



EXPERIENCES OF MEN DIAGNOSED WITH PROSTATE CANCER IN THE FOUR NORTHERN REGIONS NAMIBIA.

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ABSTRACT

This article is aimed at describing the lived experiences of men diagnosed and living with prostate cancer in the four northern regions. A phenomenological, explorative and descriptive design was followed as the basis for conducting the study. The above mentioned research design was achieved through individual in-depth interviews conducted with men diagnosed and living with prostate cancer in the Intermediate Hospital that serves as a referral hospital for cancer patients from all the four northern regions. A sample of ten (10) men, diagnosed and living with prostate cancer, from a population comprised of men between the ages of 39-95 was selected using a non-probability purposive sampling technique. This sample size was determined by saturation of data as reflected in repeating themes. Ethical clearance was received from an ethical review committee prior to the conduct of the study. Individual in-depth interviews and field notes were used as a method of data collection. During the interviews, participants were asked one question namely; "What is your experience after being diagnosed with prostate cancer?" Communication skills were employed to encourage participants to verbalize their lived experiences after being diagnosed with prostate cancer. A tape recorder was used to collect data and was transcribed verbatim. Data collected was analyzed in line with Tesch's eight steps in the coding process. The researcher and an independent qualitative research expert carried out coding. Four themes emerged from the results of the study. It became evident that men diagnosed and living with prostate cancer had different experiences after being diagnosed that resulted in physical discomfort and psychological changes in their bodies. It was recommended that more emphasis should be put on supportive care towards men diagnosed with the disease. Individualized approaches to help men address their thoughts and feelings after being diagnosed with prostate cancer should be considered, as well as the incorporation of strategies that help men to be more effective at obtaining social support.

KEYWORDS: Experiences, diagnosed and prostate cancer.

INTRODUCTION AND BACKGROUND

Cancer is a growing health problem in many countries especially in the developing world where it is estimated that more than half the global burden of cancer occurs. It has been estimated that the global burden of cancer has doubled in the last 30 years and is expected to double again by 2020 (MoHSS, 2011). Reproductive cancers especially breast, cervical and prostate are among the top causes of cancer morbidity and mortality worldwide. In Namibia, the top five cancers that affect men include skin cancer, Kaposi sarcoma, prostate cancer, ear, nose and throat cancer and colorectal cancer (MoHSS, 2011). Haidula (2014) reported that statistics from the Cancer Association of Namibia show that prostate cancer has been on the rise with 126 and 311 cases reported in 2006 and 2012 respectively. It is the most common male cancer in Namibia after skin cancer (Cancer Association of Namibia, 2009). In 2012, the total number of three hundred and eleven (311) patients have been diagnosed

(histology proven) with prostate cancer, three hundred (300) patients have been diagnosed with prostate cancer in the year 2011, three hundred and two (302) in 2010, two hundred and eighty (280) cases in 2009, and two hundred and six (206) cases in 2008.

In an Intermediate hospital in the northern part of Namibia, specifically the male surgical ward, a total number of twenty six (26) patients have been admitted after being diagnosed with prostate cancer in the year 2011. Statistics have also revealed that four patients have died of prostate cancer in the same year (MoHSS, 2011). This number has later increased in the year 2012 in which a total number of thirty five (35) patients, aged 39-95 have been admitted in the same ward with prostate cancer. Out of thirty five (35) patients, ten (10) reportedly died of prostate cancer in the same year. These revelations indicated the number of patients

admitted or died of prostate cancer as high in the year 2012 as compared to the previous year (2011).

Prostate cancer is a disease which only affects men (Kampel, 2007). It occurs when a tumor forms in the tissue of the prostate, a gland in the male reproductive system. Several studies have indicated that perhaps about 80% of all men in their eighties had prostate cancer when they died, but nobody knew, not even the doctor (MNT Knowledge Center, 2013).

To date, more than two million men in the United States have lived with the prostate cancer experience (American Cancer Association, 2012). The etiology of prostate cancer is unknown; however there is an increased risk for persons with family history of the disease (Nettina, 2014). Eighty five percent of men are diagnosed at the age of 65 and older (Tadman & Roberts, 2007). The latest incident figure suggest that in the UK, 35 000 men were diagnosed as having prostate cancer and that there were over 10 000 deaths as a result of the disease (Bower & Waxman, 2010). Prostate Specific Antigen test (PSA) is the procedure used to diagnose prostate cancer (Smeltzer, Bare, Hinkle & Cheever, 2010; Nettina, 2014).

Men are usually physically and psychologically affected by the diagnosis of prostate cancer and treatment they endure. Being told of a cancer diagnosis brings the future into question whereby men reveal lingering thoughts about the chance of survival. Most men on prostate cancer treatment experience complex side effects such as; hot flashes, diaphoresis, fatigue, depression, incontinence and erectile dysfunction. Experiencing incontinence and sexual dysfunction is usually difficult for men, causing humiliation and shame (Krumwiede & Krumwiede, 2012). When diagnosed with prostate cancer, men experience distressing discomfort and develop fear of life expectancy (Neukrug, Britton & Crews, 2013). This background information leads to the following statement of the research problem.

STATEMENT OF THE RESEARCH PROBLEM

In an Intermediate hospital in the northern part of Namibia, in which the researcher worked during the period of 2012-2014, the researcher had daily contact with cancer patients, including men diagnosed with prostate cancer. During those clinical encounters, the researcher has observed that men have different experiences and express different emotions about their diagnosis. Some revealed that they were totally surprised by the diagnosis, others expressed that they were in denial, while some have anticipated their diagnosis.

On the other hand, the long waiting periods on results of investigations cause a shared experience of restlessness and impatience that tends to threaten the psychological integrity of the men. Most men described receiving the diagnosis of prostate cancer as traumatic. Some patients expressed experience of bearing with the diagnosis of prostate cancer and treatment effects as pain, urinary

incontinence, sexual dysfunction and emotional suffering. Almost every patient described the post-operative catheter treatment as the worst part of experience. According to the prostate cancer patients, the urinary leakage around the catheter tubing caused embarrassment and resulted in social withdrawal. The above statement problem resulted in the researcher to be concerned on whether health workers do enough to support men in receiving such diagnosis and to assist patients to come to terms with their diagnosis. This led the researcher to become interested in exploring and describing the experiences of men diagnosed with prostate cancer in the four northern regions namely; Ohangwena, Oshana, Oshikoto and Omusati.

