

A Qualitative Study Exploring Models of Supportive Care in Men and Their Partners/Caregivers Affected by Metastatic Prostate Cancer

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Primeau and Paterson completed the data collection. Paterson and Nabi verified the thematic analysis conducted by Primeau. All authors contributed to the conceptualization and design, provided the analysis, and contributed to the manuscript preparation.

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Purpose/Objectives: To explore the experiences of patients with metastatic prostate cancer and their partners/caregivers, as well as an interprofessional team, with a nurse-led multimodality supportive care intervention.

Research Approach: Qualitative study.

Setting: National Health Service (NHS), Tayside, Scotland.

Participants: 19 patients, 7 partners/caregivers, and 7 interprofessional members from four hospitals in NHS, Tayside, Scotland.

Methodologic Approach: 33 semistructured interviews were conducted to explore patients' and partners/caregivers' experiences of supportive care, and a framework approach was used to analyze the data.

Findings: Men and their partners/caregivers experienced a range of unmet physical, psychological, and informational supportive care needs. The participants in the intervention group reported overall high satisfaction with the use of holistic needs assessments and self-management plans, with a decrease in unmet needs compared to the standard of care over time. The prostate cancer specialist nurse was perceived as the hub of survivorship care. Members of the interprofessional team perceived benefit in the nurse-led multimodal supportive care intervention.

Interpretation: An emphasis needs to be placed on personalizing care, with supportive care interventions targeted to individual needs.

Implications for Nursing: Care can be improved by incorporating holistic needs assessment to target specialized interventions for optimized, individualized care plans. An intervention seminar encouraged self-management and self-efficiency, leading to greater satisfaction for participants.

More than 330,000 men live with prostate cancer in the United Kingdom, and more than 44,000 are diagnosed with prostate cancer each year (Prostate Cancer UK, 2016). In the United States, more than 3,085,209 live with prostate cancer, and about 161,360 will be diagnosed in 2017 (National Cancer Institute, 2017). Newer palliative therapies for metastatic prostate cancer have improved survival rates (Gilson, Manickavasagar, & Chowdhury, 2015), so a larger number of men are requiring ongoing supportive care.

Treatment for metastatic prostate cancer aims to reduce systematic testosterone levels, which can be achieved surgically or chemically by chemical castration (also known as androgen deprivation therapy [ADT] or androgen suppression therapy) (National Institute for Health and Care Excellence, 2014). Men undergoing ADT experience a range of symptoms that negatively affect quality of life and increase the need for supportive care interventions. Side effects