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RESEARCH

Gerência do cuidado de enfermagem ao homem com câncer

Nursing care management to men with cancer

Gestión de la atención de enfermería al hombre con cáncer

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ABSTRACT

Objective: Discussing the interactions between gender perspective and integrality in the management of nursing care to men with cancer. **Method:** A qualitative study guided by Grounded Theory. The scenario was a Federal Hospital in the city of Rio de Janeiro – Brazil, and the subjects all 6 nurses from the oncology service, which granted semi-structured interviews. **Results:** Five categories emerged generating the phenomenon: *Redefining the management of nursing care by a gender perspective, in order to ensure comprehensiveness to the man with cancer*. In the interaction with men with cancer in anticancer treatment, nurses hear the influence of masculinity in their lives and detect the need for inclusion of a gender perspective in their professional practice. **Conclusion:** Ensuring complete care to man launches challenge to put in place of it, recognizing their unique needs and so reframe the management of nursing care. **Descriptors:** Human health, Nursing, Comprehensive health care, Oncology, Management.

RESUMO

Objetivo: Discutir as interações entre perspectiva de gênero e integralidade na gerência do cuidado de enfermagem a homens com câncer. **Método:** Estudo qualitativo orientado pela Teoria Fundamentada nos Dados. O cenário foi um Hospital Federal do Município do Rio de Janeiro – Brasil, e os sujeitos todos os 6 enfermeiros do serviço de oncologia, que concederam entrevistas semiestruturadas. **Resultados:** Cinco categorias emergiram gerando o fenômeno: *Ressignificando a gerência do cuidado de enfermagem mediante a perspectiva de gênero, a fim de assegurar a integralidade ao homem com câncer*. Na interação com os homens com câncer em tratamento antineoplásico, os enfermeiros ouvem a influência da masculinidade em suas vidas e detectam a necessidade de inclusão da perspectiva de gênero em sua prática profissional. **Conclusão:** Assegurar a integralidade do cuidado ao homem lança o desafio de se colocar no lugar do mesmo, reconhecer suas necessidades singulares e assim ressignificar a gerência do cuidado de enfermagem. **Descritores:** Saúde do homem, Enfermagem, Assistência integral à saúde, Oncologia, Gerência.

RESUMEN

Objetivo: Discutir las interacciones entre la perspectiva de género y la integridad en la gestión de los cuidados de enfermería a los hombres con cáncer. **Método:** Es un estudio cualitativo orientado por la Teoría Fundamentada en los Datos. El escenario era un Hospital Federal en la ciudad de Río de Janeiro – Brasil, y los sujetos todos 6 enfermeros del servicio de oncología, que concedieron entrevistas semi-estructuradas. **Resultados:** Cinco categorías surgieron generando el fenómeno: *Redefinindo la gestión de la atención de enfermería por una perspectiva de género, con el fin de garantizar la integralidad al hombre con cáncer*. En la interacción con los hombres con cáncer en tratamiento contra el cáncer, los enfermeros escuchan la influencia de la masculinidad en sus vidas y detectan la necesidad de incluir la perspectiva de género en su práctica profesional. **Conclusión:** Garantizar una atención completa al hombre lanza el desafío de ponerse en el lugar del mismo, reconocer sus necesidades únicas y así replantear la gestión de los cuidados de enfermería. **Descriptores:** Salud humana, Enfermería, Atención integral a la salud, Oncología, Gestión.

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INTRODUCTION

From August 2009, a new population segment becomes a target of official investment in health in Brazil, men. The National Integral Attention to Men's Health Policy (PNAISH) launched in 2009 and its Action Plan (2009-2011), denote the Ministry of Health's efforts to guide states and municipalities for health care of the male population.[1]
Hitherto neglected by public policies, which focused its health actions on maternal and child care, PNAISH is based on a set of findings related to the male population health-disease process.