PURPOSE OF THE STUDY

The purpose of the study was to explore and describe the experiences of men diagnosed with prostate cancer to have an understanding of what they go through, and to compile guidelines for health workers to strengthen the support rendered to the patients. To achieve the above mentioned purpose and to give structure to the results of this study, the researcher pursued a specified paradigm in the following manner.

PARADIGMATIC PERSPECTIVE

The paradigm of this study consisted of ontological, epistemological, axiological, methodological and rhetorical assumptions (; May & Holmes, 2012; Scotland, 2012; Grove, Burns & Gray, 2013). Assumptions were important because they influenced the logic followed in the study. Similarly, the importance of a paradigm in this study was that, it influenced the identification of a researchable problem most appropriate methods, as well as the relevant techniques by which data was collected, analyzed and interpreted (Rew, 2005). A paradigm assisted in structuring the research question that needed to be posed, in this study; namely "What is your experience after being diagnosed with prostate cancer?"

RESEARCH DESIGNS AND METHODS

The researcher adopted the qualitative, phenomenological, explorative and descriptive designs (Burns & Grove, 2009; Holloway & Wheeler, 2010). A qualitative research design was adopted because it allows the researcher to explore the depth, richness, and complexity inherent in the phenomena namely the feelings and experiences of men diagnosed with prostate cancer. Similarly, a qualitative approach was considered the appropriate choice of study because the researcher will explore and describe the experiences of men diagnosed with prostate cancer in their natural setting (Burns & Grove, 2009; LoBiondo-Wood & Haber, 2010). A phenomenological research design allowed the researcher to capture the lived experiences of study participants (Leedey & Ormrod, 2010; Polit & Beck, 2012). Explorative research design allows the researcher to gain insight into a situation which in this study refers to the lived experiences of men diagnosed with prostate

cancer (De Vos, Strydom, Fouché & Delpont, 2011). A descriptive research design led the researcher to a more intensive examination of the phenomena and their deeper meaning, thus leading to thicker description (De Vos, Strydom, Fouché & Delpont, 2011).

POPULATION AND SAMPLING

Population refers to the entire group of persons or objects that meets the criteria which the researcher is interested in studying (Brink, 2010). The population of this study comprised of men between the ages of 39-95 years, already diagnosed and living with prostate cancer.

Sampling refers to the process of selecting cases to represent an entire population so that inferences about the population can be made (Polit & Beck, 2012). In this study, a non-probability purposive sampling technique was used. Purposive sampling enabled the researcher to search for a particular participant who can illuminate the phenomenon under study, therefore allowing the researcher to include those who are especially knowledgeable about the question at hand, which in this study, refers to prostate cancer (LoBiondo-Wood & Haber, 2010; Brink, 2010). Similarly, purposive sampling enabled the researcher to purposefully choose elements that he wished to include in the sample, and thereby exclude those that do not (Du Plooy-Cilliers, Davis & Bezuidenhout, 2014). The following inclusion criteria applied during sampling:

- Participants should have been between 39-95 years of age.
- Their diagnosis should have been confirmed through Prostate Specific Antigen (PSA) testing or Digital Rectal Examination (DRE) followed by core-needle biopsy (Smeltzer, Bare, Hinkle, & Cheever, 2010).

DATA COLLECTION

Individual in-depth interviews were chosen as the method of data collection due to its potential of generating in-depth information (Lo-Biondo-Wood & Haber, 2010). A central question was asked to each one of the participants namely; "What is your experience after being diagnosed with prostate cancer?" The researcher employed both verbal and non-verbal communication skills to encourage participants to verbalize their experience regarding prostate cancer (Bernard, 2013). An interview guide was used as data collection tool to enable the researcher to maintain consistency with questions during the interviews and not to miss any question that could ensure obtainment of rich

data (Ridenour & Newman, 2008). Field notes were also used during the interviews (Botma et al., 2010; De Vos et al., 2011). The process of data collection continued until saturation of data was reached after conducting ten (10) interviews (Burns & Grove, 2011).

DATA ANALYSIS

The researcher used qualitative techniques which are used to analyze words, rather than numbers as recommended by Ulin, Robinson, Tolley and McNeill (2002) namely; reading, coding, displaying, reducing and interpreting. The steps of Tesch's coding technique were used for analysis of the data (Creswell, 2014). An independent coder who is a qualitative research specialist and the researcher identified the main themes. Consensus discussions between the researcher and the independent coder were held.

MEASURES FOR ENSURING TRUSTWORTHINESS OF THE DATA

To ensure trustworthiness of the collected data, the criteria of credibility, transferability, dependability, confirmability and authenticity were utilized (; Holloway & Wheeler, 2010; Polit & Beck, 2012). The truth-value was ensured by applying the criteria of credibility, and application by applying the criteria of transferability. Consistency was ensured by strategies of dependability, and neutrality by criteria of confirmability, while fairness and faithfulness was ensured by the criteria of authenticity (Botma et al., 2010; Holloway & Wheeler, 2010; Polit & Beck, 2012).

ETHICAL CONSIDERATIONS

Approval to conduct the study was sought from the School of Post Graduate studies at the University of Namibia, the Ministry of Health and Social Services (MoHSS), and the Regional Health Directors of Ohangwena, Oshana, Oshikoto and Omusati regions. Four fundamental ethical principles guided the researcher in the study namely; respect for persons, beneficence, anonymity and confidentiality, as well as fair treatment/ justice (Arnold & Boggs, 2007; Leedy & Ormrod, 2010; Burns & Grove, 2011; MacLean & Wilson, 2011).

RESULTS

The sample of this study comprised of ten (10) men diagnosed and living with prostate cancer who volunteered for in-depth individual interviews. Four themes were identified. Table 1 form the basis for discussion of the themes revealed by data analysis.

Table 1: Study themes and sub-themes

Themes	Sub-themes
3.3.1 Theme 1: Participants expressed different experiences with regard to family and community.	1.1 Families render unwavering physical and psychological support. 1.2 Some feelings of rejection in terms of family and community were expressed. 1.3 Wives fear contraction of disease.
3.3.2 Theme 2: Participants experience	2.1 Lack of nursing care for physical needs of

inconsistent care from nurses.	patients. 2.2 Lack of psychological support from nurses.
3.3.3 Theme 3: Different experiences regarding lack of knowledge as well as misconceptions were expressed.	3.1 Participants verbalise their lack of knowledge on prostate cancer. 3.2 Misconceptions exist about prostate cancer that were verbalised by participants.
3.3.4 Theme 4: Participants experience physical discomfort and physiological changes in the body.	4.1 Participants experience severe pain and discomfort. 4.2 Concerns about changed sexual feelings and sexual dysfunction.

