descriptores: Enfermería. Neoplasias de la Próstata. Hombres. Salud del Hombre. Teoría de Enfermería.

Introduction

Prostate cancer is considered a relevant public health problem. In Brazil, it is estimated that 71,730 new cases of prostate cancer occur each year in the 2023-2025 triennium, being the second most frequent in all regions of the country[1].

In the face of this illness, cisgender men point to impacts, such as suffering linked to changes in body image, sexual functioning, sense of masculinity and self-esteem[2]. In addition, they present perceptions about the lack of control of their own bodies and about vulnerability to treatments and their consequences, which can hinder communication, marital relations, family support and have implications for care[3].

In the meantime, it is recognized that becoming ill with prostate cancer represents a transition process, given the implications that can affect men in their physical, social, psychological, cultural and spiritual dimensions. According to the Theory of Transitions, people, throughout their lives, go through transitions that lead them through different phases and cause changes in the state of health, in the relationships of roles, expectations and skills[4].

In the course of this experience, the enabling and inhibiting conditions will influence the transition process. These conditions are represented by three factors, personal, community and social, which can act positively or negatively[4].

Thus, they understand personal factors: the meanings that refer to events that trigger a transition; cultural beliefs and attitudes, which concern people's ways of thinking and acting; socioeconomic conditions, the preparation and knowledge that can contribute to a healthy transition; the community conditions that, through support and family and professional support, can provide adequate information that helps people in the transition process.

On the other hand, the scarcity of financial resources, inadequate support, inconsistent information, marginalization and stigmas can be inhibitory conditions. Thus, the transition experience can be influenced by the level of

health and well-being of the person, family, organization, community, as well as the conditions of the country and the world[4].

By applying the Theory of Transitions to understand the experiences of cisgender men in the health-disease process by prostate cancer, this study brings important contribution, to the extent that the literature is incipient in understanding the factors that may influence the man with prostate cancer for a healthy transition.

Taking care of a person, in a transition perspective, who is facing chronic prostate cancer illness, can contribute to the recognition of the healthy transition or not, and to nursing interventions and care management that are consistent with their needs[5].

When deepening the knowledge in the literature about the impact of prostate cancer on men's lives, the following question emerged: How do men experience their health-disease transition process by prostate cancer? In this direction, this study was developed in order to understand the facilitating and inhibitory conditions of cisgender man with prostate cancer in the transition of health.

Method

A qualitative study, based on the Theory of Transitions of Afaf Meleis[4]. Thirty men diagnosed with prostate cancer participated in the study, followed up in a high-complexity oncology referral center of a philanthropic hospital in a city in southern Minas Gerais, Brazil, from 2019 to 2020, being the sample for convenience. The inclusion criteria were: men aged 18 years or older, cisgender, diagnosed with prostate cancer regardless of stage. The exclusion criteria were inability to communicate orally and cognitively, verified through the mental assessment questionnaire, prepared by the researchers: What is your full name? What month is it? What day of the week is it today? What is the name of the city we are in now? People with difficulty in answering at least two of these questions were excluded.

Fifty-five men with prostate cancer were contacted, however, 23 did not participate (for consultation and transport schedules and 2 were not interested in the research), constituting the sample for convenience.

For data collection, we opted for the semi-structured interview, conducted in person by graduate students in Nursing, after training with study advisors and the psychologist of the Oncology Center. The man, while waiting in the waiting room of the clinic, was invited to participate in the research. After his consent, the interviewee was sent to a reserved room, in which, after reading and signing the Informed Consent Form (ICF) in two copies, the interview was held at a single time, this being the first contact with the participants, who the researcher and the participant. After signing, the interviewee was given a copy of the ICF and the other was under the responsibility of the researcher. To maintain the anonymity of the interviewees, the personal names were replaced by codes with the initial I (of interviewee), followed by the ordinal number in the order of realization.

An instrument consisting of two parts was used. In the first, to survey the sociodemographic and clinical characteristics, consisting of open and closed questions, related to gender, age, education, ethnicity, marital status, belief, income, occupation, number of children. The second part addressed the clinical content, formulated by questions about type of treatment, associated comorbidities and the guiding questions: What does prostate cancer mean to you? Knowing the diagnosis of prostate cancer, what has changed in your life? What has helped you in the disease and treatment? What has made it difficult for you day to day to face the disease and treatment?

The interviews were recorded in a digital recorder and a mobile device simultaneously, with an average duration of 27 minutes, and the reports, transcribed in full. The interviews are in the custody of the principal researcher, in the cloud, for a period of five years.

