

Needs of Patients with Prostate Cancer at Oncology Center

Thesis

Submitted for Partial Fulfillment of the
Master Degree in Nursing Science
(**Medical Surgical Nursing**)

Presented by

Ayman Muhammad Kamel Senosy
Demonstrator at Medical Surgical Nursing Department
Faculty of Nursing
Ain Shams University

Faculty of Nursing
Ain Shams University
2016

Needs of Patients with Prostate Cancer at Oncology Center

Thesis

Submitted for Partial Fulfillment of the
Master Degree in Nursing Science
(**Medical Surgical Nursing**)

Under supervision of

Prof. Ola Abd Elaty Ahmed
*Professor of Medical Surgical Nursing
Faculty of Nursing - Ain Shams University*

Dr. Yosreah Mohamed Mohamed
*Lecturer of Medical Surgical Nursing
Faculty of Nursing - Ain Shams University*

**Faculty of Nursing
Ain Shams University
2016**

Acknowledgement

First of all, all gratitude is due to **God** almighty for blessing this work, until it has reached its end, as a part of his generous help, throughout my life.

Really I can hardly find the words to express my gratitude to **Prof. Dr. Ola Abd Elaty Ahmed**, Professor of Medical Surgical Nursing, Faculty of Nursing - Ain Shams University, for her supervision, continuous help, encouragement throughout this work & tremendous effort she has done in the meticulous revision of the whole work. It is a great honor to work under her guidance & supervision.

I would like also to express my sincere appreciation & gratitude to **Dr. Yosreah Mohamed Mohamed**, Lecturer of Medical Surgical Nursing, Faculty of Nursing - Ain Shams University, for her continuous directions & support throughout the whole work.

Last but not least, I dedicate this work to my family, especially my **father & my wife** whom without their sincere emotional support, pushing me forward this work would not have ever been completed.

Ayman Muhammad Kamel Senosy

Contents

List of Abbreviations	i
List of Tables	ii
List of Figures	iv
List of Appendices	v
Abstract	vi
Introduction & Aim of the Study	1
Review of Literature.....	7
Subjects & Methods	61
Results	71
Discussion	98
Conclusion	115
Recommendations	116
Summary	117
References	125
Arabic Summary	---

List of Abbreviations

BPH	:	Benign Prostatic Hyperplasia.
CBC	:	Complete Blood Count.
CBT	:	Cognitive Behavioral Therapy.
CRT	:	Conformal Radiation Therapy.
CT	:	Computed Tomography.
DRE	:	Digital Rectal Exam.
DVT	:	Deep Venous Thrombosis.
GnRH	:	Gonadotropin-Releasing Hormone.
IMRT	:	Intensity-Modulated Radiation Therapy.
LHRH	:	Luteinizing Hormone-Releasing Hormone.
MRI	:	Magnetic Resonance Imaging.
NED	:	No Evidence of Disease.
NIC	:	National Institute of Cancer.
NSAIDs	:	Nonsteroidal Anti- Inflammatory Drugs.
PC	:	Prostate Cancer.
PSA	:	Prostate- Specific- Antigen.
TRUS	:	Trans Rectal Ultra Sound.
TURP	:	Trans Urethral Resection of the Prostate.
BUN	:	Blood Urea Nitrogen

List of tables

<i>Table</i>	<i>Title</i>	<i>Page</i>
1	Demographic characteristics of the study patients	73
2	The percentage distribution of the study, patients regarding housing condition	76
3	Percentage distribution of past history regarding causes of seeking help in the oncology center among the study patients	77
4	Percentage distribution of the past history regarding diagnostic measures among the study patients	78
5	Percentage distribution of the patients` history	79
6	Percentage distribution of patients` physical needs regarding urinary associated problems	80
7	Percentage distribution of patients` physical needs regarding reproductive & sexual relation associated problems	81
8	Percentage distribution of patients` physical needs regarding respiratory, gastrointestinal and nervous systems associated problems	82
9	Percentage distribution of patients` physical needs regarding skin, lymph nodes, rest & sleep associated problems	83
10	Percentage distribution of patients` physical needs regarding Pain	84
11	Percentage distribution of patients` physical needs regarding therapeutic intervention and musculoskeletal associated problems	85

List of tables (Cont.)