PARTICIPANTS EXPRESSED DIFFERENT EXPERIENCES WITH REGARD TO FAMILY AND COMMUNITY

Most participants in this study expressed immense support from their family members after being diagnosed with prostate cancer. However, the study also revealed the rejection of men diagnosed with the disease by community members.

Families render unwavering support

Most participants interviewed revealed that they experienced effective social support from their family members after being diagnosed with prostate cancer. For instance one of the participants stressed the much support he received from his wife and children: "Ok, you are correct...[adjusting himself well on the chair] I am having a wife and children and I have told them that the doctor diagnosed me of prostate cancer. My wife supported me and informed me that I should never miss my follow ups. They have accepted my disease and told me to accept it too. That is all. My wife was even the one who awakes me up today to come to the hospital". [P9] One participant had these to say: "The support from the family is very good because the children and my wife have all accepted the disease. For now, I am not that seriously sick therefore I am just doing my work as usual. With regards to the family members' behaviours, they are still behaving well as usual. The support at home is really going on very well". [P7] Another participant who expressed his satisfaction with the support he received from the family after being diagnosed with prostate cancer had this to say: "Family members help me well such as taking me to the hospital when I could not able to walk. I really thank them because they understand my disease. They never rejected me at all, but did a lot of good things towards me. You know that patients can be difficult people. Sometimes they may think that they are not being taken care of such as proper feeding etc. But, with regards to my family, they never mistreat me but help me well". [P8]

The findings of this study have been supported by Tadman and Roberts (2007) who stated that family members as caregivers have a significant role in providing physical and emotional care during the cancer journey. A study conducted by Krumwiede and Krumwiede (2012) about the lived experiences of men diagnosed with prostate cancer, revealed that the support that should be given to men diagnosed with prostate cancer by their

family members includes; supporting the treatment decision made by men, accompanying them to the hospital for treatment follow-up, assisting with transport money, encouraging them to take their treatment as prescribed and to remind them about the next treatment follow up date. The study also revealed that, all of the married men indicated that the most significant emotional and physical support was received from their spouse. These results are similar to that of this study in which most participants expressed that the support from their family members has provided them with a sense of comfort and hope. These same sentiments was also echoed by Frank (2009) who advised that if possible cancer patients should rely on a small group of close friends and family members, at least whom will be available to accompany them to each treatment. He further stressed that, the more united the loved ones are behind you, the stronger you will be throughout your ordeal with cancer. Similarly, Torrey (2006) expressed that wives and partners can be extremely supportive in a situation whereby a man is diagnosed with prostate cancer. In this study, most participants have indicated that it would not be easy to go through the experiences of the diagnosis of prostate cancer on their own without the support from family members.

Some feelings of rejection in terms of family and community

The study revealed the rejection of men diagnosed with prostate cancer by their family and community members. To illustrate this, for example, when one participant was asked to describe how the community perceives men diagnosed with prostate cancer, this is what he had to say: "When people hear that you are having cancer they will be far from you and they will not come closer to you. People are saying it is a disease for gay people, therefore they should have fear because of that...[laughing]". [P6] Similarly, a participant who witnessed rejection of men diagnosed with prostate cancer narrated: "I have seen one man who was recently rejected by his own family after being diagnosed with prostate cancer. They are not even visiting him, but because I am a counsellor I went to his house and encourage him that I am also having cancer therefore he should lose hope in life". [P7] The above sentiments from this study are in an agreement with Van Vuuren (2013) who stated that an experience of rejection by a loved one have the power to compromise the quality of a person's life and results in a feeling being abandoned or unloved.

Wives fear contraction of the disease

Some participants in this study expressed that upon hearing the diagnosis of prostate cancer, their wives have since developed fear of acquiring the disease from them: "Haa..haa..haa.., [laughing] yes sometimes when I want to have sex she just say noo..noo..noo..[waving his right index finger on air while shaking his head]. She is scared of the disease that I am having". [P4] Some men worried that their wives will not want to stay with them after prostatectomy because of the change in their bodies. The above sentiments from the participants of this study are in agreement with Van Vuuren (2013) who stressed that cancer patients are usually being feared in their community as people believe that they may transmit the disease to them. Other contributing factors to rejection include; lack of knowledge about prostate cancer, stereotyping, and fear of the unknown. Similarly, Holland, et al (2010) stated that the diagnosis of prostate cancer may result in men to be rejected even by their own partners therefore couple counseling can be helpful in dispelling unfounded fear and myths. The diagnosis of prostate cancer alters most relationships in one way or the other especially if other people are aware of the diagnosis. In this study, some participants expressed that upon hearing the diagnosis of prostate cancer, their wives have since developed fear of acquiring the disease from them.

EXPERIENCES OF INCONSISTENT CARE FROM NURSES

Participants have experienced inconsistent care from the nurses after being diagnosed with prostate cancer namely; physical and psychological support.

Lack of nursing care for physical needs of patients

These sentiments from the study participants are in agreement with that of a study conducted by Krumwiede and Krumwiede (2012) that revealed that inconsistent nursing care by not responding to the patients' needs in a timely manner, not appearing competent in the treatment process and not communicating in a caring manner placed a strain on the nurse-patient relationship. Similarly, Nettina (2014) stated that lack of nursing care for physical needs towards men diagnosed with prostate cancer has been observed from the nurses in the hospitals. Clear sentiments depicting lack of nursing care for physical needs from the nurses after being diagnosed with prostate cancer were expressed by most participants: "You do not just see any nurse for help. After they give you medicines, then they are gone....[pointing his right hand to the room door]. When you ask them to help you by putting you on the bed pan they might come, but after they put you on the bed pan they just go and never come back to remove you from it. One nurse will tell you that he/she is coming but will only turn up very late. The other nurse will tell you that he/she is coming but will never turn up at all. If you ask nurses to come and cover you they only take a blanket and throw it to your legs...[pointing to his legs]. You never see nurses after dinner, but you only see them

tomorrow morning when they come to ask you how you slept".^[P1] When another participant was asked to describe the support he received from the nurses after being diagnosed with prostate cancer, this is what he had to say: "There was no support. After I was told that I am having prostate cancer, they only gave me this paper. [raising his histology result in air] and told me to come to Oshakati. There was no discussion on that regard".^[P2]

Lack of psychological support from the nurses

The findings of this study gave a clear picture to the researcher that men diagnosed with prostate cancer are rarely being counseled in order to cope with their diagnoses. Almost every participant in this study expressed lack of psychological support from the nurses after being diagnosed with prostate cancer: "No. I was never counseled. Nobody come to me. I never seen anyone counseling me and if I could have seen him/her I could have listened to him/her. If he/she could have told me how I should live with prostate cancer, I should have listened."^[5]

