



Self-care as perceived by men with permanent urinary derivations: challenges for nursing practice

Percepção do autocuidado por homens com derivações urinárias permanentes: desafios para a prática de enfermagem

Percepción de cuidado personal por hombres con derivaciones urinarias permanentes: desafíos para la práctica de enfermería

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ABSTRACT

Objective: to understand perceptions of self-care among men with permanent urinary bypasses. **Method:** this qualitative, descriptive study, supported by Dorothea Orem's theory, was conducted present in the outpatient clinic and urology ward of a university hospital in Rio de Janeiro city, in 2018, with 19 men with permanent urinary diversions. Data were collected by semi-structured interviews, and the transcriptions subjected to content analysis. **Results:** data analysis revealed the men's lack of knowledge about practical self-care, influenced by the limitations of communication between health personnel and these patients. **Conclusion:** the findings reveal health vulnerabilities and the consequences of attitudes in the lives of these participants. They underline the need for paradigm change, for attentive eyes and different actions to meet the challenges. Health education for the male population is an effective strategy to encourage self-care and actions to preserve health.

Descriptors: Men's Health; Self-Care; Urinary Diversion; Nursing.

RESUMO

Objetivo: compreender a percepção de homens com derivações urinárias permanentes sobre o autocuidado. **Método:** estudo descritivo, qualitativo, apoiado na teoria de Dorothea Orem. Realizado em um hospital universitário do Rio de Janeiro, em 2018, com 19 homens que apresentavam derivação urinária permanente, presentes no ambulatório e enfermagem de urologia. Para coleta dos dados, aplicou-se entrevista semiestruturada, transcrita e submetida à análise de conteúdo. **Resultados:** a análise dos dados denota ausência de conhecimento dos homens sobre a prática do autocuidado, influenciada pelas limitações da comunicação dos profissionais de saúde com esses pacientes. **Conclusão:** os achados revelam as vulnerabilidades em saúde e as consequências das atitudes na vida desses participantes. Destaca-se a necessidade da mudança de paradigmas, de um olhar atento e agir diferenciado para o enfrentamento dos desafios. A educação em saúde da população masculina é uma estratégia eficaz para estímulo do autocuidado e ações de preservação da saúde.

Descritores: Saúde do Homem; Autocuidado; Derivação Urinária; Enfermagem.

RESUMEN

Objetivo: comprender las percepciones del autocuidado entre los hombres con bypass urinario permanente. **Método:** este estudio cualitativo, descriptivo, sustentado en la teoría de Dorothea Orem, se realizó presente en la consulta externa y sala de urología de un hospital universitario de la ciudad de Río de Janeiro, en 2018, con 19 hombres con derivaciones urinarias permanentes. Los datos fueron recolectados mediante entrevistas semiestructuradas y las transcripciones sometidas a análisis de contenido. **Resultados:** el análisis de datos reveló el desconocimiento de los hombres sobre el autocuidado práctico, influenciado por las limitaciones de comunicación entre el personal de salud y estos pacientes. **Conclusión:** los hallazgos revelan vulnerabilidades de salud y las consecuencias de las actitudes en la vida de estos participantes. Destacan la necesidad de un cambio de paradigma, de miradas atentas y de diferentes acciones para afrontar los retos. La educación en salud para la población masculina es una estrategia eficaz para fomentar el autocuidado y acciones para preservar la salud.

Descriptores: Salud del Hombre; Autocuidado; Derivación Urinaria; Enfermería.

INTRODUCTION

For a long time, it has been sought to include men's health in the health services, especially in primary care. This population presents a high mortality rate with causes attributed to biological differences, care, and behaviors related to their own health – mainly influenced by aspects related to gender¹.

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Gender is defined based on what a certain society understands about its values, attitudes and behaviors. This understanding is constructed and passed on by family culture and sociocultural interaction, emphasizing that sex and gender are not synonyms. Sex asserts predetermined biological characteristics of men and women; in gender, socially constructed characteristics can vary according to the cultural, socioeconomic, sociocultural, and historical context in which the person is inserted¹.