<i>Table</i>	<i>Title</i>	<i>Page</i>
12	Relation between demographic characteristics of the study patients & their physical needs	87
13	Percentage distribution of patients` psychological needs	88
14	Relation between demographic characteristics of the study patients and their psychological needs	90
15	Percentage distribution of patients` social needs	91
16	Relation between demographic characteristics of the study patients and their social needs	93
17	Percentage distribution of patient`s informational needs	94
18	Relation between demographic characteristics of the study patients and their informational needs	96
19	Relation between physical, psychological, social needs and informational needs.	97

List of Figures

<i>A- Figures of review of literature</i>		
<i>Fig N.</i>	<i>Title</i>	<i>Page</i>
1	Anatomy & physiology of prostate gland	7
2	Stage I. Prostate Cancer	13
3	Stage II. Prostate Cancer	13
4	Stage III. Prostate Cancer	14
5	Stage IV. Prostate Cancer	14
<i>B- Figures of results</i>		
	<i>Title</i>	
1	Percentage distribution of total patients ages.	75

List of Appendices

<i>Appendix N.</i>	<i>Title</i>
I	An interview questionnaire tool; A-Demographic data B- Clinical data assessment
II	Prostate cancer patient needs assessment tool" biopsychosocial needs assessment".
III	Informational needs assessment tool.
V	Validity & reliabilty.

Abstract

Needs of Patients with Prostate Cancer at Oncology Center

Prostate cancer is the most common cancer among men. Prostate cancer is a tumor that forms in tissues of the prostate gland in the male reproductive system. The cancer cells may spread from the prostate to other parts of the body, particularly the bones and lymph nodes. The failure of providing appropriate care for prostate cancer patients, it can compromise the effectiveness of nursing care and thereby adversely affect the health of the patients, so the staff should meet these needs to improve prostate cancer patients' life. **The aim of this study** was to assess the biopsychosocial needs of patients with prostate cancer. **Design:** A descriptive exploratory study was used to meet the aim of the study. **Setting:** the study was conducted at the clinic of the Oncology Center affiliated to Ain Shams University. **Study subjects:** A purposive sample of adult patients with prostate cancer (N=80). **Data collection tools:** Demographic data questionnaire, Clinical data assessment, biopsychosocial needs assessment questionnaire and informational needs assessment tool. **Results:** (90%) of the study group were at age of sixty and more, (77.5%) had lack loss of sexual desire, (90%) suffered from pain in different body parts as back, (92.5%) didn't do their activities, (93.75%) need emotional support, (83.75%) feel that they cause a physical burden for families due to medical expenses and (80%) had lack of information regarding self care of prostate cancer at home. **Conclusion:** Regarding physical problems, the majority of the studied patients had sexuality dysfunction as inability to maintain erection & loss of sexual desire. Regarding to psychological problems, the majority suffered from depression and feeling the loss of a man's role "Manlessness". While regarding social needs, the majority of the studied patients suffered from being a cause of physical burden for their family. Furthermore, in relation to the informational needs, more than one half of the studied patients had lack information regarding the disease, treatments and self care at home. **Recommendation:** The study recommends the importance of man early screening for prostate cancer at the age of fifty. The importance of supportive care services and psycho oncology clinics to meet prostate cancer patients needs and consequently improve the quality of life for those patients.

Keywords: Prostate Cancer, Biopsychosocial needs.

Introduction

The prostate gland provides fluid that forms part of semen. The prostate lies just below the bladder in front of the rectum. It surrounds the urethra, which then carries urine and semen through the penis and out of the body. Prostate cancer is the most common cancer in men in the United States, after skin cancer. It is the second leading cause of death from cancer in men. Prostate cancer occurs more often in African-American men than in white men. They are more likely to die from the disease than white men with prostate cancer (**Loeb & Cooperberg, 2014**).

