

## Evidence of nurse care for men with prostate cancer: an integrative review

*Evidências de cuidado do enfermeiro aos homens com câncer de próstata: revisão integrativa*

*Evidencias del cuidado del enfermero a los hombres con cáncer de próstata: revisión integradora*

### ABSTRACT

**Objective:** To evaluate evidence of care support needs of men with prostate cancer under follow-up and treatment that were assisted by nurses. **Method:** Integrative literature review in the databases: PubMed and CINAHL in English, Portuguese and Spanish published between 2009 and 2019, using and crossing descriptors such as “Prostatic Neoplasms”, “Masculinity”, “Health Services Needs and Demand”, “Needs assessment”, “Nursing Care”, “Comprehensive Health Care”, “Oncology Nursing”. A total of 2425 articles were found and six articles met the inclusion criteria. Validated instruments were used for data extraction and analysis. **Results:** Educational interventions, co-participatory individual planning and longitudinal follow-up were the main actions developed by nurses, valued for the care offered. **Conclusion:** The synthesis of knowledge directs to the importance of nurses in the care of men with prostate cancer and to the elaboration of innovative and shared care plans, based on the needs and the best evidence.

**Descriptors:** Prostatic Neoplasms; Nursing Care; Oncology Nursing; Health Services Needs and Demand; Needs Assessment.

### RESUMO

**Objetivo:** Avaliar evidências das necessidades de suporte de cuidados aos homens com câncer de próstata em seguimento e tratamento atendidos por enfermeiros. **Método:** Revisão integrativa da literatura nas bases de dados: PubMed e CINAHL, em inglês, português e espanhol, publicados entre 2009 a 2019, com o cruzamento dos descritores “Prostatic Neoplasms”, “Masculinity”, “Health Services Needs and Demand”, “Needs assessment”, “Nursing Care”, “Comprehensive Health Care”, “Oncology Nursing”. Encontrados 2425 artigos e atenderam aos critérios de inclusão seis artigos. Para a extração e análise dos dados, utilizaram-se instrumentos validados.

**Resultados:** As intervenções educativas, o planejamento individual coparticipativo e o acompanhamento longitudinal foram as principais ações desenvolvidas pelos enfermeiros, valorizados pelos cuidados oferecidos. **Conclusão:** A síntese do conhecimento direciona para a importância do enfermeiro no cuidado ao homem com câncer de próstata e para a elaboração de planos de cuidados inovadores e compartilhados, fundamentados nas necessidades e nas melhores evidências.

**Descritores:** Neoplasias da Próstata; Cuidados de Enfermagem; Enfermagem Oncológica; Necessidades e Demandas de Serviços de Saúde; Determinação de Necessidades de Cuidados de Saúde.

### RESUMEN

**Objetivo:** Evaluar evidencias de las necesidades de soporte en cuidados a hombres con cáncer de próstata en seguimiento y tratamiento, atendidos por enfermeros. **Método:** Revisión integradora de literatura en las bases de datos: PubMed y CINAHL en inglés, portugués y español, publicada de 2009 a 2019, utilizando los descriptores: “Prostatic Neoplasms”, “Masculinity”, “Health Services Needs and Demand”, “Needs Assessment”, “Nursing Care”, “Comprehensive Health Care” y “Oncology Nursing”. Encontrados 2425 artículos, seis cumplieron los requisitos de inclusión. Para extracción y análisis de los datos se utilizaron instrumentos validados. **Resultados:** Intervenciones educativas, planificación individual coparticipativo y seguimiento longitudinal fueron las principales acciones desarrolladas por los enfermeros, valorizados por los cuidados ofrecidos. **Conclusión:** La síntesis del conocimiento direcciona hacia la importancia del enfermero en el cuidado del hombre con cáncer de próstata y hacia la elaboración de planes de cuidados innovadores y compartidos, basados en las necesidades y en las mejores evidencias.

**Descritores:** Neoplasias de la Próstata; Atención de Enfermería; Enfermería Oncológica; Necesidades y Demandas de Servicios de Salud; Evaluación de Necesidades.