The social construction attributed to the male gender contributes to the distancing of men from the health services, as they think they are fragile in view of the perspective of exposing their illness. For a better understanding of men's health, it is necessary to look from a gender perspective to understand the reasons that lead them to hide their health conditions and not performing self-care¹.

Epidemiological studies, comparative between the sexes, show that males have higher rates of morbidities and mortality due to preventable causes². In Brazil, regarding the mortality of this population, high rates related to external causes stand out, followed by tumors and chronic diseases¹. As a result of several pathologies, many men need to undergo permanent urinary diversion³.

Urinary diversion is an opening that allows the urinary effluent to go to the external environment, and can be performed through different surgical approaches – whether temporary or permanent. Men with urinary derivations often face feelings of anguish and doubts related to learning self-care and psychosocial issues that directly influence their quality of life and adaptation to the new reality³. With its prevention, promotion and health education actions for the self-care of men with urinary diversion, Nursing is fundamental, respecting the singularities related to the male gender.

In this perspective, this research aims at understanding the perception of men with permanent urinary diversion about self-care.

THEORETICAL FRAMEWORK

In the constructs of the theory developed by Dorothea Elizabeth Orem, the three following interconnected theories are outlined: the self-care theory, the deficit in self-care theory, and the Nursing systems theory. This study is based on the self-care theory, understood as the performance or practice of activities that individuals do for their benefit to maintain life, health, and well-being. Male self-care is characterized by the responsibility for self-care, linked to personal hygiene and physical issues, predisposing men to superficiality. For women, self-care stands out as a behavior that aims to maintain quality of life and health based on care actions for their benefit³⁻⁵.

The self-care theory brings the practice of learned activities that enable the individuals to perform actions for their benefit in order to maintain life, health, development, and well-being. From this perspective, self-care can be understood in different ways, influenced by the culture, time period, and society in which this man is inserted^{6,7}.

METHOD

A descriptive and qualitative study⁸, conducted in a university hospital institution located in Rio de Janeiro.

The study included 19 men with permanent urinary diversion, admitted to the urology ward, or scheduled for urological consultation at the outpatient clinic during the data collection period.

The inclusion criteria were defined as follows: men over 18 years of age; patients with permanent urinary diversion for more than a month, and those who have already performed self-care outside the hospital environment. Patients with temporary urinary diversion and those with other types of stoma were excluded. The sample size was defined by saturation of information, when it was observed that no new or relevant data emerged which warranted the need to include new participants⁸.

Data collection took place from March to June 2018. As data collection instrument, a semi-structured interview was used with the following questions: What is it for men to have a urinary diversion? What are the guidelines received on the daily self-care practices? What are the practices developed by men for self-care?, and What is the impact of self-care on your routine? All the participants were guided as regards the study objectives and were informed about participation, which was voluntary, about secrecy and anonymity, about the possibility to withdraw from the study, and about the possible minimum risks associated. After all the explanations, they signed the Free and Informed Consent Form (FICF). The interviews were recorded and, to safeguard the interviewees' identity, identification codes with the word *Entrevista* (Interview) were used, followed by a cardinal number in the sequence in which they occurred (E1, E2, E3...).

In the analysis, the content analysis technique was employed, following the stages of a systematized process⁹. The analysis *corpus* consisted in 19 interviews identified according to their chronological order. After the transcription of the interviews, a thorough reading was carried out to capture the significant contents expressed in the participants' speeches: words, excerpts, or phrases identified as context units (CUs), later associated with registration units (RUs). After this coding stage, guided by the research objectives, 171 Registration Units (RUs) were identified and grouped, which originated seven Units of Meaning (UMs). The categories emerged after counting the registration units, present in each unit of meaning, and were grouped in broader themes, which originated two analytical categories.

The categories that emerged in the analysis process were named as follows: Perception of the daily self-care practices with permanent urinary diversion, and Health Education within the context of men with permanent urinary diversion.

All the ethical aspects and the determinations contained in Resolution 466/2012 of the National Health Council (*Conselho Nacional de Saúde - CNS/MS*), which regulates studies conducted with human beings, were respected. The study was approved by the Research Ethics Committee under opinion number 2,611,937 and CAEE 84884318.3.0000.5259.