"I never saw anybody giving me counselling after being diagnosed. Not at all!! I was even taken blood several times here in the hospital. [showing to his veins on both arms], but was never told any results of those blood tests. I was also taken some X-Rays but they did not even show me those X-Rays, but only told me that I am going to be operated. That is all."^[P1]

In agreement with the above sentiments from the participants, the study conducted by Evans, Duffey and Englar-Carlson (2013) about men in counseling, revealed the lack of engaging men in counseling. Gibson and Mitchell (2008) supported the findings of this study by stating that, counseling program will suffer in effectiveness and credibility unless the health care workers exhibit understanding, warmth, humanness, and positive attitudes toward humankind. Nettina (2014) outlined the benefit of psychological support as reduced depression, anxiety and pain, improved self management and coping skills, as well as helping patients feel more in control and improving their quality of life.

DIFFERENT EXPERIENCES ON LACK OF KNOWLEDGE AS WELL AS MISCONCEPTIONS WERE EXPRESSED

It became evident that men diagnosed with prostate cancer do lack knowledge about prostate cancer. Similarly, the results of this study reveal misconceptions about prostate cancer.

Participants verbalize their lack of knowledge on cancer of prostate

The study reveals lack of knowledge among men diagnosed with prostate cancer "I do not know anything about prostate cancer. I do not know. How can I know? Unless you tell me".^[P2] This is what another participant had to say after being asked to tell what he knows about prostate cancer: "They are saying it is a disease. aah.

[taking a deep breath while looking down]. No, I don't know what type of a disease it is. I don't want to lie...[taking a deep breath while shaking the head]". [P2] One participant believed that prostate cancer should only be known by health workers in hospitals but not by community members: "I don't know what type of a disease it is. I never knew anything about cancer. They only say, so...and so...died because of cancer. For me to ask them again what cancer is all about it may sound as if I am asking too much? I only know cholera very well because it is common at our side. I know cholera very well. Cancer is only known in hospitals by nurses".^[P3]

In agreement with the above statements from participants, a study conducted by Nakandi *et al.* (2013) assessing the current knowledge, attitudes and practices of adult Ugandan men regarding prostate cancer, revealed the general poor knowledge and several misconceptions regarding prostate cancer and screening in the population. According to the study, the majority of Ugandan men are simply not aware of prostate cancer as there is no program targeting prostate cancer.

Misconceptions exist about prostate cancer

Misconceptions about prostate cancer were expressed in the study: "Ai...[scratching the head, we cannot really explain it because we are not really sure but we can say it is disease for gay people., yes something like that".^[P6] Oi, [paused while smiling] apparently it came from America. It is Americans who explained it that it is a disease for gay people".^[P6] A participant who expressed fear of dying expressed the following: "They say if you get sick of cancer you will die. I never heard of someone say a certain person was sick of cancer and he/she is still alive, no! They only say; a certain person was sick of cancer and he/she is dead. That is all. [shaking the head]".^[P3]

EXPERIENCES OF DISCOMFORT AND PSYCHOLOGICAL CHANGES IN THE BODY

The most concern expressed by most participants in the study was experiences of physical discomfort and psychological changes in their bodies. Most men indicated that they experienced distress, pain and discomfort as well as changed sexual feelings and sexual dysfunction after being diagnosed with prostate cancer.

Participants experience severe pain and discomfort

Majority of participants were physically and psychologically affected by the diagnosis of prostate cancer and treatment they undergone. A significant finding in this study was the impact the urinary catheter had on the individuals who elected to have surgery. Many participants described the catheter as the worst part of the experience: "I stayed four nights crying after being inserted me with a urethral catheter. I started releasing blood. I then became better when the blood stopped".^[P3] The most worrisome experience by most participants was that of having leaking catheters: "Can this tube [pointing to the urethral catheter] be removed so

that I can urinate on my own? This tube leaks sometimes. I feel bad because when it leaks it start painin".^[P8]

Concerns about changed sexual feelings and sexual dysfunction

Most participants expressed concerns of changed sexual feelings after being diagnosed with prostate cancer: "With regards to sex, I stopped having sex for a long time due this illness. My penis cannot even erect now may be because of this illness". [P4] Some men felt more sympathy towards their spouses as they felt that their spouses were the ones greatly impacted by the sexual dysfunction "She is feeling very bad about it because if you are having a wife you need to have sex with her because you still love each other".^[P4] This findings support the outcome of the study conducted by Krumwiede and Krumwiede (2012) about the lived experiences of men diagnosed with prostate cancer that reveals that loss of erectile dysfunction is the most significant to men diagnosed with prostate cancer.

DISCUSSION OF RESULTS

Participants expressed different experiences with regard to family and community. Most participants expressed that they would have not be able to make it without the support of family members. They gained their strength and confidence through the support of others. A study conducted by Krumwiede and Krumwiede (2012) on the lived experiences of men diagnosed with prostate cancer revealed that men gained strength and confidence through the support of others. This is in agreement with Weiten (2007) who stated that adherence to treatment is improved when patients have family members or friends who remind them and help them to comply with treatment requirements. The above sentiments are in agreement with the results of the study conducted by Halbert, Wrenn, Weathers, Delmoor, Have and Coyne (2011) about the sociocultural determinants of men's reactions to prostate cancer diagnosis that revealed that; men who have a greater constraints in their relationships with family members and friends were most likely to avoid their thoughts and feelings about prostate cancer. Meanwhile, the study conducted by Gray, Fitch, Phillips, Labrecque and Fergus (2000) about the experiences of men with prostate cancer and their spouses revealed that social support is one of the number of factors that appears to be relevant to how prostate cancer patients and their spouses come to deal with illness.