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## INTRODUCTION

Regarding the diseases that affect men, prostate cancer, among other types of cancer, is one of the most common, affecting 29.79% of this population<sup>(1)</sup>. In Brazil, 65,840 new cases of prostate cancer are estimated for each year of the triennium 2020-2022, corresponding to an estimated risk of 62.95 new cases per 100,000 men<sup>(1)</sup>.

In 2009, the Ministry of Health implemented the National Policy of Integral Men's Health Care (NPIMHC), with the objective of encouraging the promotion of health actions to the particular male reality in its various contexts<sup>(2)</sup>.

The guidelines recommended by NPIMHC use, in fact, the same logic used for the care of other population groups, such as, for example, women's health, children's health and the elderly, but its creation looks at a segment that was recognized as less susceptible to diseases and seeks to deconstruct this ideal of male invulnerability, both perceived by men themselves, as well as by health professionals, so that they recognize the male population as subjects of needs, desires and care<sup>(2-3)</sup>.

The follow-up of people with cancer by health professionals is guided by lines of care, which, in the assistance scope, help them to establish more assertive and coherent care<sup>(4)</sup>. These lines establish the care to be provided, in primary care, specialized medium complexity care and high complexity care, in a way that is based on the singularity of the subjects and that considers the several dimensions affected by cancer<sup>(4)</sup>.

Such an approach is fundamental in the practice of care, since prostate cancer affects not only the physical dimension, but, above all, the psycho-emotional, cultural and social dimensions, compromised by the disease and/or treatment and by the satisfaction with care<sup>(5-6)</sup>.

Thus, men with prostate cancer require person-centered supportive care, as they may experience a range of unmet needs<sup>(7)</sup>. Supportive care for people with cancer refers to prevention; the management of the effects of cancer and its treatment; including the control of physical symptoms, psychological symptoms and side effects, throughout the course of the disease until post-treatment<sup>(8)</sup>.

In this context, the role of nursing is imperative, and most emerging models have included assessment of support needs by nurses<sup>(9-10)</sup>. However, this approach, in the national

scenario, needs to be better outlined and applied to levels of care, in order to develop better care practices throughout the treatment, thus ensuring a better quality of life for this population.

From this perspective, the present study aimed to evaluate the available evidence on the care support needs of men with prostate cancer, cared for by nurses throughout treatment and follow-up.

## METHOD

This is an Integrative Review, which is a method that enables the implementation of an Evidence-Based Practice to guide Nursing decision making. For the development of this study, six steps were followed, namely: identification of the topic and research question; sampling or search for primary studies in the literature; determination of the information to be collected and categorization of the selected studies; evaluation of the studies included in the review; interpretation of results and presentation of the review or synthesis of results.

The formulation of the guiding question was based on the PICOT format<sup>(11)</sup>. Thus, the letter P refers to the population of interest: men with prostate cancer; I is the intervention or question/area of interest: nursing care to meeting supportive care needs; C is the comparison intervention or group: none; O is the outcome of interest: meeting needs; and T is the time period: August 2009 to August 2019.

For the development of the study, the following question was formulated: What is the available evidence on nurses' assistance to care support needs of men with prostate cancer?

The following databases were used: PubMed (biomedical and health sciences digital archives of the US National Institutes of Health) and CINAHL (Cumulative Index to Nursing and Allied Health Literature), with the descriptors: "Prostatic Neoplasms", "Masculinity", "Health Services Needs and Demand", "Needs assessment", "Nursing Care", "Comprehensive Health Care", "Oncology Nursing". The descriptors were combined, using the Boolean operator AND, so that all possible crossings were made in order to refine the search.

After cross-referencing, the studies were transferred to EndNote Basic (Clarivate Analytics bibliographic reference manager) and then to Rayyan QCRI (Qatar Computing Research Institute's review aid web application) systematic

review software and independently analyzed by two researchers.

The inclusion criteria adopted were articles about the care support needs of men with prostate cancer cared for by nurses during treatment and follow-up, published in English, Spanish, and Portuguese, in the period between 2009 and 2019. And exclusion criteria: articles with the methodology of single case study, expert opinion, research protocol and pilot study.