Sociodemographic and clinical characterization data were tabulated in the Microsoft Excel® 10 program and submitted to simple frequency. The qualitative data were transcribed and then proceeded to the analysis according to the six

phases of Content Analysis[6]: a) organization of the analysis (reading the narratives); b) coding (coding of words and expression in a deductive way related to transition conditions: facilitators and hinderers; c) categorization and treatment of results (grouping of similar data for the elaboration of the category, the inference and the interpretation of the results), analyzed in the light of the Theory of Transitions[4]. Two categories were constructed, namely: Category 1 with two subcategories and Category 2 with three subcategories, which are presented in the results.

When considering the importance and need for knowledge of the factors that facilitated or inhibited the transition process of cancer among its participants, this study focused on facilitating and inhibiting transition conditions, proposed by the Theory of Transitions[4]. The choice of this referential presents its potentialities since it allows to understand the transition process of cisgender men, in order to prepare them to overcome the difficulties to achieve a healthy transition.

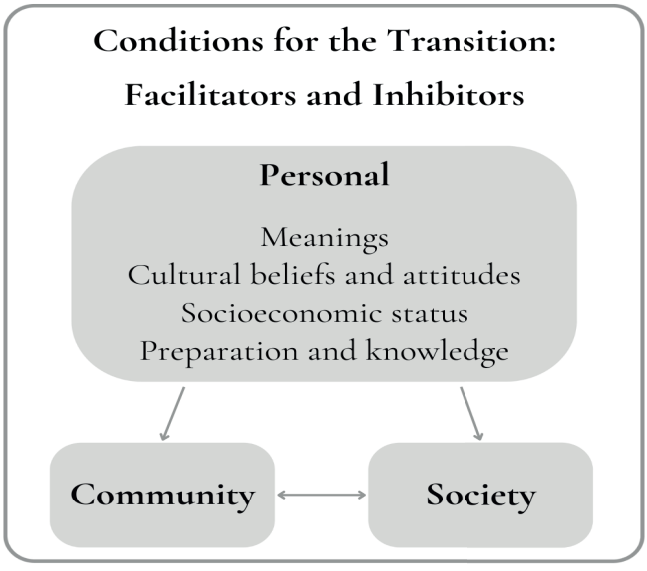
This is a cut of a larger research project, approved by the Research Ethics Committee of the study institution, under Opinion n. 3.199.866 and Certificate of Presentation of Ethical Assessment (CAAE) 08784919.7.0000.5142.

Results

The participants of this investigation were 30 men, diagnosed with malignant neoplasm of the prostate, with predominance in the age group of 70 to 79 years, 46.67% (n = 14) and mean of 69.5 years; Incomplete Elementary School, 60% (n = 18); married, 60% (n = 18); Catholic belief, 70% (n = 21) skin color, 43.33% (n=13). Most men were retired, 80% (n=24); retirement dependents, 83.33% (n=25); with monthly family income of one to three minimum wages, 83.33% (n=25); urban residents, 90% (n=27); most lived with wife or partner, 33.33% (n=10), did not receive caregiver follow-up, 86.67% (n=26). Regarding life habits, 36.67% (n=11) of the participants denied having smoked, however 50% (n=15) were ex-smokers and (63.33%, n=19) denied alcohol.

The Transition Theory was used as categories: the Enabling and Inhibiting Conditions. Of each of these, the subcategories: Personal, Community and Society. The following are the categories and their subcategories (Figure 1).

Figure 1– Enabling and Inhibiting Conditions and their respective categories and subcategories



Source: Translation adapted from Meleis[4].

Category 1– Facilitating conditions

Subcategory–Personal

Meanings

The significance that men attributed to prostate cancer may have contributed to better coping with treatment and recovery.

> [...] *prostate cancer is the simplest thing you have!* (I14).

Cultural beliefs and attitudes

Beliefs that relate faith in God in the physician and the cure for prostate cancer are associated with experiences and have played a relevant role in the transition.

> [...] *it's not just cancer, it's any disease, we're in the middle of three, the doctor, medicine and God, for those who have faith* [...]. (I29).

The breakdown of prejudice caused changes in behavior among men, which favored the performance of preventive tests for prostate cancer.

> [...] *brought me an alert, not to have that nonsense of prejudice to be doing examination, seek doctor more often now, is a warning to me* [...]. (I18).

Socioeconomic status

Favorable financial conditions, whether by own resources, by the social network or by the financing of the public health system, may have contributed to the healthy transition.