To analyzing human health in Brazil, we turn to a brief contextualization citing the demographic and epidemiological transitions, with a consequent population aging and changes in illness. Compared to females, it appears that more men die earlier and in all regions of the country. With the epidemiological transition occurred, has seen a decline in infectious diseases and an increase in non-infectious diseases, especially cardiovascular, cancer and diabetes. Another highlight is the variation of the risk factors associated with health problems between genders. While obesity, stress, unhappiness and the pressures of the social roles are presented as risks of morbidity for women, in men there is a prevalence of smoking, drinking and occupational hazards.[2]

There is another dimension involved in explaining differences in health between men and women dealing with the psychological aspects associated with how people make the decision to seek a health care. Studies show that men seek more emergency services and are hospitalized in more serious situation than women, which in turn, seek more outpatient services.[3-4] Thus, we highlight the knowledge of gender uniqueness as strategic since that men and women need to be seen in its uniqueness, in full and in their diversity within the social relationships they establish with their health.

PNAISH stood out as a priority cancer care, since cancer has a high male mortality rate. It is therefore identified the need for intervention in this population given that the hospitalization rate of cancer men doubled from 2000 to 2007. It should be noted that the majority of cancer cases (80%) is related to environmental factors, greater or lesser extent, avoided. These factors involve water, earth, air, consumer environment (food, drugs, smoking, alcohol and household goods), cultural environment (style, customs and habits) and work environment.[5]

Such data, plus the already mentioned no demand for health care services, makes the man should be deprived of the protection necessary for the preservation of their health. Many injuries related to cancer could be prevented if men followed regularly primary and secondary prevention measures. Male resistance to health care increases the financial burden of society, as these men affected by cancer are in full production phase as well, and especially the physical and emotional distress themselves and their families.

In search of answers by not seeking men to health services, studies highlight: the man's provider status and the time of the operation of health services corresponding to the work; difficulties of access to services by claiming that for appointments, one has to stand in long queues that often require the absence of a working day; Association outpatient setting as female environment; and prevalent conception of hegemonic masculinity where the concept of care that is seen as feminine characteristic .[3,4] Thus, men pay a high price for acting in such a way, interferes with quality of life and health.

Given the above, PNAISH calls health professionals to contemplate the gender perspective in attendance, for the sake of comprehensive health care of men. In terms of health care practices and health service system, completeness has been one of the most valued principles, since it favors the person's vision as a complex being and community member in the social, political, economic and cultural. Presents challenges to its implementation, since the perspective of comprehensiveness requires transformations, including paradigmatic, in the current configuration of public health policies, the organization of services, management and vocational training.

For its broad and engaging these in the context of health practices, whether management or care, nursing gathers knowledge areas of knowledge that can contribute to comprehensive care for men in health services. In view of this problem, the research question was drawn up: As the understanding of gender can contribute to the management of nursing care in order fully attention to human health with cancer in anticancer treatment?

Based on the above, the study discusses the interactions between gender perspective and comprehensiveness in nursing care management to men with cancer in anticancer treatment.

METHOD

This is a qualitative study guided by Grounded Theory (GT) under the Strauss approach. GT is a method that systematically collects and analyzes the data in constant comparison in the search for a closer relationship with reality, given that researchers in this method must abandon preconceived notions and dig into the data, such as they present themselves, keeping impartiality on the findings.[6] These data can be obtained in different ways and in different spaces and / or subjects.

In this study, we opted for the semi-structured interview technique. The theoretical sample was composed of a sample group composed of six members of the group of nurses from Oncology Service of the Federal Hospital of Bonsucesso (HFB), located in the city of Rio de Janeiro. The GT at the oncology service is registered in the Ministry of Health to High Service Center Complexity in Oncology I; that is, provides diagnosis and treatment of the most frequent malignancies in Brazil featuring all human resources and equipment installed

within a same organizational structure to the user service an integrated multidisciplinary perspective.