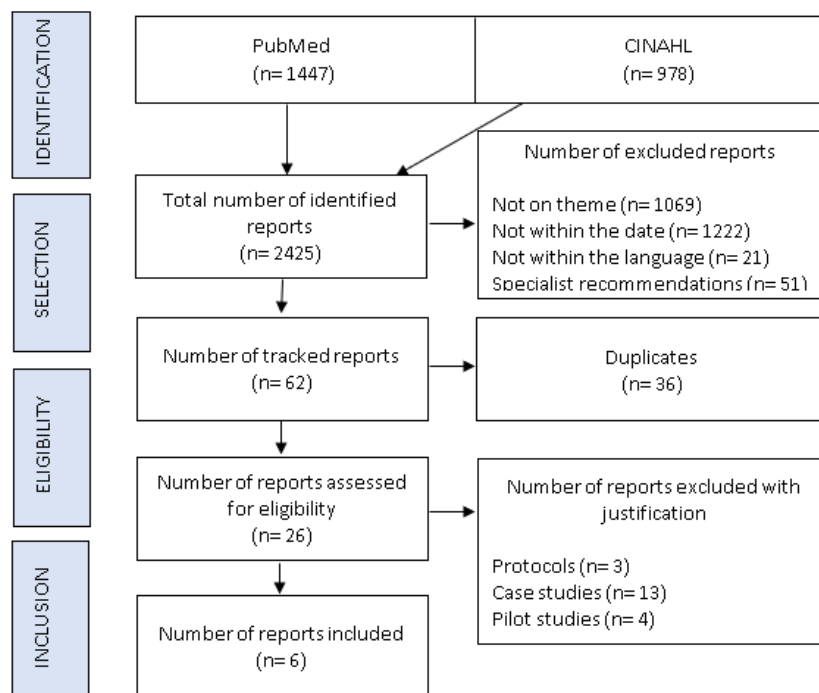
The steps followed for the selection, identification, eligibility and inclusion of articles are presented through the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart and, for data extraction, we used the adapted data collection instrument previously built and validated<sup>(12)</sup>. For the identification of the strength of evidence, we employed the hierarchical classification of evidence into seven levels<sup>(11)</sup>.

## RESULTS AND DISCUSSION

The searches identified a total of 2425 articles, of which 1447 were indexed in PubMed and 978 in CINAHL. A total of 2363 articles were excluded, of which 1069 did not correspond to the topic; 1222 were outside the proposed period for this review; 21 were in other languages, and 51 were expert opinions.

Thus, 62 articles were selected and among them 36 were excluded because they were duplicates and 26 were evaluated for eligibility. During the critical analysis process, it was found that of the 26 articles, three were about protocols, four were pilot studies, and thirteen were single case studies, which did not meet the inclusion criteria. Thus, six articles were included in this study (Figure 1).

**Figure 1** – Adaptation of the Flow Diagram of the integrative review article selection process, according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Alfenas (MG), Brazil, 2020.



Source: From the authors.

Regarding the characterization of the included studies<sup>(13-18)</sup> (Figure 2), it was found that in relation to the year of publication, one (16.67%) study<sup>(13)</sup> was developed, in the year 2009; a<sup>(14)</sup> (16.67%) in 2013; one<sup>(15)</sup> (16.67%) in 2014; one<sup>(16)</sup> (16.67%) in 2017 and two (33.32%) studies<sup>(17-18)</sup> in the year 2018. As for language, all were published in English, and the country or countries of development of the articles were two (33.32%) in

Australia<sup>(15,17)</sup>, one (16.67%) in China<sup>(18)</sup>, one (16.67%) in Scotland<sup>(16)</sup>, one (16.67%) in England and Scotland<sup>(13)</sup> and one (16.67%) multicenter study involving Denmark, France, Ireland, the Netherlands, Spain<sup>(14)</sup>.