When participants were asked to describe their experiences about the support they received from their family members after being diagnosed with prostate cancer, their responses indicated immense support in this regard. This findings corresponds with a study conducted by Krumwiede and Krumwiede (2012) about the lived experience of men diagnosed with prostate cancer that reveals that most participants expressed immense support from their family members after being diagnosed with prostate cancer giving them a sense of relieve and comfort as patients, therefore enabled them to make an

appropriate decision about their treatment. The findings by Krumwiede and Krumwiede (2012) supports the findings of this study because participants expressed that family members usually takes them to the hospitals during the time that they could not walk on their own. Participants in this study have stated that their spouses and children have accepted the disease of prostate cancer after being disclosed to them. This is being supported by the results of a recent study conducted by Halbert, Wrenn, Weathers, Delmoor, Have and Coyne (2011) that found that spouses are an important source of support to men who are diagnosed with prostate cancer. Mogotlane, Mokoena and Chauke (2013) pointed out that, family members should assist men diagnosed with prostate cancer with care and compliance with treatment and offer emotional support. A study conducted by Gray, Fitch, Phillips, Labrecque and Fergus (2000) about the experiences of men with prostate cancer and their spouses, that reveals that most men told their family members about their diagnosis of prostate cancer. Men who have good relationship with their family members and friends are most likely to avoid their thoughts and feelings about prostate cancer (Halbert, Wrenn, Weathers, Delmoor, Have & Coyne, 2011). A study conducted by King *et al.* (2015) to examine men's experiences of supportive care for prostate cancer, cited one-to-one peer support such as family and friends as highly valued by men diagnosed with prostate cancer. Torrey (2006) pointed out that wives and partners can be extremely supportive and helpful in a situation of prostate cancer. Frank (2009) stressed that the more united the loved ones are behind you, the stronger you will be throughout your ordeal with cancer.

One of the experiences expressed by men diagnosed with prostate cancer in this study was rejection by family and community members. Some participants narrated that following their diagnosis of prostate cancer, some family and members of the community developed fear of being infected with the disease and opted to keep a distance from them. These experiences are in agreement with Sarafino and Smith (2012) who pointed out that many cancer patients experience psychological problems that stem from changes in their relationships with family members and friends. People may begin to avoid the patient for instance, because they may feel personally vulnerable in his presence. In this study, some men expressed that upon hearing the diagnosis of prostate cancer, their wives have since developed fear of acquiring the disease from them. Men also expressed that their wives were reluctant of having sex with them due to the fear of contracting prostate cancer. In support of the participants' statements, the literature indicates that sexual compromise after a cancer diagnosis and treatment can lead to a number of fears and concerns (Holland, *et al.*, 2010).

Most participants revealed having experienced inconsistent care from the nurses after being diagnosed with prostate cancer namely; physical and psychological

support. They felt devalued when inconsistent nursing care and lapses in communication occurred. A study conducted by Krumwiede and Krumwiede (2012) about the lived experience of men diagnosed with prostate cancer reveal that the inconsistent nursing care to men diagnosed with prostate cancer such as that of not responding to the needs in a timely manner, not appearing competent in the treatment process and not communicating in a caring manner has placed a strain on the nurse-patient relationship. These findings are being supported by that of a study conducted by King *et al.* (2015) about men's experiences of care and support for prostate cancer whereby men perceived lack of understanding of support needs among health professionals. Participants expressed clear sentiments depicting lack of nursing care for physical needs from the nurses after being diagnosed with prostate cancer in the hospitals. This is in agreement with the findings of a study conducted by Krumwiede and Krumwiede (2012) about the lived experiences of men diagnosed with prostate cancer that revealed that inconsistent nursing care by not responding to the patients' needs in a timely manner, not appearing competent in the treatment process and not communicating in a caring manner placed a strain on the nurse-patient relationship. This is to the contrary with Walsh and Crumbie (2007) who pointed out that continuing help and support to men diagnosed with prostate cancer should be readily available from the nurse, doctor, social worker, hospital chaplain, friends and relatives. The type of care for physical needs by nurses to men diagnosed with prostate cancer revealed in this study, is to the contrary with what the literature emphasizes that, nurses should convey a sense of caring and reassurance in their physical support towards patients with prostate cancer (Nettina, 2014). Literature stated that the responsibility of informing cancer patients about the care required after the diagnosis is made, lies with the nurses (Searle, 2000; Mogotlane, Manaka-Mkwanazi, Mokoena, Chauke, Matlakala & Randa, 2015).

The participants of this study expressed lack of psychological support from the nurses after being diagnosed with prostate cancer. The above experiences from the participants are being supported by the findings of a study conducted by Gray, Fitch, Phillips, Labrecque and Fergus (2000) about the experiences of men with prostate cancer and their spouses that reveals that men were more concerned with information regarding prostate cancer. A study conducted by King *et al.* (2015) about men's experiences of support for prostate cancer found that men reported receiving information about prostate cancer and its treatment from various sources including health workers; however the content and timing of information delivery from health professionals did not always meet their needs. The findings of the study conducted by Neukrug, Britton and Crews (2013) about the common health-related concerns of men, which revealed that men are considerably less likely to seek counselling services as compared to women. Similarly, a

study conducted by Evans, Duffey and Englar-Carlson (2013) about men in counselling revealed the lack of engaging men in counselling process. In support with the participant's statements, the literature indicates that counselling should not be confused with dispensing information (Corey, 2013). A recent study conducted on men diagnosed with prostate cancer in Uganda reveals poor knowledge about prostate cancer and a low uptake of prostate cancer screening among Ugandan men (Nakandi, Kirabo, Semugabo, Kittengo, Kitayimbwa, Kalungi & Maena, 2013). Similarly, a study conducted by King *et al.* (2015) about men's experiences of support for prostate cancer found that lack of continuity of care and empathy among health professionals prevented men diagnosed with prostate cancer from discussing sensitive issues.

When asked about what they know about prostate cancer, participants of this study could not provide correct answers about the disease. Literature stressed that; nurses should play a vital role in educating clients about health screening with specific emphasis on annual prostate examination to facilitate early detection of malignancy (Mogotlane, Mokoena & Chauke, 2009 a&b). In this study, it became evident that men diagnosed with prostate cancer do lack knowledge about prostate cancer. Similarly the results of this study reveal misconceptions about prostate cancer.

In this study, lack of knowledge on prostate cancer was revealed by the fact that most men diagnosed with prostate cancer displayed no idea about what prostate cancer is. This is to the contrary with the literature that emphasises that nurses should provide patients with necessary knowledge regarding diseases commonly occurring in their communities (Meyer, Naude, Shangase & Van Niekerk, 2009). The study conducted by Neukrug, Britton and Crews (2013) about common health-related concerns of men have suggested that health care workers should provide educational activities about prostate cancer at the places where men congregate such barber shops, sport stadiums and the workplace, rather than waiting for men to come to the health facilities. The study conducted by Winterich *et al.* (2009) about men's knowledge and beliefs about prostate cancer reveals that understanding men's knowledge and beliefs about prostate cancer is important so that physicians can add to the existing knowledge and correct misinformation. Walsh and Crumbie (2007) pointed out that in case of poor state of knowledge about prostate cancer by men diagnosed with the disease, nurses have a major role to play with medical staff by making sure that men are well informed about the disease in order to enable them to make a well informed decision with regards to the treatment option to follow. This does not correspond with the findings of this study as most participants expressed lack of knowledge on prostate cancer. Similarly, this study has also revealed that both nurses and doctors have failed to provide information about prostate cancer to men diagnosed with the disease.