This research was submitted to the Committee of Ethics in Research of the Federal Hospital of Bonsucesso and approved under Opinion CEP/HFB in 3rd November. All nurses in oncology service, after framing the inclusion (of cognition and communication skills, perform both as care management activities with the users of the service and desire to participate in the study with available time) and exclusion (cognitive ability and/or verbal impaired, downtime) criteria, agreed to participate and are in compliance with the Resolution 196/96 of the National Health Council, which regulated the human research in Brazil at the time.

Therefore, signed the Informed Consent to maintain the confidentiality of information. The nurses were identified with the letter E (nurse) and a corresponding number, the order in which nurses were interviewed (1-6). The collection and analysis of data, processed in a systematic way, toured the open coding, axial and selective as provided by the method and allowed, besides the construction of testable hypotheses, generating knowledge that allowed a critical understanding of reality, and give the study phenomenon.[6]

In the open coding phase, we started the research on gender perspective interactions and the management of nursing care in the perspective of completeness, identifying concepts, searching for relationships and explanations, building categories. In axial coding, there is the integration of categories and so the presence of gender issues, the importance of comprehensive care and the incorporation of an integrated work process between management and care dimensions in the nursing composed the properties and dimensions of the phenomenon that emerged.

Finally in selective coding, we identify the core concept that consists of a reframing process of management of nursing care that considers the male perspective and is guided in its entirety in your process.

Data were assessed under the theoretical framework of Symbolic Interactionism Herbert Blumer, associated with conceptual gender and completeness bases. This framework was adopted to allow a comprehensive look at how people can build their behavior, individually and collectively, in social interactions.[7] From the nurse-user interaction, nurses who manage the care of men with cancer, paid attention to the need to take a fresh look at these men, which made the demand to include the gender perspective in nursing care management. This lived experience led to the need to revisit symbols assigned in the social context and the exercise of reframing of these symbols.

RESULTS AND DISCUSSION

The phenomenon: "*Redefining the management of nursing care by a gender perspective, in order to ensure comprehensiveness to the man with cancer*" has emerged as a central phenomenon of the study from five categories, originated from the encoding process. They are: 1) Recognizing gender issues interfering in the management of nursing care to men with cancer; 2) Noting barriers faced by men in the Health System; 3) Seeking work in oncology according to the principle of integrity; 4) Recognizing that the management and care dimensions go together in nursing work; 5) Awakening to the shared responsibility to better manage the nursing care of the man with cancer. These categories denote the interactions between the nurse who manages the care the size of the completeness and the gender perspective.

Recognizing gender issues interfering in the management of nursing care to men with cancer

The interaction with users enables nurses to identify the influence of masculinity in relation to the health-disease. That is, the user reveals the nurse, that some means of judging a man, affects the adoption of beliefs, values and behaviors that end up risky behavior with regard to health. There is the emphasis on the search for health care, which was revealed to the nurses, who should only happen by the appearance of any symptoms and not preventively. Another important point is the mode of socialization and the adoption of unhealthy life habits of men who largely reported enjoy a high-fat diet, regular alcohol consumption and smoking.

Thus, when planning the management of care for man, nurses need to consider the gender perspective in their care plan and should do it strategically to boost manufacturing practices and not restrict users.

> *The fact that a patient be man makes me rethink the way I'll plan the care of him, I have to change the approach and create strategies as it has patient to even look in our faces that is tough. So I talk enough with them before, I set a link and try to talk with them as natural as possible, like a chat room even. Talk to them they can nuzzle, that's my job and I'm here to help them in what they need, I try to pass security. I seek to get closer to man with the Affairs of the universe and the reality of it, I'm trying to get into his world, see what he likes, ask the team, if he likes football, try to do something different. Sometimes seek data on the chart to get close. The woman doesn't need the issue of interaction is different, we stay more comfortable but I also like a lot of caring for men, I like a challenge and every man is a challenge here. (E5)*

Noting barriers faced by men in the Unified Health System

Nurses identify problems at the entrance and flight path of the men seeking the Unified Health System (SUS), thus hampering the service of users and making it impossible

for the entire perspective occurs. There is the emphasis on the difficulties in accessibility and acceptance of man in some facilities. The units opening hours, long lines that make users lose all the work day and the proper organization of the basic health units' environment have been identified as factors hindering access to the male population.