Regarding the type of journal, two (33.32%) from general oncology<sup>(14,18)</sup>, two (33.32%) nursing<sup>(13,16)</sup>, one (16.67%) from medicine<sup>(15)</sup> and one (16.67%) multidisciplinary<sup>(17)</sup>. As for the

approach of the studies, it was found that two (33.32%) were qualitative descriptive<sup>(16-17)</sup>, two (33.32%) randomized controlled<sup>(15,18)</sup>, one (16.67%) cross-sectional descriptive<sup>(14)</sup> and one (16.67%) mixed descriptive<sup>(13)</sup>.

Regarding the level of evidence, two articles were classified as level II<sup>(15,18)</sup>, that is, strong evidence and four at level VI<sup>(13-14,16-17)</sup>, weak evidence, according to authors<sup>(11)</sup>, however, it was observed that the studies classified as VI presented

high methodological rigor, detailed description of the method, and some adopted the criteria recommended by the Consolidated Criteria for Reporting Qualitative Studies (COREQ), for qualitative research, which contributed to their value as scientific evidence.

The publications were identified by numbers from 1 to 6, and their characteristics are represented below in Figure 2.

**Figure 2-** Characterization of primary studies, according to authors, year of publication, title, language/country of origin, type of journal, type of study and level of evidence (NE). Alfenas (MG), Brazil, 2020 (n=06).

Id/ Base	Author	Year	Title	Language/ Country	Type of journal	Type of study	LE
1 PubMed	Primeau C, Paterson C, Nabi G. <sup>(16)</sup>	2017	A Qualitative Study Exploring Models of Supportive Care in Men and Their Partners/ Caregivers Affected by Metastatic Prostate Cancer	English/Scotland	Nursing	Qualitative Descriptive Study	VI
2 PubMed	Lotfi-Jam K, Gough K, Schofield P, Aranda S. <sup>(15)</sup>	2014	Profile and predictors of global distress: Can the DT guide nursing practice in prostate cancer?	English/ Australia	Medicine	Study Randomized Controlled Study	II
3 PubMed	Chambers SK, Hyde MK, Laurie K, Legg M, Frydenberg M, Davis ID, et al. <sup>(17)</sup>	2018	Experiences of Australian men diagnosed with advanced prostate cancer: a qualitative study	English/ Australia	Multidisciplinary	Qualitative Study Descriptive	VI
4 Pubmed	Ream E, Wilson-Barnett J, Faithfull S, Fincham L, Khoo V, Richardson A. <sup>(13)</sup>	2009	Working patterns and perceived contribution of prostate cancer clinical nurse specialists: A mixed method investigation	English/ England and Scotland	Nursing	Descriptive Mixed Study	VI
5 CINAHL	Wang C, Song Z, Li S, Tai S. <sup>(18)</sup>	2018	Extended nursing for the recovery of urinary functions and quality of life after robot-assisted laparoscopic radical prostatectomy: a randomized controlled trial	English/China	General Oncology	Study Randomized Controlled Study	II
6 CINAHL	Cockle-Hearne J, Charnay-Sonnek F, Denis L, Fairbanks HE, Kelly D, Kav S, et al. <sup>(14)</sup>	2013	The impact of supportive nursing care on the needs of men with prostate cancer: a study across seven European countries	English/ Denmark, France, Ireland, Netherlands, Spain, Turkey, United Kingdom	General Oncology	Descriptive Study Cross-sectional	VI

Source: From the authors.

The results of the studies were analyzed, and the recurring and similar themes were grouped, which enabled the construction of two categories: Innovation in Nursing Care in meeting the needs of men with prostate cancer, with the articles identified by numbers 1, 2 and 5 being included, and Perceptions of health professionals and men with prostate cancer on the care of the Nurse in meeting the care needs, included 3, 4 and 6.

### Needs of Men with Prostate Cancer

This category was elaborated with the purpose of synthesizing the production related to the nursing performance in meeting the care support needs of men with prostate cancer, which can subsidize the clinical practice of these professionals in the best evidence.

The articles included in this category, with the description of their objectives, conclusions and implications for the Nursing area, are represented in Figure 3.

### Category: Innovation in Nursing Care to Meet the

**Figure 3** - Summary of studies from the Category Innovation in Nursing care in meeting the needs of men with prostate cancer. Alfenas, MG, Brazil, 2020 (n=03.)

