

Nursing Care for Men with Cancer in Chemotherapeutic Treatment

O Cuidado de Enfermagem ao Homem com Câncer em Tratamento Quimioterápico

Lilian de Sá Fernandes¹

Ramon Pacheco de Souza²

Nádia Fontoura Sanhudo³

¹ Nurse graduate by the Nursing Faculty of the Federal University of Juiz de Fora. email: lilianfernandes93@yahoo.com.br

² Master's Degree in Nursing by the Post-graduation Program in Nursing at the Federal University of Juiz de Fora. email: rpszoa@hotmail.com

³ Adjunct Professor- Department of Basic Nursing of the Faculty of Nursing, Federal University of Juiz de Fora. Leader of the Research Group on Nursing and Health Management. email: nadiasanhudo@gmail.com



Abstract

Men with cancer in chemotherapeutic treatment require the nursing care to be done considering the enlarged dimension of his needs. In order to do so, the goal is to understand how the nursing field cares for these patients. This is a descriptive study with a qualitative approach, based in a UNACON hospital (High Complexity Oncology Care Unit) located in a city in the Zona da Mata Mineira. The study included the participation of seven nursing professionals from the chemotherapy sector who gave their statements individually, through a semi-structured interview instrument. The results showed two categories of analysis: "nursing care for men with cancer in chemotherapy treatment" and "resources and strategies adopted in the process of caring for men with cancer in chemotherapy treatment". It was observed that, among the participants, there was no consensus regarding the perception of a specificity of nursing care provided to the male gender, and professionals who identify the difference seek strategies to attend to the particularities of such gender. It concludes the relevance of a reflection about the distinctions of the service related to gender and the offer of guidance and training of the professionals, to increase the visibility of the needs of the male population.

Keywords: Nursing; Nursing Oncology; Men's Health; Nursing care; Chemotherapy.

Resumo

O homem com câncer em tratamento quimioterápico requer que o cuidado de enfermagem seja produzido a partir de uma dimensão ampliada de suas necessidades. Para tanto, objetiva-se compreender como a enfermagem cuida do paciente que se encaixa no quadro mencionado. Trata-se de um estudo descritivo com abordagem qualitativa, tendo como cenário um hospital UNACON (Unidade de Assistência de Alta Complexidade em Oncologia), localizado em uma cidade na Zona da Mata Mineira. Participaram sete profissionais de enfermagem do setor de quimioterapia, que, por meio de um instrumento de entrevista semiestruturada, realizaram seus depoimentos individualmente. Nos resultados evidenciaram-se duas categorias de análise, sendo elas: "cuidado de enfermagem ao paciente homem com câncer em tratamento quimioterápico" e "recursos e estratégias adotados no processo de cuidar do homem com câncer em tratamento quimioterápico". Observou-se que, entre os participantes, não há um consenso frente à percepção de uma especificidade dos cuidados de enfermagem prestados ao gênero masculino, sendo que os profissionais que identificam a diferença buscam estratégias para atender às particularidades de tal gênero. Conclui-se a relevância de uma reflexão acerca das distinções do atendimento relacionado ao gênero e a oferta de orientação e capacitação dos profissionais, para aumentar a visibilidade das necessidades da população masculina.

Palavras-chave: Enfermagem; Enfermagem Oncológica; Saúde do Homem; Cuidados de Enfermagem; Quimioterapia.

Introduction

Cancer is considered a public health issue, since its incidence is increasing progressively worldwide. Particularly when it comes to the male population, research indicates a higher lethality of the different neoplastic types in such gender, despite the existence of similar incidence rates between men and women⁽¹⁾. In Brazil, the estimate for the biennium 2016-2017 indicates the occurrence of 600 thousand new cases of cancer, and the most frequent types in men will be prostate (28.6%), lung (8.1%), intestine (7.8%), stomach (6.0%) and oral cavity (5.2%)⁽²⁾.

Some factors make men more susceptible to disease and cause them to die earlier, such as heredity, factors present in the work environment with their specific occupational hazards, lifestyle, etc., and many of these problems could be prevented if they sought more frequently and regularly the primary care services⁽¹⁻³⁾.

The fact that healthcare is culturally feminized, associated with demonstration of weakness, generates a posture of isolation so that the man continues to demonstrate the "male" stereotype. This concern regarding "being a man", ends up establishing intransigent patterns of thought and behavior⁽⁴⁾.