> [...] *in sickness, I needed a lot of money, I phoned a sister, she sent money, paid for everything, then we went to the city hall, asking for medicine help, because the medicines were expensive, it cost 800 know, 830 reais* [...]. (I7).

Preparation and knowledge:

The relationship between the health team and the man with cancer, the effectiveness of communication, the creation of space to clarify doubts and the availability of information on social media also contributed to the healthy transition.

> *The doctor, he guided me right, said "be calm"* [...] *the guidelines were good, they were great* [...]. (I9).
>
> [...] *have access to information we face with another angle* [...]. (I22).

Subcategory 2 – Community

Regarding the community conditioning, support and social support were fundamental for coping with the process of illness.

> *There in the support house of the person with cancer is a nurse who spends the whole night, if you need, puts you inside the hospital* [...].*This was a door that opened for me* [...]. (I3).
>
> *Ah, I felt a better respected person, we feel important, because they* [hospital health professionals] *take care of our thing, as if we were an important person for them, and felt more valued life* [...]. (I22).

Category 2– Inhibiting conditions

Subcategory 1 – Personal

Meanings:

The meaning of the word cancer has been linked to negative adjectives that can contribute to uncertainty or loss of hope about treatment and healing, and therefore recovery can become more difficult.

> [...] *did not worry about impotence, I worried more about speech cancer, the worst disease that exists until now, right* [...]. (I15).
>
> [...] *when the person receives this news that he has cancer, as they say, sometimes dies before the time* [...]. (I21).

Cultural beliefs and attitudes

The beliefs that relate cancer to death, the naturalization of the disease because it is common in age and recurrent in the family, and the conceptions of masculinity corroborated to postpone the search for preventive tests and treatment.

> [...] *all men are sexist, man has that habit of talking, that the intimate part of man is untouchable* [...]. *So, it is these who hinder the men who did not care, the machismo of man* [...]. (I10).
>
> [...] *I think a healthy man loses power, I think it's the same thing as losing life, in the way I think* [...]. (I11).

Socioeconomic status

The difficulties encountered in obtaining financial resources for the cost of treatment, combined with public budget constraints, can compromise the healthy transition process, so as not to have control over the events and make them, therefore, inhibitory.

> [...] *doctor said: oh! this is no way, no need to block, if doing private is eight thousand reais, when I went to see the SUS* [Unified Health System] *did not cover* [...]. (I3).

Preparation and knowledge

Not all men had access to information and guidance on the body, disease and treatment, a factor that generates difficulties in dealing with the condition of illness itself.

> [...] *I don't know what prostate cancer was to me. They said things that let us down, the information I had was wrong* [...]. *They said that the doctor was going to touch the person's anus, which was very degrading, and then passed the time, when I saw that the cancer had already taken over* [...]. (I16).

> [...] *is a series of things that nobody informs you, that nobody talks* [...]. (I19).

Subcategory 2 – Community

Regarding the community conditioning, the negative perception of support and social support also corroborated for the unhealthy transition process.

> [...] *family cannot help me, they have their service, how will they accompany me the rest of my life?* [...]. (I3).

> [...] *the help from the hospital was bad, it was bad because, even if it did not solve the problem, I became more aware: unfortunately, it is like that* [...]. (I19).

Subcategory 3 – Society

Regarding the social conditioning, the stigmas linked to the disease and treatment may have negatively influenced the transition process.

> [...] *one day I was in a line and the guy there started talking: "the prostate castrates!" I said: "you're the one who thinks* [...]*". And he kept talking, and laughing* [...] *women when the man is shirtless, they notice the nipple of the man, and how I used the hormone replacement, the nipples I felt that they were thinking that I was feminized, I was worried* [...]. (I22).

Discussion

The discussion of this study will take place in two distinct moments: in the first, the *enabling conditions* will be discussed and, in the second, the *inhibitors*, with their subcategories. The results allowed us to understand the elements that favor the conditions for a healthy transition, overcoming the difficulties of illness and the inhibitors that challenged men to overcome the problems imposed by the disease.

Next, we discuss the category Enabling Conditions, its subcategories and their respective elements.

Facilitating conditions

Regarding the personal subcategory, the first element refers to the meaning, which, for the participants, cancer is perceived as the simplest thing they have. Such perception may be related to the lack of knowledge about the disease, the successful experiences of the treatment, or they seek to give meaning to the minimization of prostate cancer, which may be a reflection of the social construction of masculinity[7].