In agreement with the above statements for participants, the study conducted by Nakandi *et al.* (2013) assessing the current knowledge, attitudes and practices of adult Ugandan men regarding prostate cancer revealed the general poor knowledge and several misconceptions regarding prostate cancer and screening in the population. According to the study, the majority of Ugandan men are simply not aware of prostate cancer. The findings of this study will provide a starting point for the health authorities to raise awareness amongst Namibian men about prostate cancer.

Most participants in this study described cancer as scary and bad disease that only results in death should an individual happens to be diagnosed with it. Furthermore the study found that men delay seeking for the screening of prostate cancer due to fear of being diagnosed with cancer, a disease perceived by the community as dangerous. In support of the participants' sentiments, the study conducted by Gray, Fitch, Phillips, Labrecque and Fergus (2000) about the experiences of men with prostate cancer and their spouses echoed similar sentiments that most couples talked about the fear that people would be scared off if they knew about cancer because everyone associates cancer with death. These findings are in agreement with Sarafino and Smith (2012) who stated that cancer is probably the disease people fear most. The findings of the study conducted by Halbert, Wrenn, Weathers, Delmoor, Have and Coyne (2011) about socio-cultural determinants of men's reactions to prostate cancer diagnosis found the similar situation by revealing that cultural factors influence men's reactions to being diagnosed with prostate cancer. Literature also have it that an individual behaviour is heavily influenced by culture (Geyer, Mogotlane & Young, 2013; Snyder, 2014). Among the many stressors faced by patients with cancer are dependency, disability, and fear of painful death (Holland, *et al.*, 2010).

Men indicated that they experienced distress pain and discomfort as well as changed sexual feelings and sexual dysfunction after being diagnosed with prostate cancer. The researcher found it evident from the findings that men diagnosed with prostate cancer have undergone multiple-stress provoking situations. The impact of the urinary catheter to men diagnosed with prostate cancer was one of the significant findings of this study. Similar findings were revealed by the study conducted by Krumwiede and Krumwiede (2012) about the lived experiences of men diagnosed with prostate cancer that found that the urethral catheter was a constant reminder of the prostate cancer to men and served as a threat for hope. Urinary leakage around the catheter tubing results in stress and embarrassment that led to social withdrawal among most men diagnosed with prostate cancer (Stellenberg & Bruce, 2007). In this study, similar experiences were expressed by various participants. The results of the study conducted by Krumwiede and Krumwiede (2012) about the lived experience of men diagnosed with prostate cancer reveals that all of the

participants were physically and psychologically affected by the diagnosis of prostate cancer and treatment they endured. A significant finding was the impact the urinary catheter had on the individuals who elected to have surgery. The most distressing discomfort experienced by men diagnosed with prostate cancer was having urinary leakage around their catheter tubing (Krumwiede & Krumwiede, 2012). A study by Penson *et al.* (2008) about 5-year urinary and sexual outcomes after radical prostatectomy in men reveals that 14% of men reported frequent urinary leakage or no urinary control 60 months after being diagnosed with prostate cancer. In the study done by Stanford *et al.* (2000) urinary and sexual function after radical prostatectomy for clinically localized prostate cancer it was found that at 18 or more months following radical prostatectomy, 8.4% of men were incontinent. A similar study was undertaken by Potosky *et al.* (2004) that established that at 5 years after diagnosis, men treated with radical prostatectomy for localized prostate cancer continue to experience worse urinary incontinence. Mogotlane, Mokoena & Chauke (2013) supported the previous sentiments by pointing out that possible complications of prostatic surgery are haemorrhage, bladders spasm, urinary inconsistency and erectile dysfunction.

Most participants in this study expressed aspects related to their sexuality in the context of sexual function following the diagnosis of prostate cancer. Loss of erectile functioning was significant to most men, although they expressed various responses in relation to it. The results of a study by Stanford *et al.* (2000) about the urinary and sexual function after radical prostatectomy for clinically localized prostate cancer concurs after it found that radical prostatectomy is associated with significant erectile dysfunction. Concerns expressed by the participants in this are supported by the findings of the study conducted by Potosky *et al.* (2004) about the five-year outcomes after prostatectomy or radiotherapy for prostate cancer that reveals that at 5 years after the diagnosis of prostate cancer, erectile dysfunction was more prevalent among all participants. Penson *et al.* (2005) findings of the study about the 5-year urinary and sexual outcomes after radical prostatectomy reveals that 71% of men diagnosed with prostate cancer were unable to achieve erections firm enough for intercourse. Another similar study conducted by Penson *et al.* (2008) reveals similar results that urinary and sexual dysfunction were common 5 years following radical prostatectomy of men diagnosed with prostate cancer. These findings are very close and in agreement with that of a similar study undertaken by Stanford *et al.* (2000) about urinary and sexual function after radical prostatectomy for clinically localized prostate cancer that found that of the 72.7% of men who were potent at baseline, 72.4% reported that their erections were not firm enough for intercourse after surgery. A study by Krumwiede and Krumwiede (2012) about the lived experiences of men diagnosed with prostate cancer found that men who had a prostatectomy

experienced a brief or prolonged episode of incontinence, impotence, erectile dysfunction, and / or loss of libido.

CONCLUSION

This study established clear sentiments on various physical and psychological challenges experienced by men diagnosed with prostate cancer, aggravated by lack of nursing care for physical and psychological needs towards men diagnosed and living with prostate cancer.

RECOMMENDATIONS

The following recommendations were made based on the conclusions drawn from objective 1 and 2: Recommendations were made in terms of managerial, education and research related aspects.

Management

An internal policy is needed regarding the management of men diagnosed with prostate cancer in the hospital. All health care workers should be oriented to the policy content in order to ensure the practical implementation of the policy.

Some staff members should be trained in palliative care which will include management of patients with prostate cancer. It is important that hospital management be sensitized about cancer and the effects of neglected care, in order for them to support the budgetary implication.

Exit interviews with men diagnosed with prostate cancer upon discharge should be conducted in order to solicit their views regarding the quality of nursing care received during hospitalization. It is advised that this be done by the supervisor or matron of the ward.