The National Policy on Comprehensive Health Care for Men (PNAISH) of the Ministry of Health ⁽¹⁾, published in 2008, was created to break down the barriers that prevent men from attending health services and to inform professionals about the vulnerability of the male gender to health problems. The PNAISH presents the reasons that men point out for not looking for health institutions, such as the health establishment's working hours that coincide with their working hours, being responsible for their family's financial support, dealing with lines in the act of making an appointment, among others ⁽¹⁾.

Highlighting the masculine resolving condition, they present a greater demand for physical care and self-care guidance when compared to their needs of emotional and spiritual support ⁽⁵⁻⁶⁾.

It is understood that men with cancer in chemotherapeutic treatment require the nursing care to be done from an expanded dimension of their needs. Thus, nursing professionals who provide care to these patients have the challenge of finding meaning and answers to the questions of living, falling ill, healing, dying and alleviating suffering ⁽⁷⁾.

In order to manage the care of cancer patients in chemotherapy, nurses need to be creative and value patient participation, building a network of relationships and interactions ⁽⁴⁾. Hence, nursing care management is understood as the articulation between the managerial and care spheres that make up nurses' work in the most varied environments ⁽⁸⁾.

The mortality rates related to cancer in the male population are increasing, and there are challenges to the implementation of the PNAISH, such as: low male demand for health services due to cultural issues, the lack of qualification of the service professionals to act according to the policy and little involvement of the government, in order to ensure sustainability ⁽⁹⁾. Therefore, this study becomes relevant, since it can contribute to the management of nursing care for men undergoing

chemotherapy, promoting reflection on this problem to improve the practice of nursing care.

Considering the factors mentioned above, which involves the care of men in chemotherapy treatment, the question is: how does the nursing care for this type of patient develop? Are there nursing management strategies to take care of this clientele?

Thus, the goal was to understand how nursing cares for men with cancer in chemotherapy treatment.

Method

This is a descriptive study with a qualitative approach. The research setting was a hospital qualified as a High Complexity Oncology Care Unit (UNACON) located in a city in the Zona da Mata Mineira.

The research was carried out in the chemotherapy sector of this setting, which counts with two (2) nurses and seven (7) nursing technicians who were invited to participate in the study. The data were collected individually, using a semi-structured interview instrument that had four questions which were to be answered by the participant, at a previously scheduled date and time. We used part of the instrument constructed by Mesquita (2012) ⁽⁵⁾, which is composed of 11 questions, 4 (four) of which were chosen for this study, because they have more affinity with the subject in question.

Inclusion criteria: to be a full-time nursing professional in the chemotherapy sector of the setting research institution. And as exclusion criteria, there are: professionals who had less than three months of activity in the field of chemotherapy and who were on vacation or work leave at the time of data collection.

Thus, 9 (nine) nursing professionals were invited to participate in the study, one of which did not accept and another did not meet the criteria of working time in the chemotherapy sector. Thus, seven (7) professionals were interviewed to

elaborate this study. The data were collected at the research institution, in the month of October, 2016.

As it is a research done with human beings, it met the criteria of Resolution No. 466/2012 of the National Health Council ⁽¹⁰⁾. The project was approved by the Ethics and Research Committee of the Federal University of Juiz de Fora under the constituted opinion no. 1,755,540.

Preserving the identity of the participants, it was decided to replace the individuals' names in a random way with the letter "E", accompanied by sequential numbers from 1 to 7 whenever it is necessary to exemplify a certain situation or subject.

For the data analysis, the thematic analysis technique was used to discover the core sense that compose communication, starting from the premise that the presence and frequency of these senses have some meaning for the analytical object of the study ⁽¹¹⁾. There were three stages in this process. the first being the pre-analysis, where the researcher read the material, trying to find some indicators that guide the understanding and the final interpretation of the data, in which the categorization, the modality of codification and the more general theoretical concepts emerged. The second stage is the exploration of the material, which consisted in making a classification to reach the core of the interpretation of the text. The last step was the data treatment and interpretation ⁽¹¹⁾.

Results

Characterization of participants

Two nurses and five nursing technicians were interviewed, with ages varying between 24 and 57 years old. The reported time of work in the chemotherapy sector in this institution ranged from 10 months to 7 years.