In a more generic conception regarding the meaning of prostate cancer as something simple, one can deduce that the meanings attributed to cancer are polysemic and multifaceted, since they depend on the socio-cultural relationship, gender and beliefs[8], which demonstrates the uniqueness of the illness and its influence on the transition process. The experience of illness is built and sustained by norms, values, cultures and by the various faces of masculinity that validate the experience and restore biological and social health[9].

The second element relates to *cultural beliefs and attitudes*, being mentioned by the participants the belief in God and the doctor and the breakdown of prejudice.

In difficult moments of life, there is a human need to seek a Higher Being to dialogue, support and give new meanings to life. Although religiosity and spirituality are different concepts,

both are related mainly to critical life situations, such as cancer illness, contributing to the relief of suffering, hope for healing and better quality of life[10].

Faced with the treatment of a serious disease, man seeks to have references in the horizontal plane, such as the doctor for example, and in the vertical plane, in which he requests the Superior Being forces to alleviate suffering and to achieve the cure of the disease[11].

The breakdown of prejudice is related to the cultural dimension, because the man has also demonstrated a resistance against rectal examination for prostate evaluation. Although they consider this examination to be embarrassing, they believe that there are advantages due to its susceptibility to the disease[12] and to early diagnosis.

It can be inferred that for the transition from prostate cancer to health, it is necessary for the man to be heard in his prejudices, to have access to safe and adequate information about the disease. The opportunity to dialogue about their doubts, so that new paths are created that, from the internalization, are accepted, practiced and lived. In this sense, this dialogical space should be carried out systematically and continuously and not only in isolated periods without the necessary contextualization, such as the actions in Blue November[13].

The third element is characterized by *socioeconomic status*, favorable financial conditions for treatment.

Often, due to the difficulty of the Unified Health System (SUS) to pay for certain drugs for the treatment of cancer, men found in their families the support they needed for treatment, which demonstrates the unquestionable relevance of social support for cancer treatment. A similar result was found in a study in which men said they were calm because they received support from family and friends, despite the negative feelings generated by the diagnosis of prostate cancer[14].

The costs of treatment with drugs, tests, hospital resources for prostate cancer is of special interest to decision makers in health, due to the high financial impact that neoplasms have on health systems. Thus, prevention measures that delay the emergence of metastases may be economically important, in addition to being fundamental to reduce the impacts of metastatic disease on the patient[15].

The fourth element is associated with *preparation and knowledge*, the search for knowledge and information.

It is up to health professionals, especially nursing, to plan and disseminate information using material resources and creative strategies that enable meaningful learning[16], according to the needs of the person, taking into account the literacy in health. From this perspective, it was found in this study that the participants commented that the information provided by the doctor brought them knowledge and tranquility to continue life.

The second subcategory is related to the *community*, social networks are necessary to offer support or support to the needs of people with prostate cancer.

The social support of health professionals for the implementation of educational and care actions helps men who survive prostate cancer to experience the process of illness with greater security and tranquility[17].

In this sense, family-type community support is also fundamental, since prostate cancer and its therapeutic modalities cause changes that affect the sexual life of men and their partners, mainly due to erectile dysfunction. Couples can maintain a stable relationship through the understanding and support of their wives[18].

Next, the discussion of the *Category Inhibitory Conditions*, its subcategories and their respective elements is presented.

Regarding the subcategory *Personal*, the first element is the *meanings*, because for the participants, the disease, in addition to portraying a social stigma, brings negative meanings, the loss of hope and the purpose of life, since cancer is associated with suffering and death[19].

The second element is the beliefs that refer to the invulnerability of man to disease, the loss of sexual potency as synonymous with loss of life

and the intimate part of man being untouchable. These negative character beliefs show the masculinity of man as something essential to life[9,19], considering that his masculinity becomes corrupted when his genitals are touched, regarding the promotion and prevention of prostate cancer. This is one of the reasons why men distance themselves from health services.

The third element comprises the socioeconomic status, which may be compromised mainly in the face of illness. It should be noted that most participants were retired or received only minimum wage, requiring in the therapeutic trajectory the dependence of the SUS and the support of society; otherwise, it was impossible to perform the treatment.

It is noteworthy that although SUS has its limitations to meet the demands of society, it is still the best financial resource in the Brazilian reality that establishes in a structured and systematic way the therapy of a very serious and costly disease[20].

The fourth element is *preparation and knowledge*. It was identified among the study participants incipient knowledge about the body, disease and treatment, which can result in negative consequences of acceptance of the disease and, consequently, hinder the treatment, which is complex and time-consuming. A study[16] that sought to analyze men's perception of prostate cancer and related prevention factors found that there are still barriers to be overcome in the face of male stigmas, and that there is a lack of knowledge about the prevention of prostate cancer.