Prostate cancer often has no early symptoms. Advanced prostate cancer can cause men to urinate more often or have a weaker flow of urine, but these symptoms can also be caused by benign prostate conditions. Prostate cancer usually grows very slowly. Most men with prostate cancer are older than 65 years (**National Cancer Institute in U.S.A., 2015**).

Men with a family history of prostate cancer are more likely to get prostate cancer. Hormones and increase fats in the diet raise the amount of testosterone in the body, which speeds the growth of prostate cancer. A few job hazards such as welders, battery manufacturers, rubber

workers, & workers frequently exposed to the metal cadmium seem to be more likely to get prostate cancer, add to that, decrease activity level also makes prostate cancer more likely (**American Cancer Society, 2015**).

Once prostate cancer begins to grow quickly or spreads outside the prostate, it is dangerous. The earlier prostate cancer usually has no clear symptoms. Sometimes, however, prostate cancer does cause symptoms include frequent urination, nocturia, difficulty starting and maintaining a steady stream of urine, hematuria, and dysuria can occur. Advanced prostate cancer can spread to other parts of the body, possibly causing additional symptoms. The most common symptom is bone pain, often in the vertebrae, pelvis, or ribs. Spread of cancer into other bones, such as the femur is usually to the proximal or nearby parts of the bone (**Sciarra, Panebianco & Gentile, 2014**).

There are also several diagnostic tests that can be used to gather more information about the prostate and the urinary tract. Digital rectal examination (DRE) which used to to detect prostate abnormalities, cystoscopy, transrectal ultrasonography and ultrasound (US) and magnetic resonance

imaging (MRI) are the methods used for prostate cancer diagnoses (**Fitzgerald, 2015**).

The treatment options for men with prostate cancer might include; Expectant management (watchful waiting) or active surveillance, surgery, radiation therapy, cryosurgery (cryotherapy), hormone therapy, chemotherapy, vaccine treatment, one-directed treatment (**Centento, 2014**).

The biopsychosocial approach in health care emphasizes the importance of understanding human health and illness in their fullest context. It considers biological, psychological, social factors and their complex interactions in understanding health, illness and access to health care. So, the nurse must consider it thoroughly to attain all the patient's needs (**Bergeson, 2013**).

In the assessment of biopsychosocial needs of those patients will help for proper management and good prognosis, it also will minimize frustration for both patients and health care providers and save time, effort, costs for both them. Nurses must learn how to meet with those needs by identifying it (**Margaris & Black, 2012**).

Introduction & Aim of the Work

The nurse assesses how the prostate cancer affects the patient's lifestyle. So, the nurses should assess the patient's activity level, activity tolerance changes, the all urinary problems which described by the patient's own words, such as the decreased force of urinary flow, decreased ability to initiate voiding, urgency, frequency, nocturia, dysuria, urinary retention, hematuria and other patient`s problems, such as back pain, flank pain, and lower abdominal or suprapubic discomfort. Also, the nurse assesses the possible causes of discomfort which include the infection, retention and renal colic. Add to it, the nurse identifies the patient experiences with erectile dysfunction or changes in frequency or enjoyment of sexual activity (**Wises, Blaivas, Van Kerrebroeck & Wien, 2012**).

Psychological complications that may follow urological cancer screening as depression and anxiety is likely to be found. A defined emotional distress associated with assessment of unmet needs. Unmet needs may be physical, social, psychological, informational or spiritual. A large number of tools have been developed to assess the unmet needs of cancer patients.

Significance of the study:

Prostate cancer is the most common cancer in men and in most men it grows without symptoms. The United States estimates about 220.800 new cases of prostate cancer in 2015 and, about 27.540 deaths from prostate cancer. Prostate cancer occurs mainly in older men (**American Cancer Society, 2015**).

More than 40 cases with prostate cancer admit monthly to the Oncology Center at Ain Shams University hospital to receive treatment. The patients whom admitted to the Oncology center at Ain Shams University (2014) were about 480 patients in this year (**According to Oncology Center**).

The increased number of patients with prostate cancer revealed the importance of determining the patient`s needs.