> *I think the opening hours is restricted to those who work and the man who has difficulty on speaking, working and it ends up making more difficult for him. Now they are arguing about it, are creating human health, just to clarify that the man has its particularities, its body and mental perception is different, has his individuality. There's a lot of stuff geared towards the woman and the man no longer has. Wondering why this framework we see that has more difficulty for man, even on the issue of accepting becomes more difficult, are not considered these differences.* (E5)

Seeking work in Oncology in accordance with the principle of completeness

Nurses have knowledge of multiple causes and factors involved in a given reality reported by the user and from the communication exercise these professionals perform the routing of users to other members of the multidisciplinary team, converging for comprehensive care.

The prospect of completeness is present in the practices of nurses with users of the oncology service. Professionals seek accommodate your needs, in a wider sense, including both technical prevention, care actions as requested as well, seeking to contemplate aspects of social and cultural life as is pertinent to the quality of the health of treated men. It is observed that this wholeness is made possible through the nurse-user interaction, which ultimately constitute bond, which makes it possible that this user has their needs known to the nurse that seeks to meet them, either directly or through the interdisciplinary work.

> *In my practice of everyday life, I don't give importance to religion but yes to faith, because it is very important, because treatment is exhausting much physically and emotionally. At this point it is essential you have faith, leisure, going out. In Rio de Janeiro there are many beautiful places, you take a bus, will ride in the Quinta da Boa Vista, will walk on the beach, you just pay the ticket. Some need not even afford passage for the benefit of the travel vouchers they acquire. But don't stay home. Felt good, abandons bed, don't stay inside, and try to do something different. I say this to them, to do something different in their routine, which they live, going out with friends, go to a cultural center, see an exhibition. I try to encourage them to do something cultural, to enrich and entertain the mind. (E3)*

Recognizing that management and healthcare dimensions go together in nurse's work

When working on a perspective of attention to the completeness of users, nurses legitimize the management and care dimensions go together in their work. The management of nursing care exercised in the setting of this study, mobilizes actions in relationships, interactions and associations among people involved in this care.

Thus, in daily service management actions and assists occur continuous and complementary way in the management of human resources, materials, scheduling appointments, performance techniques and procedures to users, referrals to other team

members, among others, involving multiple actions management, care and education, to ensure the right to comprehensive care of its members.

> *Management to which I refer is that of unity, because there is a boss that manages everything but me and the (mention the name of the colleague on duty) are the leaders of the shift and manage the unit. So we nurses supervise chemotherapy administration, took questions on the issue of the administration of the order to be administered, the infusion time, the major toxicities of the drugs. We do nursing consultation, operates in complications, such as huffing, drug hypersensitivity reactions. Still has the marking of chemotherapy, the scale interval of the technicians, all our activities are in the patient care management. (E4)*

Awakening to the joint responsibility to better manage nursing care to the man with cancer

Understanding this category shows that comprehensive care the health of a user demands the effort of a complete and holistic approach; and thus, to commit to the completeness of man's health, the nurse awakens to the co-responsibility in meeting the health needs of these men.

That said, the subject proposes strategies to solve problems caused by identified gender issues, among those cited are: improvement in the accessibility of men to health services; media involvement in campaigns to raise awareness of men's health; creation of health units focused the attention of men's health; need for guidance from health professionals about the gender perspective, highlighting the health care of men.

> *Thinking the men here think we needed to have a third shift availability, which started up in the night hours. It wasn't too late, which started a 17-17:30, that could stretch until some 20:30-21, because there would have been otherwise, he would work and after work would come here if medicate and came home. The same thing in medical offices, in clinics, during night shift. I think all of a sudden, even female demand also increases also. (E3)*

The phenomenon "*Redefining the management of nursing care by a gender perspective, in order to ensure comprehensiveness to the man with cancer*" emerges a multifaceted dimension that reveals the structure and process of action / interaction between nurses and men with cancer.