The two interviewed nurses reported having one or more specializations, both of which have a specialization in oncological nursing. Among the nursing techniques, almost all the participants reported that they had not had any qualification to

work in chemotherapy. One of them reported having participated in lectures and training offered by the institution.

The results were divided into two categories. The first category was named "nursing care for men with cancer", which had three subcategories called "nurses' perspective on gender specificities in care", "elements that facilitate the provision of nursing care for men" and "challenges inherent in the provision of nursing care for men." The second category was entitled "resources and strategies adopted in the process of caring for men with cancer in chemotherapy treatment".

Nursing care for men with cancer

From the interviews some aspects were obtained that show how the professionals of the nursing team perceive the process of caring for men with cancer. The first category of analysis and its subcategories formed by the sense units are presented in Table 1.

Table 1. Nursing care for men with cancer. Juiz de Fora, MG, Brazil, 2016.

Nursing care for men with cancer	View of the nursing professionals about gender specificities in care.	Men are more reserved; They are question less; They accept treatment better; Little communication; They are more afraid of procedures; Resistance regarding self-care; You do not notice a difference in the care given to men with cancer.
		They are more accessible / flexible; They are more

	Facilitating elements in the provision of nursing care for men	rational and practical; Psychologically more stable / calmer; They accept nursing care / treatment more easily; Better vascular network than women's.
	Challenges inherent in the provision of nursing care for men	They are more reserved; They do not express what they are feeling; They prefer to be strong; Difficulty accepting the adverse effects of chemotherapy; Shallow communication; They complain more; Abandonment of treatment.

Source: research data

The following are some quotes from the participants' speeches, showing the content of the subcategory "nurses' perspective on gender specificities in care".

Nurses' perspective on gender specificities in care

Regarding the nursing professionals' view of gender specificities, it can be observed that not all nursing professionals have identified a difference in the way care is provided for men and women:

"(...) men question less and accept treatment better, mostly. That way, nursing ends up being more practical and less complex, since they are more private." – E1

"There's no difference

between the care provided for men and women in the technical-scientific context, but there is in practice. Since men are, many times, the financial provider for the family, there's a certain resistance when it comes to self-care." – E6

"(...) I've noticed that women get more sensitive, while men usually toughen up." – E5

It was noticed that many nursing professionals consider that there is a barrier in the communication with male patients. Thereby, they perceive the need to be more attentive to the treatment reactions and the demands of male patients:

"Men are more reserved when it comes to explaining what they're feeling, both physically and psychologically." – E1

"(...) we must pay more attention to the signs, because sometimes communication isn't as present as it is with women." – E2

One participant considered men to be more afraid of procedures:

"(...) I notice that men are more afraid of the puncture process." – E4

From these statements it is possible to infer that among nursing professionals there is no consensus regarding the difference in the care provided to men and women.

Elements that facilitate the provision of nursing care for men

From the data obtained, elements considered by the participants as facilitators in the delivery of nursing care to men emerged. In this sense, some participants stated that men accept treatment better than women:

“men are more accessible, they’re psychologically more stable in the face of an illness and its treatment, or so it seems; they’re more flexible and accept nursing assistance more.” – E1

“(…) some men are more rational and practical regarding this phase of their lives.” – E2

It was understood by some participants, as a facilitating aspect in the provision of care, that men have a better vascular system. Due to this masculine characteristic, men present a possibility of greater success in venipuncture for the administration of chemotherapy:

“(…) in chemotherapy, men have a better vascular system (…) which facilitates caregiving.” – E1

“What facilitates the care of men in onchological treatment is the fact that (…) they have a better venous access.” – E2

Thus, it is noted that some nursing professionals highlight facilitating aspects in the provision of care for men, such as being more accessible, rational, stable and accepting treatment better, as well as having a vascular system that is more favorable to puncture when compared to women.

Challenges inherent in the provision of nursing care for men.

Some aspects understood as challenges inherent to the provision of nursing care for men emerged. Participants felt that nursing needs to pay more attention to men with cancer undergoing chemotherapy because they are more reserved. The following quote from one of the participants exemplifies:

“Men are more private and don’t express what they’re feeling. Even when weak from the

disease or the treatment, they prefer to be strong, struggling to accept such weakness and a focused assistance of the problems they face.” – E1

In the same way, they perceive that communication is more superficial compared to women:

“(…) the difficulties we face are in communication, because they’re not open to dialogue.” – E2

It was also reported by one participant that men complain more during treatment:

“I don’t have any difficulties, because I treat them with the same respect, they just complain more.” – E7

Another participant highlighted a personal difficulty in accepting that many men give up chemotherapeutic treatment, as the following excerpt illustrates:

“I’d perhaps change my acceptance towards the fact that many men give up on the treatment due to its endless side effects and of a frustrated attempt to make them continue the treatment.” – E1

The aspects related to male behavior are considered challenges by the nursing team. According to the participants, male patients are not very communicative and try to demonstrate a strong relationship with the treatment, not expressing his real feelings about the situation he is in.