RESULTS

The participants presented the following social characterization: men aged 30-40 (n=2); 41-50 (n=3); 51-60 (n=8) and over 61 years old (n=6). A higher incidence of men aged above 51 years old (n=14) was observed.

In relation to marital status, predominance of married men or who lived with a partner (n=16) is perceived. Regarding professional activity, there were nine self-employed men, three drivers, two traders, two bricklayers, two retirees, and one waiter. Regarding schooling, 13 had completed elementary school and six had completed high school. Regarding the time with urinary diversion, 11 participants had performed the procedure less than two years ago and eight, more than two years ago. As causes associated with urinary diversion, seven men had a history of cancer, seven had urethral stenosis, and five had trauma.

Regarding the performance of self-care, 13 men totally depend on care performed by family members, and six are still in the process of adaptation to the new conditions, performing the care actions, mainly aimed at hygiene.

The process of analysis of the discursive data revealed the following categories:

Perception of the daily self-care practices with permanent urinary diversion

This category consists of 133 Registration Units and four Units of Meaning that express the perceptions and management of the daily self-care practices with permanent urinary diversion described by the participants during the interviews. It presents the highest number of RUs related to the objective proposed in this research, and adds the following units of meaning: Hygiene (39 RUs); Exchange of devices (14 RUs); Man in self-care (35 RUs); Participation of the partner (45 RUs).

Self-care is an action developed in concrete life situations and that people direct towards themselves. The speeches routinely mention hygiene and cleaning of the bag as a practice developed by men with permanent urinary diversion.

[...] I change the bag and do the cleaning. (E.3)

[...] I empty the bag, do the cleaning, use water and soap, then I press the bag for a while when I make the change. (E.2)

[...] I always clean with 70% alcohol, with gauze, tape, I learned at the hospital. (E.9)

Each participant, as an individual with permanent urinary diversion, seeks to develop strategies for self-care in the face of the everyday demands. The use of medications, the care with food, and the physical restrictions are described by the men as self-care actions, necessary in their daily routine.

[...] I avoid making effort, taking weight, those things. (E.7)

[...] I take care of myself, take the medication, avoid feeling pain, I eat right. (E.12)

[...] I take the medication, I'm careful with food, those things. (E.5)

The adaptation process of the participants to their new condition requires frequent and continuous adjustments, considering that they need to develop skills for self-care with urinary diversion. In the reports, it was possible to perceive the confrontation of the deconstruction of male invulnerability, in addition to the sensation of fear and uncertainties directly implied in the self-care practices.

[...] I stayed in the car for four hours, until I got to the doctor, I didn't have the courage to touch, when I got here it was already leaking. (E.6)

[...] I'm afraid, insecure, because I just don't know what to do. (E.13)

The reports reveal the participation of the family members in the care of the men. It is perceived that the self-care actions with permanent urinary diversion are carried out, on a daily basis, by the wives/partners. The conflicts linked to urinary diversion are faced differently by each man, according to individual characteristics and to the sociocultural context. These conflicts lead to insecurity and instability in the face of the new routine. Lack of confidence suppresses some self-care practices and leads them to a base of trust and comfort represented by their partners, as the following statements denote:

[...] I never took care of the diversion, it was always my wife. (E.11)

[...] my wife started living my life, because I didn't manage to take care of myself. I'm afraid. (E.1)

[...] I'm careful, but my wife cleans better than me. (E.3)

The participation of wives/partners is a facilitator in the adaptation of men with urinary diversion, being an important factor to assist in rehabilitation in the face of the new demands.

[...] my wife helps a lot, also, truth to say, we both do. (E.4)

[...] my wife helps me a lot. (E.8)

[...] I received all the information, passed it on to my partner and now she does everything. (E.17)

The participants expressed doubts, anguishes and fear about the change in body image and in the physiological activity.

[...] it's very difficult, sometimes I think I'm less of a man, because I don't use my penis to urinate. (E.10)

[...] I make an effort to use my penis to urinate. (E.19)

[...] I had to adapt to this hanging bag, it's really bad. (E.11)

Health Education in the context of men with permanent urinary diversion

This category has 38 Registration Units, consisting of three Units of Meaning that reveal the importance of the guidelines for the practice of daily self-care by the participants and the significant role of Nursing. It reflects the knowledge apprehended by the participants in the guidelines provided by the professionals and the influence on the perception of self-care. There are the following units of meaning: Guidelines received (25 RUs), Treatment provided (7 RUs), and Nursing as an educator (6 RUs).

