

Nurse-Led Supportive Care Intervention for Men With Advanced Prostate Cancer

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OBJECTIVES: To understand the context for implementing ProsCare by prostate cancer specialist nurses (PCSNs) and, in doing so, further develop the intervention and implementation strategy.

SAMPLE & SETTING: 30 PCSNs participated in four semistructured focus groups to evaluate a telephone-based supportive care intervention led by nurses for men with advanced prostate cancer.

METHODS & VARIABLES: Data were coded into the Consolidated Framework for Implementation Research to evaluate the ProsCare program content and guide the implementation and evaluation of this targeted program for men with advanced prostate cancer.

RESULTS: Participants strongly endorsed specific ProsCare program components amid a recommendation of delivery mechanisms and a comprehensive centralized implementation strategy, including PCSN role promotion, education, and professional development.

IMPLICATIONS FOR NURSING: PCSNs validated ProsCare and supported its implementation as a supportive care intervention. ProsCare is a feasible nurse-led intervention closely matched with men's supportive care needs and the PCSN scope of practice.

KEYWORDS ProsCare; prostate cancer specialist nurses; prostate cancer; supportive care

ONF, 46(1), 92-103.

DOI 10.1188/19.ONF.92-103

Prostate cancer is the most common male cancer in developed countries, with Australia and New Zealand having the highest incidence rates of prostate cancer worldwide (Ferlay et al., 2015). Men with advanced prostate cancer (defined as non-localized disease and distant metastases) can have poor quality of life (QOL) and health outcomes, including increased psychological distress and suicide risk, compared to men with localized disease (Smith et al., 2018). In addition, many of these men have reported unmet psychological needs, high levels of uncertainty, and moderate to high anxiety levels (Smith et al., 2007). About one in four experience regret about treatment decisions, leading to poorer QOL and increased distress (Clark, Wray, & Ashton, 2001). A longitudinal study reporting men's advanced prostate cancer (N = 81) outcomes during a five-year period indicated that 38 men were highly distressed at diagnosis, 13 were still distressed five years later, and health-related QOL declined over time (Zajdlewicz, Hyde, Lepore, Gardiner, & Chambers, 2017). An Australian study of 32 men with advanced prostate cancer (proven metastatic or castration-resistant biochemical regression) investigated men's preferred models of care and their major challenges (Chambers et al., 2018). Key themes were (a) regret about late diagnosis and treatment decisions, (b) being discounted in the health system, (c) fear or uncertainty about the future, (d) acceptance of their situation, (e) masculinity, and (f) treatment effects. Evident in these studies were the complexities facing men with advanced prostate cancer and the need to thoughtfully consider and design targeted interventions to address often emergent issues.

A systematic review of the literature reporting psychosocial interventions for men with prostate cancer concluded that supportive care interventions using effective strategies, including education, cognitive behavioral approaches, relaxation, communication, and decision support, can improve