Resources and strategies adopted in the process of caring for men with cancer in chemotherapy treatment

In this category resources and strategies adopted by the nursing team to care for the male patient undergoing chemotherapy were highlighted. The second category is shown in Table 2, which has no subcategories.

Table 2. Resources and strategies adopted in the process of caring for men with cancer in chemotherapy treatment Juiz de Fora, MG, Brazil, 2016.

Category	Sense units
Resources and strategies adopted in the process of caring for men with cancer in chemotherapy treatment	Peer Approximation; Differentiated and individual approach; Approach focused on relaxation / making them comfortable; Listening to the patient about difficulties and symptoms that are experienced at home; Organization of the space of care; Strengthening of a bond of trust between the patient and his family; Tenderness; Family support; Support from psychology services.

Source: research data

Among the participants of the research, some stated that gender specificity entails adaptations or changes in strategies used during care:

"(...) when a larger number of male patients are present in an infusion room, we try to position them close to each other to engage in an exchange of experiences and motivating conversations". – E2

"(...) the approach is differentiated and individual for each woman and each man, through how open they are to the management of care, aiming at the particularity of each one".

– E1

Regarding the care strategies used, some professionals highlighted what has worked well in

the care of men diagnosed with cancer, such as the importance of family being involved in this moment:

"What has always been working is the presence and the support of their families, once not having this makes the process becomes more difficult". – E6

Another strategy mentioned was the approach focused on relaxation during the infusion of the chemotherapeutic drugs, in the sense of making the patient more comfortable during the process to strengthen ties with the health team, family members and their peers:

"(...) the approach focused mainly on relaxation, so that patients report all the difficulties and symptoms that they are experiencing at home". – E1

"(...) is the dynamic part that starts in the patient's entrance until his discharge, establishing a bond of trust with the patient himself even with his relatives and colleagues." – E2

It was also reported the need to engage with the psychology service for some patients. To this end, it is necessary that the professional takes a close and accurate look to identify the situations that require this support:

"We need to be more comprehensive, look closer, many times they need psychological help." – E6

The participants of this study who stated the use of resources and strategies in the care of male patients focus mainly on the approximation of the pairs, attending to the particularities of each patient, through relaxation and strengthening of bonds.

Discussion

The perspective of the professionals

participating in this study pointed to a duality about the existence of specific actions of nursing care to the male gender, and it is not possible to achieve consensus in the care practice performed by them. That is, not everyone notices a difference in the provision of care during chemotherapy treatment to men when compared to women, so there is no planning and execution of actions to meet the specific aspects of this clientele. This was also reported in a study that showed that the problems of male care begin in primary care due to the lack of organizational structure and systematization of services, as well as the lack of preparation of nursing professionals to deal with the male population ⁽¹²⁾.

In view of the testimonies, it was observed that the views of nurses and mid-level professionals diverse. Regarding the data obtained with nurses, in their totality, they perceive a difference in providing care for male patients, while only one mid-level nursing professional saw this distinction. Therefore, it is possible to infer that this point of view may be related to the professional training of nursing technicians and the work process of these professionals in their service, which prioritize learning to reproduce techniques and procedures without contextualizing the needs of the male gender, neither seek a critical reflection of their practice.

The nurses' work process in the setting of this study is developed according to what has been reported in another research, which occurs continuously and includes, among other actions, the management of human resources, materials, execution of techniques and procedures to patients, referral to other staff members, etc. While the mid-level team is responsible for the implementation of procedures and techniques, such as the administration of the chemotherapy drugs ⁽⁴⁾.

In the results pointed out in this study, there is a tendency of the nursing professionals to perceive the distinction of the gender issues, that implies in the way nursing care should be produced. However, in the practice of care, the reproduction

of techniques prevails over the needs of the patients. It is inferred that to integrate the theory with the practice, reproducing with the team the specificities of the masculine gender, it is necessary to stimulate this aspect more and more in the education of the nurses, since they are the ones responsible for the professional formation of all the members of the nursing team, including education in service.