Men with permanent urinary diversion experience a different context, and it is important to highlight the actions of the professionals for health promotion and education, encouraging self-care.

[...] the treatment here was always great, they taught me to take the right medication and always answered my doubts. (E.4)

[...] they told me to avoid physical effort, how to clean and be careful at bedtime, because it can detach, right? (E.2)

[...] drinking plenty of water, resting, diet (even my eating habits improved), those things. (E.18)

Guidance is a key point to perform good quality self-care. In addition to technical actions, it is necessary to know the rights, spaces, and services available in the face of the new condition. In the testimonies, the participants' lack of knowledge in this regard is perceived. Some describe the guidelines in a generalized manner, but have difficulties due to insufficient knowledge.

[...] I received the guidance to rest, but I need to work, I can't stay still. (E.15)

[...] I was guided on how to change and clean the bag, but I'd like to know how my sex life is going to be. (E.18)

[...] the team always guided me, but there are a lot of things that I'd like to know. (E.8)

It is possible to perceive that the guidelines do not meet the participants' needs individually, being provided according to the physical needs, avoiding possible conflicts that these men may experience, as the following statements point out:

[...] everything is very complicated, even at the time of being seated is different, I still feel pain. (E.3)

[...] it's difficult, I want to work and I can't, I'm really sad. (E.1)

[...] it's difficult, sometimes I feel ashamed of everything. (E.9)

DISCUSSION

In their speeches, the participants describe how they perceive self-care and reveal the gender issues that permeate the provision of care. The search for preventive health services is an aspect neglected by the group, being one of the main factors that cause the implantation of a urinary diversion. Cancer, a pathology of slow evolution until diagnosis confirmation, presents as one of the risk factors the age of the individuals, similar to the age range of the participants.

The absence of male population in the health services denotes that concepts attributed and passed on to the male gender are still present in society. Even today, men still do not seek the health services and have difficulty in understanding that this practice is necessary for their self-care^{5,10-12}.

The fact that men do not seek (or barely seek) the health services can be related to the concept of hegemonic masculinity. It is important that these social, cultural and also institutional barriers are deconstructed to promote access by the male population to basic health services. Thus, it could stimulate necessary changes for health promotion with actions directed to health education, self-care, and recognition that health is a basic and social right for all¹³⁻¹⁶.

Men with a urinary diversion can deal more easily with routine situations, such as food and hygiene but, when performing the most complex activities, they demonstrate that they have not yet assimilated the necessary knowledge to develop self-care practices. The ability to perform self-care is directly related to conditioning aspects that affect its practice, such as the environment, gender, health status, age, sociocultural orientation, social and financial situation¹⁷.

Men's adaptation process to their new condition is continuous and requires frequent adjustments, and it is necessary to stimulate/train their skills and abilities for self-care with permanent urinary diversion. It becomes essential, then, that Nursing participates in this process, understanding the patients' needs and developing adaptation strategies by stimulating self-knowledge, as well as knowledge of the actions to be developed^{18,19}.

These men face the deconstruction of the attributions associated with their image, related to the male gender, such as the perception of the exposed vulnerability associated with their new condition^{17,20}. It is possible to see how the male gender perspective and social representations influence the behavior, habits, and quality of life of the study participants. Distancing from the actions is influenced by culture and by understanding that care is a female issue. Thus, they limit the knowledge and interest in health care actions with the excuse of obtaining a better result when they are performed by their wives/partners²¹.

A number of authors point out that most men have not yet assumed the performance of tasks considered traditionally female, especially in the care area. They only perform them when extremely necessary and in a complementary way in relation to their wives or other female figures¹⁸.

The practice of self-care in assisting a diversion involves access to knowledge and competence development. To be effective, it is necessary that there is a change in the behavior of these men, breaking the stigma associated with care as a female function, in addition to understanding the importance of autonomy in actions directed to their own health.