In the subcategory *community*, participants realized that family social support was not a good strategy for coping with the disease and that the support offered by the health service was not satisfactory. The divergent results were observed and evidenced the importance of family participation in the process of cancer discovery, during its diagnosis and treatment[21], which demonstrates the potential for social support as a resource to face cancer. Reinforcing this assertion, social support needs to be encouraged and health professionals, especially nurses, should act as facilitators of the creation and/or maintenance of support networks[22].

As for the *social* subcategory, it was observed that there are social stigmas, such as the *castra prostate*, which negatively influence the man in the process of transition from prostate cancer to health. This can cause the decrease of belonging to the hegemonic male universe, as well as the body changes, which can come from treatments, such as breast growth in cisgender men.

This context may reflect the influence of the hegemonic masculinity model[23], which refers to a specific way of being a man, disseminated daily through different social institutions. This model requires that men, from an early age, seek and exercise behaviors and attitudes that prove their masculinity and virility to other men, often to the detriment of their own well-being and quality of life[23].

When interpreting the reports of the participants of this study, it was noticed that prostate cancer exerts influence on the physical, psychological, social, spiritual and cultural dimensions and on masculinity, causing uncertainties about the future, ruptures, the acquisition of changes, and that the incorporation of these changes in the way of living and conceptualizing life is able to reshape their identity[3].

Understanding the conditions that facilitate and inhibit the transition process enables new learning by nursing and subsidizes systematic planning for integral and person-centered care in order to implement the most effective interventions[4,24].

Among the interventions that nursing can perform in the care of men with prostate cancer are the development of care plans based on shared decisions; continuous care during longitudinal monitoring; valuing active participation in the learning process; support for self-care; use of instruments to survey support needs; and health education, through verbal and written communication[24].

To do so, it is necessary to create a space for qualified listening, in order to understand the difficulties, fear and yearnings, through educational and care actions, focusing on

knowledge about health, disease, rights in the health system and strengthening support networks[25]. These interventions may promote adherence to treatment and care and contribute to improving the quality of life.

The qualitative approach, although it does not allow the generalization of the results, which can be considered a limitation, allowed to understand the facilitating and inhibiting elements for a healthy transition, through the approximation and the creation of a space, men to reveal their experiences in the face of disease and treatment.

Final considerations

In this study, it was possible to understand that the facilitating conditions represented by the meaning of cancer as something simple, the faith, knowledge, support network and inhibitory conditions attributed to the meaning of the disease that converges to death, invulnerability, loss of potency, masculinity and the scarcity of resources experienced by men with prostate cancer influenced the process of transition to health.

Understanding the transition process of cisgender men reveals that prostate cancer and its treatment constituted an opportunity for some men to rethink and change the senses and interpretations of how to exercise their masculinities, changes in the ways of thinking about the body, health and disease, a perspective that signals the planning of nursing interventions consistent with their needs.

Associated with this, nursing care should be performed in an interprofessional perspective of integrity, taking into account the singularities of man and his most diverse needs, mainly because it is related to something delicate in the cultural context, which is the masculinity.

It is believed that the study of the transition of prostate cancer illness is an important direction for the new paradigms, with a view to the implementation and consolidation of new resources and strategies for the man's care process.

Collaborations:

1 – conception and planning of the project: Nathalia Cristina Martins, Bianca de Moura Peloso-Carvalho, José Vitor da Silva and Silvana Maria Coelho Leite Fava;

2 – analysis and interpretation of data: Nathalia Cristina Martins, Bianca de Moura Peloso-Carvalho, José Vitor da Silva, Camila Alessandra da Silva Marcelo, Mônica La Salette da Costa Godinho, Eliza Maria Rezende Dázio and Silvana Maria Coelho Leite Fava;

3 – writing and/or critical review: Nathalia Cristina Martins, Bianca de Moura Peloso-Carvalho, José Vitor da Silva, Camila Alessandra da Silva Marcelo, Mônica La Salette da Costa Godinho, Eliza Maria Rezende Dázio and Silvana Maria Coelho Leite Fava;

4 – approval of the final version: Nathalia Cristina Martins, Bianca de Moura Peloso-Carvalho, José Vitor da Silva,Camila Alessandra da Silva Marcelo, Mônica La Salette da Costa Godinho, Eliza Maria Rezende Dázio and Silvana Maria Coelho Leite Fava.

Conflicts of interest

There are no conflicts of interest.

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