However, even after the implementation of the PNAISH, there is still a lack of approach regarding the health of men in undergraduate nursing courses throughout the country and should include topics that discuss socio-cultural issues related to the prevention of diseases and health problems of the male population. However, when verifying that the approach is restricted to the cells, organs and functions of the reproductive system, it happens in a decontextualized way ⁽¹³⁾.

PNAISH has as its great challenge working with the culture of masculinity, which has a negative impact on the quality of health of this population and seeks to mobilize them on their health rights. The implementation of PNAISH should be taken as a priority for health professionals, who need to recognize that men have difficulties in identifying their needs, especially when one thinks of illness as a sign of fragility ⁽¹⁾.

The participants who identified the existence of particularities in the care provided to men recognize the culture of masculinity as a factor that hinders the care provided to them. A research ⁽⁵⁾ that addressed the perspective of nurses of the oncology service pointed out that men only seek care when they present symptoms that are already affecting their daily lives. It also highlights the influence of the patriarchal model, given de fact that they appear to be apathetic towards their health, in addition to being much more concerned about the financial provision for their families than they are with themselves, presenting difficulties to allow themselves be cared for and preferring not to show fear of the procedures ⁽⁵⁾.

This idea is convergent with the results found in this study, whose participants emphasize that men mask their feelings. For not expressing what they feel and their need to prove themselves strong, they are more silent and complain less in comparison to women. The difficulty felt by men is that they are recognized in society as the strong ones, and this cultural issue contributes to the low demand for health services, influencing the lack of prevention of health problems⁽⁹⁾.

In this study, this matter was also identified when some participants mentioned that men show more resistance to being cared for, being more reserved, less questioning and less communicative. The existence of this model of masculinity impairs men's health, since it is not common for men to talk about feelings and to demonstrate physical and emotional lack of control⁽⁵⁾.

With this, it is necessary to attract men early through prevention activities, to avoid recurrent cancers⁽¹⁾. The difficulty of accessing men to health services is related to cultural issues of the masculine gender, and due to the delay in seeking care, they arrive at the health services with more serious interurrences⁽³⁾. Men prefer services that meet their health needs quickly, ignoring the actions of preventive care, presenting more difficulties on recognizing their needs, rejecting the possibility of becoming ill⁽¹⁴⁾.

Failure to meet the needs of men is a factor that contributes to chasing them away from the health service, and this is a challenge at a global level. A survey⁽¹⁵⁾ conducted in seven European countries involving more than 1000 men showed that 81% of respondents had some unmet need for supportive care which were associated with oncological disease characteristics, treatment repercussions, and lack of contact with a professional nurse who would attend to it integrally.

The stabilishing of specific cancer treatment modalities, including chemotherapy, is considered to be strongly predictive of the need for help with physical problems⁽¹⁵⁾. It is also emphasized that

other dimensions, such as subjectivity, need to be valued, when it is intended to promote the integrality of nursing care. However, the results found in this research indicate that there is a lack of preparation of the professionals to meet the needs of men with cancer, which are triggered by the repercussions of the disease and the treatment.

A study⁽¹⁵⁾ that examined the relation between the nursing care and the unmet needs of male patients found that the most advanced stage of the disease was linked to the greater probability of having their psyche affected, the demands for information about the process of the disease and dependence of the healthcare system to help them meet their needs.

An example of a study⁽¹⁶⁾ that presents a broader view of the needs that transcend the physical dimension highlights that in a care setting where professionals communicate effectively with their patients, they have more opportunities to pay attention to spiritual demands. In addition, long-term interaction has a positive effect by strengthening one's spirituality⁽¹⁶⁾.

Among the difficulties of health services in meeting the demands of men in an extended way, the lack of preparation of the nursing professionals to deal with the process of illness of people with cancer considering the complexity of human beings, since the care must aimed at specific needs in a more integrated way.

In order for this to effectively happen in the care practice, nurses should encourage the reflection with the health team to identify and meet the needs of men, aiming to make them protagonists in their care process during chemotherapy treatment. Oncologists who work in high complexity adopt care strategies that go beyond technical and scientific knowledge, and it is essential that the nursing team be able to maintain a good communication and relationship with the cancer patient and with their family, seen as an inseparable part for the comprehensive care⁽¹⁷⁾.