Id	Objective	Conclusion	Implications for Nursing
1	To understand the experience of men with metastatic prostate cancer and their partners/caregivers, of a multimodal supportive care intervention called Thriver-care, compared to the experience of men and their partners/caregivers who received conventional care.	Men affected by metastatic prostate cancer and their partners and caregivers benefit from multimodal supportive care interventions and reported having fewer unmet needs compared to the standard care group. ThriverCare intervention may decrease care needs over time.	Nursing care for men and their partners/caregivers can be enhanced by a multimodal supportive care intervention, incorporating holistic needs into clinical practice and person-centered assessment directed toward individualized self-management interventions.
2	To examine the ability of the distress thermometer (DT) to accurately identify higher symptoms of unmet need and psychological distress in prostate cancer patients.	The results of this study support the utility of DT, to accurately and easily identify prostate cancer patients with a higher likelihood of unmet needs and higher symptom burden, so as to support its use as a screening tool in prostate cancer radiotherapy.	Nurses can be assured that the DT accurately identifies patients with psychological morbidity and identifies other patients with suffering that may require intervention. Nurses could use the score to prioritize patients who need more attention on entry to radiotherapy services.
5	To explore the effects of continued nursing care intervention on postoperative urinary control and quality of life in prostate cancer patients after robot-assisted laparoscopic radical prostatectomy.	Continued nursing care intervention had significant beneficial effects on urinary function and quality of life in prostate cancer patients after robot-assisted laparoscopic radical prostatectomy and thus deserves to be promoted in the clinical setting.	Continuous nursing care focusing on the pelvic floor muscle and physical exercises can effectively improve urinary incontinence and quality of life during rehabilitation of patients after robot-assisted laparoscopic radical prostatectomy.

**Source:** From the authors.

Rethinking ways to improve and implement actions according to people's needs is part of the development of health professionals. For oncology nursing, the actions that seek to identify and meet the care needs favor the adherence of men with prostate cancer to treatment and care, and also contribute to improving the quality of life throughout the course of the disease.

Among these actions, the Thriver-care intervention was developed, consisting of four main components, holistic needs assessment,

individualized care planning for self-managed care, group seminars, and provision of educational materials. The interventions and materials were developed by health experts and the patients' caregivers<sup>(16)</sup>.

Content covered in the material and seminars was based on best evidence and covered the following topics: introduction to androgen deprivation therapy and its side effects; self-management of side effects; managing emotions and mental changes; erectile dysfunction and

relationships; nutrition and exercise; finances and benefits; relaxation and stress management; orientation to community services; and an open question session with a prostate cancer nurse specialist. The seminar also provided a booklet with guidelines for self-management<sup>(16)</sup>.

The planning of individualized care with the participation of the person under care demonstrates an innovative practice of care, since it values the subject as an active agent of his or her health-disease process. The integrality and the person-centered care contemplate the guidelines recommended by the Brazilian Unified Health System and the NPIMHC<sup>(2)</sup>.

At the national level, NPIMHC aims to promote health actions with guaranteed integrality, equity and humanization of care, in which men should be recognized in a multicultural and heterogeneous context of masculinities, in which prostate cancer, considered a serious public health problem, should be seen immersed in a broad context of care<sup>(1-2)</sup>.

In another study, the authors<sup>(15)</sup> used a distress assessment instrument "Distress thermometer" (DT) to assess, in a single item, global distress. The DT is a self-report measure applied to the person with cancer, on a visual analog scale (0 to 10), to indicate the amount of distress experienced in the last seven days. Other instruments were also applied, such as Hospital Anxiety and Depression Scale (HADS), Prostate cancer index composite short-form (EPIC-26), Supportive care needs survey short-form (SCNS-SF34) and Cancer Treatment Scale (CaTS).

The authors pointed out that DT can help nurses not only to identify distress in cancer patients, but also to identify its causes, in order to guide nursing practice<sup>(15)</sup>. The understanding of these factors that may be related to pain, weight loss, side effects of treatment, mucositis, skin reactions and vomiting, concerns related to self-care management, information needs, as well as emotional concerns such as anxiety and depression is critical<sup>(15)</sup>.