Men with urinary diversions receive assistance in a fragmented manner, being a factor that directly influences their understanding. It was noticed that the guidelines provided to the participants did not respond to the patients' needs, but to everyday situations adapted for anyone who presented (or not) urinary diversion. It is possible to assert, then, that one of the problems related to men's health is the lack of standardization and guidelines regarding the necessary and adequate assistance for this population.

According to Dorothea Orem's theory, nurses need to interact with patients to adequately assess their self-care demands and outline intervention plans consistent with their expectations and possibilities. They must be open to listen as the interlocutor that makes the client's needs valid for directing actions, and not just as a spokesperson for instrumental discourse^{19,22}.

Health needs must be viewed by the professionals from an expanded perspective, as a way of expressing the culture, values, projects, and desires of both individual and collective subjects. The relational gender perspective is incorporated into Nursing care, bringing a critical and differentiated look at the differences between genders in relation to health care. Such differences deserve to be studied and understood, as they involve multiple and deep questions and sociocultural analyses²³⁻²⁵.

It is necessary that nurses contemplate, in their practice, the gender perspective to find subsidies that circumvent the complexity that surrounds the world of masculinities. It is necessary to break the representations rooted in the imagination of men and in the relationship with their health, demystifying prejudices and stereotypes.

According to Orem, the Nursing process has the purpose of identifying the reasons that contribute for a person to need care, determining self-care requirements, the competence to practice self-care, therapeutic demands, and assistance planning through Nursing systems²⁶. The construction of self-care involves education that leads to autonomy in order to provide a physical, psychological, and social basis. It is worth highlighting the importance of guiding assistance in the stages of initial assessment, diagnosis and planning, considering that the absence of the Nursing process can result in assistance without quality and effectiveness¹⁹.

It is possible to clearly identify that there are factors present in men's life that can act as support, or even cause interference in their self-care ability. By adopting the principles of this theory in the practice, nurses can anticipate these factors when designing an education plan for these patients¹⁹. Assistance must be individualized, with strategies that contribute to self-knowledge, self-control, and active participation of the patients in care. The main self-care actions for this population must be centered on educational actions, which lead to autonomy, favoring changes in lifestyle and respecting the particularities of each person.

Qualification of the professionals is essential to know the dynamics of the services provided and the practice necessary to meet the singularities of this population. The importance of Nursing care based on guidelines and self-care is perceived, preserving individuality and subjectivity, with sensitive listening, and a holistic perspective not only focused on urinary diversion. These men must not be defined only by their health condition; they represent individuals imbued with their beliefs, culture, behaviors, and social environment.

According to the Comprehensive Men's Healthcare National Policy, the Nursing professionals in the study scenario represent an advance and play a relevant role in welcoming, providing all the guidelines to these patients with the use of an assistance based on scientific knowledge and grounded on a Nursing theory, having as principles humanized, impartial, and singular care¹.

Study limitations

The limitations of this research are related to the number of participants and to the fact that it was conducted in a single institution. The findings may not reflect the reality of men with permanent urinary diversion from other institutions, or who live in a different social and historical context; however, the findings are similar to other studies with the same population.

CONCLUSION

Considering that the area of men's health is little discussed, this research sought to add contributions in this field, with the existence of information gaps being observed in the health care provided to this group. The findings reveal health vulnerabilities, the consequences of attitudes on the health and life of a group of men with urinary diversion.

The theoretical constructs of Dorothea Elizabeth Orem were fundamental to guide the discussions for explaining and prescribing the necessary care actions, transforming the knowledge of the area into science that guides the bases for assistance. They emphasize the involvement of the client in self-care, enabling that individuals, family and community assume responsibilities and initiatives in the development of their own care aiming at improving quality of life, health and well-being.

The study offers contributions to Nursing care, signaling the importance of changing paradigms, having attentive eyes, and differentiated actions to face the challenges. It then becomes necessary to promote singular, empathetic, humanized, holistic and systematized assistance.

Thus, it is emphasized that it is necessary to strengthen the Nursing professionals to work in men's health care with health promotion and education actions so that they can mitigate the challenges present in the health scenarios. Health education for the male population is an effective strategy to encourage self-care and health preservation actions.

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