In this context, it is important for the nurse to stimulate the team to reflect on how to make

the patients participate in the care process, promoting space for them to verbalize their feelings, using strategies that create an environment conducive to the appreciation of the subjective dimension.

In this perspective, professional and in-service training is important, since studies still point out that nursing professionals link nursing care to technicality, with the supremacy of the execution of techniques and procedures, which significantly impact the results of the care ⁽¹⁶⁾.

In a study ⁽¹⁶⁾ developed in Iran, whose cultural context in relation to power is centered on the masculine figure and presents an organizational structure of health services centered on the physician, it was evidenced that the nursing care, when focused in the execution of the routines and directed to compliance with procedures, prevent nursing professionals from attending to all patients' needs, such as the spiritual and emotional ones. Such reality negatively affects the interaction between professionals and patients ⁽¹⁶⁾.

Thus, the importance of the nursing team to recognize the specificities required to care for patients of the male gender in oncological treatment is reiterated, being essential for the integrity of care ⁽⁴⁾. During the chemotherapy treatment of male patients, the participants emphasized the need to adopt important strategies in the care of the nursing team, such as the hospitality, respect, communication, attention, comfort and commitment to humanization, besides providing support and guidance to family members about the patient's recovery. All of that with quality of life, capacity for self-care, family quality time and social life ⁽¹⁸⁾.

In the interviews of the study ⁽⁴⁾, it is observed that the nurse participants are concerned with these issues and use these aspects in the care provided and in the management of it. It should be emphasized that nursing care is the responsibility of the nurse, this implies the encouragement of positive interactions that demonstrate interest, attention and availability to patients ⁽⁴⁾.

However, it can be observed that the strategies adopted in the care process of patients with cancer in chemotherapy treatment are of an individual character, being created according to each situation. The management of men's care needs to be discussed in the health services, and it will be strengthened by institutional actions, as, as the population of men ages, it increases the need to monitor the health status and care management of this clientele ⁽¹⁵⁾.

In this study, some participants present a view that men during chemotherapy treatment are more reserved, communicate less, question the treatment less, highlighting the need to create strategies to approach men who exhibit such behavior. Thus, the importance of affectivity in nursing care, such as touch, affection, hearing and seeing beyond words, is emphasized, being seen as professional attitudes that complement the technical-scientific knowledge, and leave the patient more relaxed and confident regarding the treatment ⁽⁵⁾.

During chemotherapy treatment, in order to mitigate adverse effects, nursing teams need to be attentive to the feelings that emerge during this period and the need to apply therapeutic strategies that include psychosocial support ⁽¹⁹⁾. Oncological patients undergoing chemotherapy are susceptible to several side effects, with the most frequent being nausea and vomiting, fever, fatigue, malaise and alopecia, which should be prevented, detected and treated at an early stage. This is why it is up to the nursing to show affection, compassion and to remain beside the patients so that they feel comfortable (1-13).

In this sense, a strategy that has been recommended is the therapeutic conversation, which can be a stimulus to the interaction and bonding between the patient and the professional in question, where patients and families mutually welcome each other by promoting intersubjectivity. Participants in the study ⁽⁵⁾ reported that they provide physical approximation of male patients during chemotherapy sessions to make them feel

more comfortable, thereby creating moments of relaxation and enough comfort to express their feelings. The approach focused on relaxation and individuality, respecting their particularities, is considered a positive action for quality care ⁽⁵⁾.

The reciprocal nature of speaking and sharing experiences is considered as a self-empowering action for men with prostate cancer. The need for health professionals to indicate and recommend some form of individual support, referring to support groups with their peers, to improve access to oncology nurse practitioners throughout the treatment period, personalized support care and psychological support for side effects of the treatment ⁽²⁰⁾.

The fact that men with cancer were in a group along with other men at different stages of prostate cancer helped them cope with and accept the progression of the disease, and the experience of their peers took away that feeling of isolation and allowed them to discuss the experience of their illness, share information, exchange tips and ideas about how to deal with the side effects of the treatment ⁽²⁰⁾.

Another strategy pointed out by most of the interviewees is the establishment of a bond of trust between the patient and their relatives, so that they can count on their support during the treatment. This aspect is seen as essential in the work with male patients, emphasizing the concern that professionals need to have when offering these patients and their families care based on the dialogue to establish an emotional connection with the health team ⁽¹⁸⁾.