The instruments that make it possible to assess needs and direct actions can be applied throughout the course of treatment. However, it must be taken into account that there are differences in priority support needs according to treatment and disease stage. Study<sup>(19)</sup> found that problems related to physical function, energy, comfort, coping, emotional and sexual well-being,

and urinary function occur throughout the prostate cancer treatment period.

Chinese researchers found that postoperative incontinence is a sequela that cannot be ignored, because it can lead to psychological problems, including decreased self-esteem, irritability and fear, which culminate in poor quality of life. To minimize the effects of this complication, they investigated the role of nursing in improving urinary incontinence after robotic radical prostatectomy surgery<sup>(18)</sup>. This investigation was divided into two stages. The first started before discharge, in which the nurses gathered information about the patient and provided explanations about the completion of the questionnaires related to urinary incontinence - ICI-Q-SF, urinary continence rate and quality of life - SF-36. Then, on the day of discharge, the nursing prescription was made including the schedule and frequency of pelvic floor muscle training<sup>(18)</sup>.

The second stage was conducted by nurses from the continuing education team for six months, including phone calls, group classes, and home visits. The men, when reporting their problems, were offered guidance by telephone and, when not resolved, were conducted during home visits. Among those with incontinence, the frequency of follow-up was increased to correct the exercises<sup>(18)</sup>.

Nurses play an essential role with people with prostate cancer, with actions of education, counseling, preparation of patients for prostate cancer treatment, follow-up, promotion of sexual recovery among patients with erectile dysfunction and, with holistic biopsychosocial care, which is a very necessary approach to complement the biomedical treatment<sup>(20)</sup>.

Evaluating the nursing process, implemented to the patient at home, after hospital discharge and identifying their needs and caregivers, are fundamental to obtain the best results. Thus, nurses must promote the survey of needs and develop guidelines, in all phases of treatment, so that men can better cope with the disease to develop self-efficacy<sup>(21)</sup>.

Scotland's National Health Service has implemented an innovative model of nurse-led collaborative in-service care for the management of patients with prostate cancer<sup>(22)</sup>. The audit was carried out with the evaluation of patient and employee satisfaction, by means of questionnaires<sup>(22)</sup>. The patient assessment showed good compliance with standards regarding

selection of appropriate prostate cancer treatments and satisfaction with the 30-minute nursing consultation and pointed to the need for improvement related to documentation of patients' risk status and performance and the provision of verbal and written information to patients and caregivers<sup>(22)</sup>. Employee satisfaction was also high<sup>(22)</sup>. The results showed that working with trained and competent nursing staff and collaborative multidisciplinary team, safe and adequate care can be achieved, for more complex prostate cancer patients as well as for very stable patients<sup>(22)</sup>.

The studies pointed out that among the innovative care provided by nurses in meeting the care needs of men with prostate cancer are the development of a care plan, based on a shared decision-making process; continuous care performed in a longitudinal follow-up, focused on the person and on his physical and psycho-

emotional needs; valuing the active participation of men in the learning process, nursing support for self-care, the use of tools for the survey of needs, and verbal and written communication in health education actions.

### Category: Perceptions of health professionals and men with prostate cancer about nurses' care in meeting their care needs

This category is about perceptions about the nurse's role in the context of care support. It aims to synthesize studies that offer this professional a look at himself, at what is expected from his care, and his potentiality.

The articles selected for this category, with the description of the objectives, conclusions and implications for the Nursing area, are presented in Figure 4.