The interaction occurs at all times in our lives, so we agree with the thought that the human being acts towards things based on the meanings they have for him, that the meanings of these things arise from social interaction that is established and that these meanings are manipulated and modified through the interpretative process, a process of perception and communication between people.[7]

To manage nursing care for men with cancer, nurses revealed that symbols and meanings of hegemonic masculinity permeated the reality thereof. Many men thought they were strong, his self-rated health was overvalued, work occupied the central part of their lives and had the belief that the search for health service should only happen upon any sign or symptom of disease. Thus, we are faced with different authors who argue that men build

their masculinity grounded on paradigms, and it must be present with a self-sufficiency image that does not realize their vulnerability. This leads them to not give due attention to the health and creates hindrance in access to health services to create the thought that they need not care.[8-10]

We emphasize that gender relations are complex and involve forms of social planning practices, and power relations, relations of production/division of labor and symbolism. Symbolic structures are applied in communication, language, gestures, body culture, clothing, among other; making important everyday experiences in gender practices. Thus, the plurality of masculinity is Revealed, since in one cultural context can coexist multiple manifestations or expressions of masculinity. However, hegemonic masculinity is still culturally idealized, serving for many the model masculinity, the Observed here by finding beliefs, values and habits of life of men who drove the risky behavior in relation to health, Which Seems to have contributed to the development of cancer.[11]

There is a global trend in health using a gender approach in their studies in order to understand the illness differentials between men and women. Authors argue that health gender approach allows the knowledge of singularities and a better approach to the realities of individuals, allowing a more comprehensive health policy can be built based on the needs revealed by men and women.[11-14]

To corroborate this trend, we see the interactive process as important. It is through user-nurse interaction that builds professional and assigns meanings in their practice. We therefore consider that the interaction is an important strategy to be used in social relations since the symbols are dynamic and can be modified in the interactive process. Highlight the user-nurse interaction as an important moment for the promotion and recovery of health of men with cancer in anticancer treatment.

The nurses show that when entering the health system, men spend interacting with people, information and different realities of which they are familiar and so they have contact with new information and people who contribute to introduce new symbols and meanings in their lives. Thus, the meanings are manipulated and modified through interactive and interpretive process.[7]

However, here we highlight how important strategy to improve men's health can contribute to the reverse when barriers are encountered. There were highlighted problems in accessibility to the system, difficulties in receiving and lack of staff training to deal with gender issues. Accessibility is understood as a set of circumstances, of various kinds, which enables the entry of each user or patient in network services, at different levels of complexity and type of service. Represents the difficulties or facilities to obtain desired treatment.[15]

The difficulties in accessing health services as problems in the service network, little to fulfill its service, it takes to be served, restricted hours for doctors, long wait to get specialized consultations, contribute to the avoidance of system men who only come in more severe conditions within 24 hours and care services as emergencies. This reality seems to repeat in the contexts of attention to public health, as studies show that men's gateway into the health system, in most cases, do not get the basic health units, but by emergencies.[3,13,16]

Presented difficulties in the reception was also a highlight point in the speech of nurses. Host is a humanizing treat to all the demand. Implies giving answers to users; discriminate risks, emergency care, forwarding cases the intervention and resolution.[17] Even with a ministerial policy of hospitality, many services and professionals still did not fit this condition involving technical aspects, attitude of professionals and reorganization of services.