Strengthening the communication process between male patients with nursing professionals was related in a study with increased spirituality, which is described as spiritual energy, which is compiled in the form of empathy, joy, kindness and compassion, and transferred through communication between cancer patients and nurses ⁽¹⁶⁾.

The promotion of health education practices can be used to revert problems related to

the gender issue, establishing a relationship of trust with the men. Such process is intermediated by the approach to the masculine universe, so that they feel more comfortable to manifest their needs, as well as having the support of their families as an ally in the treatment process ⁽⁵⁾.

One participant pointed out the importance of offering the work of a multiprofessional team, highlighting the service of psychology to patients so that they can better understand the needs of men undergoing treatment. Although this strategy was little mentioned in this study, it was seen in another research ⁽¹⁷⁾ as relevant to the interaction between the different professionals, offering support to the patient and his relatives, therefore alleviating their suffering and the team's own suffering.

The results of a research ⁽¹⁶⁾ pointed out that the communication process among the members of nursing teams is optimized as a result of patient care, which, through human interaction, improves the understanding of the work of one another. This can happen by sharing information through group meetings, when the theme in question concerns the whole team, or by reserved and individual meetings when necessary.

A European study ⁽¹⁵⁾ highlighted the presence of oncologist nurses in multidisciplinary teams as essential in defining quality care for men with prostate cancer. The need to train nurses who specialize in cancer care is strengthened by the demand for training of nursing professionals to care for the male gender. Only then will it be possible to increase the visibility of the needs of these clients ⁽⁵⁾.

The need to strengthen the nurse-patient connection was perceived by nurses who manage the care of men with cancer. They took into account the need to take a new look at these men, which pointed to the demand to include the gender perspective in the management and care actions in a continuous and complementary way involving multiple actions of management, care and education to guarantee the right of integral

attention of its users⁽⁴⁾.

Conclusion

The results of this study point to a dualistic logic about the specificities of care for the male gender, when they describe the characteristics of the behavior inherent to men and in the cases that the professionals do not perceive the need for specific actions to take care of men in chemotherapeutic treatment.

Participants who perceive the difference in the care given to the male gender recognize the culture of masculinity as a factor that hinders the care given to men. It is noteworthy that nursing professionals who reported perceiving the difference in the care provided to male patients also describe the development of strategies to address these issues.

Vocational training interferes in the care given, as the interviewed nurses present a vision that embraces integral care, identifying gender specific issues. While mid-level nursing professionals are more inclined to develop the techniques required for the administration of chemotherapy.

In this sense, nursing management strategies should focus on educational actions so that nursing professionals can understand the importance of integrating the technical-scientific knowledge with the gender specificities in the care provided to male patients undergoing chemotherapeutic treatment. Other managerial actions that were pointed out seek to promote the connection of patients with their peers and nursing team, by valuing subjectivity and establishing communication to achieve goals that make the treatment more comfortable.

We suggest studies that deepen the nursing expertise in this subject, due to the observation of the knowledge gap related to the theme. Thus, it emphasizes the importance of expanding the studies on the nursing care directed to the men, so that the male population has more

visibility, in addition to deepening in strategies planned for this segment.

As a limitation of the study, it is emphasized that the data reflect the momentary reality of an institution and cannot generalize the situation. However, it is important that nursing research be originated from a context to serve as a reference for other studies.

References

1. Secretaria de Atenção à Saúde (BR). Departamento e Ações Programáticas Estratégicas. National Policy for Comprehensive Health Care for Men. Brasília: Ministério da Saúde, 2008.
2. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Instituto Nacional de Câncer José Alencar Gomes da Silva. Coordination of Prevention and Surveillance. 2016 estimate: incidence of cancer in Brazil. Rio de Janeiro: INCA, 2015. Available in: <http://www.inca.gov.br/estimativa/2016/estimativa-2016-v11.pdf>.
3. Quirino T, Medrado B & Lyra, J. (2016). Health care to men in the daily on primary care: dialogues with men and professionals. *Athenea Digital*, 16(3), 481-506.
4. Mesquita MGR, Paes GO, Silva MM, Duarte SCM, Erdmann AL, Leite JL. Nursing care management to men with cancer. *J Res: Fundam Care Online* [Internet]. 2015 Jul/set; [Cited on 2017 Nov 1]; 7(3): 2949-2960. Available in: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/3847>.
5. Mesquita MGR. Resignifying the management of nursing care in oncology through the male-nurse interaction considering the male gender perspective [Thesis]. Rio de Janeiro: Escola de Enfermagem Anna Nery da Universidade Federal do Rio de Janeiro, 2012.