**Figure 4** - Synthesis of the studies of the category Perceptions of health professionals and men with prostate cancer on the care of nurses in meeting the care needs. Alfenas, MG, Brazil, 2020. (n=03)

Id	Objective	Conclusion	Implications for Nursing
3	To explore the lived experience of men with advanced prostate cancer and their support preferences	Supportive care services for men with advanced prostate cancer need to consider the influence of life course and social context on men's experiences of advanced disease.	Men expressed a preference for support from colleagues and nurse specialists, which may demonstrate the importance of nursing in this context. Multimodal and holistic interventions, integrating partnerships, are needed for specialist nurses to better articulate the expressed needs of men.
4	Investigate prostate cancer specialist nurses and their roles, determine to whom they directed services, and determine their work practices and perceived contribution.	Previous research has shown that men living with prostate cancer reported worse treatment experiences compared to people from other tumor groups. The findings of this study indicate that this is likely to occur in part from variability in access to and equity of nurse service specialists, either in numbers or in their qualifications.	The care provided by the nurse specialists ranged from generic information, along the disease trajectory, to addressing specific needs, such as erectile dysfunction. Patients and members of the multidisciplinary team were pleased with the introduction of urology nurse specialists, but were aware that they could be overwhelmed by the rapid growth of cases.
6	To explore the parameters of unmet supportive care needs in men with prostate cancer in relation to the experience of nursing care.	Information provision, symptom management, and side effects are areas of care that need improvement. The recognition of nurse specialists on multidisciplinary cancer teams has not yet been solidified. Changes are needed in the survivorship care of men with prostate cancer, especially after treatment. In addition, it should be a priority to improve supportive care, more consistent provision of training for nursing to address sexual and psychological dysfunction.	It is essential, in order to improve treatment outcomes for men, to also consider access to nursing and supportive care components provided, especially after therapy. It should be considered that if needs are not met, the low need may become moderate or even high at a later stage.

Source: From the authors.

Study conducted by Australian researchers<sup>(17)</sup> with the objective of understanding

the perceptions of men with advanced prostate cancer found that, when mentioning supportive

care, they brought in their perceptions the relevance of nursing.

According to the participants, the nurses were considered the center of their care, because they were the professionals who were dedicated to providing guidance and emotional support, helped them to understand their situation, as well as constituted links in the relationships between them and their families and between them and the doctors<sup>(17)</sup>. Were the health professionals most likely to refer them to other health professionals<sup>(17)</sup>. In light of this care, men stressed the importance of continuous access to nurses, from the time of diagnosis to post-treatment follow-up<sup>(17)</sup>. The men recognized the professional nurse as a fundamental agent of their care and expect a closer relationship with him, in order to mediate conflicts and understand their needs<sup>(17)</sup>.

The Brazilian guidelines, in line with these findings, advocate that men's health should be understood, at different levels of care, with priority for primary care<sup>(1)</sup>. Meanwhile, it is a challenge for nurses to facilitate and narrow the access of men to the Family Health Strategy units, since, in the national scenario, it is evident that most men reach the health services through specialized care<sup>(1-2)</sup>, which makes it impossible to monitor the actions of prevention and promotion of prostate cancer, as well as to establish a link with this professional.

A study<sup>(13)</sup> with the objective of understanding the role of prostate cancer specialist nurses in supporting care from the perspective of the patients' own nurses and other professionals, found that the patients valued the emotional support and reassurance they received from the specialist nurses and said it was fundamental for them to feel positive. They also emphasized that the nurses were knowledgeable about them and their illness<sup>(13)</sup>. For some patients, the gender of the nurse was important, as they felt embarrassed if nurses performed procedures related to intimate care<sup>(13)</sup>. On the other hand, others considered that professional ability and the way they dealt with people overlapped with gender<sup>(13)</sup>.

The professionals of the multidisciplinary team perceived the nursing service as valuable, as they contributed to the improvement of the patients' access to the service and to the supply of information, thus helping to change the vision of a health service, often considered as impersonal. Moreover, they referred to the nurse as a professional who has a close relationship with

colleagues and is always available to contribute with information about the patients, since they presented a broad knowledge of the clientele<sup>(13)</sup>.

Nurses recognized the importance of their role in providing information, whether complex or trivial, and this availability is a strong point of support recognized by patients and other professionals. However, even though they perceived that they filled many gaps in care, they showed concern about the growth in demand and work overload<sup>(13)</sup>.