Positive interaction nurse-user Oncology has been reported. We realize that nurses seek accommodate users on your needs, however that host sometimes becomes hard to depend on the linkages with other sectors of the institution, other professionals and also other institutions of the health network. The nurses realized the need to have different approaches and proposals to users and thus create strategies to solve problems created by gender. These strategies, we highlight the need to establish a relationship of trust with the men, the approach to the male universe, the use of the family as an ally in the care and health education, which has also been stimulated by ministerial policy.[1]

The way they try accommodate the needs of men in a broad way, linked to life contexts points to respect the integrity of the service nurses principle. As a fundamental principle of the Unified Health System (SUS), completeness needs to be perceived as towards the effort of a complete and holistic approach, which involves ensuring the combination of the available light, hard and soft-hard technologies, offer a comprehensive care to the user.[18] In this sense, it is urgent to offer an extended assistance with coordination of actions of the professionals in a comprehensive view of the human being. This vision requires break with the biomedical care model and demand of professionals a reassessment of their work process. Attention and practices need to be aimed at users requiring workers to use a warm and resolute stance of the identified needs.[19]

The completeness has been identified as crucial in health care for people with cancer, even in countries that do not have a health care system as the Brazilian. A study of seven European countries with different health systems, pointed to a need to understand and address the different health needs of individuals with cancer. Also in this aspect, the study emphasizes that nurses need to pay attention to the different needs of nursing care that men with cancer may present throughout the disease, to improve the management of care for this clientele, contributing to the quality of life thereof.[20]

Recognizing gender issues interfering in care management, nurses point to the need to reframe this care by the user gender perspective. In this sense, the perspective for integration present in the practices of nurses HFB the oncology service, printed in the way they try accommodate the needs of men in a broad way, linked to the contexts of life, including the care and management dimensions of the work process, is what makes the management of nursing care is re-signified. This is given the understanding that nurses have the scenario of the timing of professional features, the articulation of the different institutional and operational systems, and especially in the variety of relationships and interactions that shape the nursing care.[12]

In this sense, the management of nursing care is funded by flexibility when it notes that a management activity is followed by a care or vice versa, thereby enhancing the complementarity of these actions.[21] The nursing management practice involves multiple

actions to manage caring and educating, caring managing and educating, educating caring and managing, as a dynamic, participatory and inclusive process, building knowledge and articulating the various services, in search of better quality of care, such as user rights.[22]

Guided by the completeness of the look implies, the perspective of those in awakening to the co-responsibility to better manage nursing care to men with cancer. In the setting of this study, it is noted that the positive interaction between nurse-user happens through the bond of listening and professional commitment, which allows men to open up and truly show their thoughts, attitudes and needs. Listening to the users has been proposed by authors as a way to go to adapt the services in search for completeness, allowing to recognize the satisfaction or dissatisfaction of users in relation to the care that is provided to them.[23]

There is a close relationship between responsibility and bond, part of the reorientation document the new care model proposed by the Ministry of Health, the transformative potential is precisely the compromise ties and co-responsibility established between health services and the population.[24] For this end, it is important that health professionals have a greater sensitivity to the interactions between the ideas of individuals, here we highlight the concept of gender, and the demands brought by the population in health services.

CONCLUSION

Advances have happened in the best objective reflecting men in health policies and the greatest example of this effort is the aforementioned PNAISH. However, health professionals, especially nurses, still face major challenges to encourage men to become more proactive in their care, which is a national and international reality.[20,25,26]

The work shows that there is still strong adherence to the dominant paradigm of hegemonic masculinity, undermining men and health services to articulate for the health of men. This implies that as a challenge, joint construction of masculinities with health care, both from the perspective of nurses and in the male users.

In this sense, the central phenomenon of this study "*Redefining the management of nursing care by a gender perspective, in order to ensure comprehensiveness to the man with cancer*" that result from categories: Recognizing gender issues interfering in the management of nursing care to men with cancer; Noting barriers faced by men in the Health System; Seeking work in oncology according to the principle of integrity; Recognizing that the management and care dimensions go together in nursing work; Awakening to the co-responsibility to better manage the nursing care of the man with cancer, the proposed use of the gender approach in daily work in order to understand the illness differentials between men and women. The phenomenon meets the national and international literature,

to provide knowledge of singularities and a better approach to the realities of individuals, which allows a more comprehensive health policy, built from the needs revealed by the users.

Finally, we emphasize the need for further studies focused on the interaction of masculinity with the management of nursing care in other organizational realities and other health problems of men, since such studies are still scarce.

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