6. Guimarães RCR, Gonçalves RPF, Limas CA, Torres MR, Silva CSO. Nursing actions against reactions to chemotherapy in cancer patients. *J Res: Fundam Care Online* [Internet]. 2015 Abr-Jun [cited 2015 Jun 27]; 7(2):2440-52. Available in: <http://dx.doi.org/10.9789/2175-5361.2015.v7i2.2440-2552>.
7. Souza RS, Carvalho SSL, Matos DON, Silva MHR. New technologies in chemotherapy treatment by nurses in a hospital. *Scientific Journal of Nursing*. São Paulo. 2016; 6(17):24-35.
8. Santos JLG. et al. Nurses' practices in the management of nursing and health care: integrative review. *Revista Brasileira de Enfermagem*. 2013; 66(2):257-63.
9. Ramalho MNA, Albuquerque AM, Maia JKF, Pinto MB, Santos NCCB. Difficulties in implementing the national policy of comprehensive health care for men. *Cienc Cuid Saude*. 2012; 13(4):642-9.
10. Ministério da Saúde (BR). Conselho Nacional de Saúde. Resolução nº466, de 12 de dezembro de 2012. Regulates research involving humans. Brasília: MS [Internet]. 2012 [acesso em 20 mar 2016]; p.59. Available in: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>.
11. Minayo MCS. The challenge of knowledge: qualitative research in health. 12. ed. São Paulo: Hucitec, 2010.
12. Silva MEDC, Silva LDC, Dantas ALB, Araújo DOR, Duarte IS, Sousa JFM. Nursing Care for Cancer Patients at hospitals. *Rev Enferm UFPI*. 2013; 2(spe):69-75.
13. Ribeiro DB, Terra MG, Lacchini AJB, Camponogara S, Beuter M, Silva CT. Men's Health: An Approach to Nursing Training. *Rev enferm UERJ*. 2014;22(4):540-5.
14. Ramos SS, et al. Knowledge, Myths and Implications for Nursing Care in Male Breast Cancer. *RevistaEnfermagemAtual In Derme* [Internet]. 2017; 83. Available in: http://inderme.com.br/revistas/revista_21-09.pdf.
15. Cockle-Hearne J, Charnay-Sonnek F, Denis L, Fairbanks HE, Kelly D, Kav S, Leonard K, Muilekom E, van Fernandez-Ortega P, Jensen BT, Faithfull S. The impact of supportive nursing care on the needs of men with prostate cancer: a study across seven European countries. *British Journal of Cancer*. 2013;109, 2121–2130. Available in: <http://doi.org/10.1038/bjc.2013.568>.
16. Rassouli M, Zamanzadeh V, Ghahramanian A, Abbaszadeh A, Alavi-Majd H, Nikanfar A. Experiences of patients with cancer and their nurses on the conditions of spiritual care and spiritual interventions in oncology units. *Iran J Nurs Midwifery Res*. 2015;20(1):25–33.
17. Luz KR, Vargas OAM, Barlem ELD, Schmitt PH, Ramos FRS, Meirelles BHS. Coping strategies for oncology nurses in high complexity. *Rev Bras Enferm* [Internet]. 2016;69(1):59-63. DOI: <http://dx.doi.org/10.1590/0034-7167.2016690109>.
18. Rodrigues FS, Polidori MM. Confrontation and Resilience of Chemotherapy Therapy Patients and their Families. *Rev Bras Cancerologia*. [serial on the Internet] 2012; 58(4): 619-627.
19. Bergold LB, Lima R, Alvim NAT. Musical encounter: nursing care strategy in chemotherapy to discuss illness / death. *Rev. enferm. UERJ*. 2012; 20(esp.2):758- 63.
20. King AJL, Evans M, Moore THM, Paterson C, Sharp D, Persad R, Huntley AL. Prostate cancer and supportive care: a systematic review and qualitative synthesis of men's experiences and unmet needs. *European Journal of Cancer Care*.

2015; 24(5), 618–634. Disponível em:
<http://doi.org/10.1111/ecc.12286>.