An annual award for health care workers and units that performed exceptionally well can be introduced. This could serve as motivation to health workers to keep on doing better.

Education

A community based health education program about prostate cancer can be introduced. Such a program can create awareness and knowledge in the community about the disease as well as how to address the existing misconceptions about prostate cancer that are likely to influence how men prioritize coping with the diagnoses. The researcher can present the findings to the hospital management and avail himself to be part of such program. To incorporate strategies to make the program available to all communities, visual material can be prepared to accommodate those who illiterate.

Formal in-service education sessions for health care workers (especially for registered nurses), working at Oncology Outpatients Departments, Health Centres and clinics, need to be implemented. Such in-service education should include more specific information such as counselling of men diagnosed with prostate cancer. It

is imperative that those working with cancer patients be trained first. Unit managers and registered nurses should establish and implement an individualised approaches in all units to help men address their thoughts and feelings after being diagnosed with prostate cancer, as well as to incorporate strategies that help men to be more effective at obtaining social support.

Psychological support such as counselling forms an important part of the care for men with prostate cancer. It is therefore recommended that hospital management be sensitized toward and motivated to let counselling trainings be implemented. Technical support such as financial assistance, transport and materials to all regional and district hospitals to enable them to conduct workshops and in-service trainings with all nursing categories regarding the management of men diagnosed with prostate cancer should be provided by the Ministry of Health and Social Services. This will enable more health care workers to attend important workshops or sessions on the aspect of care of cancer patients, especially men with prostate cancer.

Future Research

Research on cancer is conducted regularly but research within the Namibian context is scarce and therefore evidence-based nursing care remains a challenge. An assessment should be done on the nursing care rendered to men diagnosed with prostate cancer; It is recommended to determine the knowledge, attitudes and practice of the registered nurses about the management of men diagnosed with prostate cancer and a model to facilitate effective care and communication with men diagnosed and living with prostate cancer, as well as their families, should be developed.

LIMITATIONS OF THE STUDY

The study was conducted with men diagnosed and living with prostate cancer. The population and sample of the participants for this study were selected from the specific four northern regions namely; Oshana, Oshikoto, Omusati and Ohangwena. Therefore the results of this study will not be generalized to the large population because of the geographical and cultural orientation of the participants that may not be the same with that of other men in other regions. The use of a small purposive sample indicates that the findings are contextual, therefore not a representation of all men diagnosed and living with prostate cancer in Namibia. However, the results of this study will be useful for references and future research.

REFERENCES

1. Arnold, E.C., & Boggs, K.U. *Interpersonal Relationships: Professional Communication Skills for Nurses* (5thed.). Elsevier Publications: United States of America, 2007.
2. Bernard, H.R. *Social Research Methods: Qualitative and Quantitative Approaches* (2nd ed.). Sage Publications: United States of America, 2013.
3. Botma, Y., Greeff, M., Mulaudzi, F.M., & Wright, S.C.D. *Research in Health Sciences*. Clyson Printers: South Africa, 2010.
4. Bower, M., & Waxman, J. *Oncology* (2nded.) London: United Kingdom, 2010.
5. Brink, H.I. *Fundamentals of Research Methodology for health care professionals* (2nd ed.) Cape Town: Mills Litho, 2010.
6. Burns, N., & Grove, S.K. *The Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence* (6th ed.). United States of America: Saunders Elsevier, 2009.
7. Burns, N., & Grove, S.K. *Understanding Nursing Research: Building an Evidence based Practice* (5th ed.). Saunders Elsevier: United States of America, 2011.
8. Cancer Association of Namibia, *Beat Prostate Cancer*. Windhoek, 2009.
9. Corey, G. *Theory and practice of Counselling and Psychotherapy*. RR Donnelly Printers: China, 2013.
10. Creswell, J.W. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (4thed.). Sage Publications: United Kingdom, 2014.
11. De Vos, A.S., Strydom, H., Fouche, C.B., & Delpont, C.S.L. *Research at Grass roots: For the Social Sciences and Human Service Professions* (4th ed.) Pretoria: Van Shaik Publishers, 2011.
12. Du Plooy-Cilliers, F., Davis, C., & Bezuidenhout, R. *Research Matters*. Paarl Media Paarl: South Africa, 2014.
13. Evans, M.P., Duffey, T., & Englar-Carson, M. *Introduction to the Special Issue: Men in Counselling*. *Journal of Counselling and Development*, 2013; 91(4): 387-388.
14. Frank, R.C. *Fighting Cancer with Knowledge and Hope: A guide for Patients, Families and Health Care Providers*. Yale University Press Health and Wellness: United States of America, 2009.
15. Gray, R.E., Fitch, M., Phillips, C., Labrecque, M., & Fergus, K. *Managing the Impact of Illness: The Experiences of Men with Prostate Cancer and their Spouses*. *Journal of Health Psychology*, 2000; 5(4): 531-548. doi:10.1177/135910530000500410.
16. Gibson, R.L., & Mitchell, M.H. (). *Introduction to Counselling and Guidance* (7th ed.). Pearson Prentice Hall Printers: United States of America, 2008.
17. Gross, R., & Kinnison, N. *Psychology for nurses and allied health professionals*. Martins the Printers: India, 2007.
18. Grove, S.K., Burns, N., & Gray, J.R. *The Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence* (7th ed.). Saunders Elsevier: China, 2013.
19. Geyer, N., Mogotlane, S., & Young, A. *Juta's Manual of Nursing, Vol. 1*. Cape Town: South Africa, 2013.
20. Halbert, C. H., Wrenn, G., Weathers, B., Delmoor, E., Have, T. T., & Coyne, J. *Sociocultural determinants of men's reactions to prostate cancer diagnosis*. *Psycho-oncology*, 2011; 19(5): 553-560.