From the point of view of the nurses themselves, the patients, and other professionals, the relevance of the nurse's role as care manager and facilitator of patient access to the service and a link between the professionals and the patients was verified<sup>(13)</sup>.

A multicenter study<sup>(14)</sup> conducted in Europe with men with prostate cancer aimed to explore the supportive care needs and the fulfillment of these needs by nursing, using the instruments Supportive Care Needs Survey (SCNS) and EuroQol EQ-5D-3L. The results indicated that 81% of men had some unmet supportive care needs among the five domains assessed; psychological, sexual, and health system needs and health information had the highest prevalence<sup>(14)</sup>. Over 45% of men indicated that they had never seen a nurse for one or more dimensions of care during treatment<sup>(14)</sup>. More than 80% received counseling and support for screening, diagnosis, side effects and post-treatment<sup>(14)</sup>. However few men reported counseling and support related to long-term effects, home care, choice of treatment options, referrals, and emotional support<sup>(14)</sup>. The participants recognized the supportive care received, but for most, the care was not yet continuous. They stressed the relevance of longitudinal care for people with cancer, since they live with continuous support demands<sup>(14)</sup>.

This study makes an important contribution to understanding the role of supportive care in meeting the needs of men with prostate cancer and the significance of nursing in this context<sup>(14)</sup>. This provides evidence that access to supportive nursing care can influence how men cope with illness and importantly indicates that nursing care may be better after cancer treatment<sup>(14)</sup>.

Men with metastatic prostate cancer seen in a nurse-led clinic were very satisfied or satisfied with their treatment and considered continuity of care very important in dealing with the disease, the treatment, and its consequences<sup>(23)</sup>.



The studies showed that, for men with prostate cancer, nurses play an essential role in meeting their needs, given their competence. They were considered the center of their care by providing guidance, security and support that helped them to better understand their situation; by encouraging self-care, and were also considered the links in the relationship between them and the physicians. They felt satisfied with the care and guidance received, especially by the specialist nurses, and valued the longitudinal follow-up. However, they pointed to needs that were not properly met, such as psychological, sexual and health system needs, relevant data for the readjustment of the care plan.

The shared care plan for men with prostate cancer is a competence of the nurse and should be based on the diagnosis of care needs and scientific knowledge<sup>(24)</sup>.

In this sense, Advanced Practice Nursing can be considered an instrument of innovation in the care of men with prostate cancer, because, by integrating research, education, care practice and management, competencies are developed for care with a high degree of professional autonomy, to make clinical decisions, assessments, diagnosis and prescriptions, being responsible for case management, evaluation and implementation of programs and care plans<sup>(25)</sup>.

For this, it is necessary to understand men's perceptions about nursing care in order to reevaluate the planning and, thus, propose improvements for a systematic and excellent care.

Limitations of the study: no databases other than PubMed and CINAHAL.

## CONCLUSION

The results of this review point to the potential of these instruments as important resources for identifying needs and directing care actions for people with prostate cancer. Additionally, multidisciplinary work with a specialized team, longitudinal follow-up focused on the person and on his physical and psycho-emotional needs, valuing the active participation of men in the learning process, support groups, nursing support for self-care, training with pelvic floor exercises, and verbal and written communication in health education actions were innovative ways to meet the needs for care support.

The men's view on the nurse's contribution, when experiencing prostate cancer, demonstrates

the visibility of the professional, attributed to his competence, professional autonomy, safety in actions, closer and more effective relationships and support, which helped them understand their situation, how to deal with the disease, the treatment and its consequences.

The results of this review point to the importance of nurses, in advanced nursing practice, as it enables them to develop care actions based on the best evidence, more responsive and consistent with the needs of men with prostate cancer.

Aligned with the NPIMHC, the synthesis of the knowledge produced by this review can support nurses in the elaboration of the shared care plan for men with prostate cancer.

Contributions to nursing: prostate cancer is one of the most common cancers in men. The impacts of the disease and treatment in men's lives demand competent, qualified and committed professionals capable of providing care congruent to their needs. There is need for further studies and evidence aiming to develop innovative care for men with prostate cancer, mainly related to care, to meet the psychological and sexual needs.

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