21. Holland, J.C., Breitbart, W.S., Jacobsen, P.B., Lederberg, M.N., Loscalzo, M.J., & McCorkle, R. *Psycho-Oncology* (2nd ed.). Oxford University Press: New York, 2010.
22. Holloway, S., & Wheeler, I. *Qualitative Research in Nursing and Healthcare* (3rd ed.). Vivar Printing: Malaysia, 2010.
23. Kappel, L.J. *Dx/Rx: Prostate Cancer*. Jones and Barlett Publishers: United States of America, 2007.
24. King, A. J. L., Evans, M., & Moore, T. M. Prostate cancer and supportive care: A systematic review and qualitative synthesis of men's experiences and unmet needs. Retrieved February, 17, 2015 from: <https://www.andrologyaustralia.org/journal-articles/prostate-cancer-and-supportive-cancer>.
25. Krumwiede, K.A., & Krumwiede, N. The lived experience of Men Diagnosed with Prostate Cancer. *Oncology Nursing Forum*, 2012; 39(5): 443-450.
26. Leedy, P.D., & Ormrod, J.E. *Practical Research: Planning and Design* (9thed.). Pearson Education Publishers: Ney York, 2010.
27. LoBiondo-Wood, G., & Haber, J. *Nursing research: Methods and Critical Appraisal for Evidence-Based Practice* (7thed.). Elsevier Publications: China, 2010.
28. MacLean, R., & Wilson, S. *Research Methods and Data Analysis for Psychology*. McGraw-Hill Education Publishers: United Kingdom, 2011.
29. May, A., & Holmes, S. *Introduction to Nursing Research: Developing Research Awareness*. Graphysems Printing: Spain, 2012.
30. Meyer, S. M., Naude, M., Shangase, N. C., & Van Niekerk, S. E. *The nursing unit manager: A comprehensive guide* (3rd ed.). South Africa: Heinemann, 2009.
31. Ministry of Health and Social Services, Namibia Report on need assessment: Screening for Reproductive System Cancers. Windhoek: MoHSS, 2011.
32. Mogotlane, S. M., Chauke, M. E., Matlakala, M., Mokoena, J. D., & Young, A. *Juta's complete textbook of medical surgical nursing*. South Africa: DJE Flexible Print Solution, 2013.
33. Mogotlane, S. M., Manaka-Mkwanazi, I. M., Mokoena, J. D., Chauke, M. E., Matlakala, M. C., & Randa, M. B. *Juta's manual of nursing. The practical manual* (2nd ed.). South Africa: Formset Print, 2015; 2.
34. Mogotlane, S. M., Mokoena, J. D., & Chauke, M. E. *Juta's manual of nursing: Medical surgical nursing*. Cape Town: South Africa, 2009a; 4.
35. Mogotlane, S. M., Mokoena, J. D., & Chauke, M. E. *Juta's manual of nursing: Medical surgical nursing (Part 2)*. Cape Town: Paarl Printers, 2009b.
36. MNT Knowledge Center, (2013). What is Prostate Cancer? Available from: <http://www.Medicalnewstoday.Com/articles/150086.php> (Accessed 17 January 2014).
37. Nettina, S.M. *Lippincott Manual of Nursing Practice* (10thed.). Philadelphia: New York, 2014.
38. Nakandi, H., Kirabo, M., Semugambo, C., Kittengo, A., Kitayimbwa, P., Kalungi, S., & Maema, J. Knowledge, attitudes and practices of Ugandan men regarding prostate cancer. *African Journal*, 2013; 19(4): 165-170. Retrieved from: <http://www.sciencedirect.com/science/article/pii/S1111>.
39. Neukrug, E., Britton, B.S., & Crews, R.C. Common Health Concerns of Men: Implications for Counsellors. *Journal of Counselling and Development*, 2013; 91(4): 390-394.
40. Polit, D.F., & Beck, C.T. *Nursing Research: Generating and Assessing Evidence for Nursing Practice* (9thed.). Philadelphia: China, 2012.
41. Potosky, A. L., Davis, W. W., Hoffman, R. M., Stanford, J. L., Stephenson, R. A., Penson, D. F., & Harlan, L. C. Five-year outcomes after prostatectomy or radiotherapy for prostate cancer: The Prostate Cancer Outcomes Study. *Journal of the National Cancer Institute*, 2004; 96(18): 1358-1367.
42. Penson, D. F., McLean, D., Feng, Z., Li, L., Albertsen, P. C., Gilliland, F. D., & Hamilton, A. 5-year urinary and sexual outcomes after radical prostatectomy: Results from the Prostate Cancer Outcomes Study. *The Journal of Urology*, 2005; 173(4): 1701-1705.
43. Rew, L. *Adolescent health: A multidisciplinary approach to theory, research and intervention*. University of Texas, Sage Publications: London, 2005.
44. Ridenour, C., & Newman, I. *Mixed Methods Research: Exploring the Interactive Continuum*. Southern Illinois University Press: United States of America, 2008.
45. Sarafino, E. P., & Smith, T. W. *Health psychology: Biopsychological interactions* (7th ed.). Asia: Wiley, 2012.
46. Searle, C. *Professional practice: A Southern African nursing perspective* (4th ed.). South Africa: Heinemann, 2000.
47. Scotland, J. Exploring the Philosophical Underpinnings of Research: Relating Ontology and Epistemology to the Methodology and Methods of the Scientific, Interpretive, and Critical Research Paradigms. *English Language teaching*, 2012; 5(9): 9. doi:10.5539/elt.v59p9.
48. Snyder, S., & Berman, A. *Kozier & Erb's fundamentals of nursing concepts, process, and practice* (9th ed.). United States of America: Pearson Prentice Hall, 2014.
49. Smeltzer, S.C., Bare, B.G., Hinkle, J.L., & Cheever, K.H. *Brunner and Suddarth's Textbook of Medical-Surgical Nursing* (12thed.). Wolters Kluwer Health: London, 2010.
50. Stewart, W. *An A-Z of Counselling Theory and Practice* (5th ed.). Cenveo Publisher Services: China, 2013.
51. Stellenberg, E. L., & Bruce, J. C. *Nursing practice: Medical-surgical nursing for hospital and community*. China: Elsevier, 2007.

52. Tadman, M., & Roberts, D. Oxford Handbook of Cancer Nursing. United States: Oxford University Press, 2007.
53. Torrey, E.F. Surviving Prostate Cancer: What you need to know to make informed decision. Clarkson Porter Publishers: United States of America, 2006.
54. Ulin, P.R., Robinson, E.T., Tolley, E.E., & McNell, T. Qualitative methods: A field guide for applied research in sexual and reproductive health. FHI: United States of America, 2002.
55. Van Vuuren, A. 21st Century Psychology for Nurses: An Introduction. Van Schaik Publishers: South Africa, 2013.
56. Walsh, M., & Crumbie, A. Watson's clinical nursing and related sciences (7th ed.). China: Elsevier, 2007.
57. Weiten, W. Psychology: Themes and Variations. China: Donnelly, 2014.
58. Winterich, J.A., Gzywacz, J.G., Quandt, S.A., Clark, P.E., Miller, D.P., Acuna, J., Dignan, M.B., & Arcury, T.A. Men's knowledge and beliefs about prostate cancer: Education, Race, and Screening Status. National Institute of Health, 2009; 19(2). Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/pmc26995>.