Cogitare Enfermagem

ORIGINAL ARTICLE

MEANINGS ASSIGNED BY MEN REGARDING THE RELATIONSHIP BETWEEN SMOKING AND CANCER*

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ABSTRACT

Objective: To understand the meanings assigned by men to the habit of smoking and its risks related to the development of cancer.

Method: Qualitative study conducted in a specialized health care institute in Rio de Janeiro, Brazil. Eighteen men, both smokers and former smokers, were interviewed from November 2015 to April 2016. The data was analyzed using thematic content analysis.

Results: Lack of knowledge about the habit of smoking and the feeling of pleasure that it provides were found to be related to a higher probability of starting the habit. The meaning attributed by men to the relationship between smoking and the health-disease process was related to family history or their own vulnerability. However, a number of men did not feel prepared to quit smoking due to their physical and psycho-emotional dependence.

Conclusion: Smoking cessation may require professional support. It is necessary to recognize the habit of smoking as a health problem, to want to quit smoking, and to identify personal motivational factors.

DESCRIPTORS: Smoking; Men's health; Nursing; Neoplasms; Chronic disease.

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SIGNIFICADOS ATRIBUÍDOS PELO HOMEM ACERCA DA RELAÇÃO ENTRE O TABAGISMO E O ADOECIMENTO POR CÂNCER

RESUMO

Objetivo: conhecer os significados que o homem atribui acerca do tabagismo e seus riscos relacionados ao desenvolvimento do câncer.

Método: estudo qualitativo, realizado em um instituto especializado na atenção à saúde, no Rio de Janeiro, Brasil. Foram entrevistados 18 homens fumantes e ex-fumantes entre novembro de 2015 e abril de 2016. Utilizou-se a análise de conteúdo na modalidade temática.

Resultados: a falta de conhecimento acerca do tabagismo e a sensação de prazer proporcionada relacionaram-se à maior probabilidade de se iniciar o hábito. O significado atribuído pelos homens sobre a relação com o processo saúde-doença relacionou-se ao histórico familiar ou à vulnerabilidade própria. Mas muitos homens não se sentem preparados para parar de fumar, pela dependência física e psicoemocional.

Conclusão: a cessação do vício pode requerer ajuda profissional. É preciso reconhecer o tabagismo como problema de saúde, desejar parar de fumar e identificar o próprio fator motivacional.

DESCRITORES: Hábito de fumar; Saúde do homem; Enfermagem; Neoplasias; Doença crônica.

SIGNIFICADOS ATRIBUIDOS POR EL HOMBRE A LA RELACIÓN ENTRE TABAQUISMO Y PADECIMIENTO DE CÁNCER

RESUMEN

Objetivo: Conocer los significados atribuidos por el hombre respecto del tabaquismo y el riesgo de padecer cáncer.

Método: estudio cualitativo, realizado en instituto especializado en atención de salud de Rio de Janeiro, Brasil. Fueron entrevistados 18 hombres fumadores y exfumadores entre noviembre de 2015 y abril de 2016. Se aplicó análisis de contenido de tipo temático.

Resultados: La falta de conocimiento sobre el tabaquismo y la sensación de placer proporcionada se relacionaron con una mayor probabilidad de iniciarse en el hábito. El significado atribuido por los hombres a la relación con el proceso salud-enfermedad se vinculó a la historia familiar o a la propia vulnerabilidad. Pero muchos hombres no se sienten preparados para dejar de fumar, por la dependencia física y psicoemocional.

Conclusión: La cesación tabáquica puede precisar de ayuda profesional. Es necesario reconocer al tabaquismo como problema de salud, desear dejar de fumar e identificar al propio factor motivacional.

DESCRIPTORES: Hábito de fumar; Salud del Hombre; Enfermería; Neoplasias; Enfermedad Crónica.

INTRODUCTION

It is estimated that the habit of smoking is ten times higher among men than women. Data from The Tobacco Atlas has shown that 1,691 men die in Brazil due to smoking-related causes every week, and 16.6% of the male population are smokers[1-2].

As a neurobehavioral disorder subject to social contagion, smoking is a major cause of preventable morbidity and mortality worldwide. It is estimated that nearly 50% of tobacco users will die due to some disease related to its use[3].

Tobacco smoking represents a risk factor for the development of chronic non-communicable diseases (CNCDs) such as cancer. The etiological relationship between tobacco and the development of such diseases is confirmed in the National Agenda of Priorities in Health Research (NAPHR) of the Ministry of Health (MS), which includes smoking among the priorities for the set of CNCDs that are relevant to public health.

Given that health education is an important component of the competencies of health teams working in the basic healthcare network of the Unified Health System (SUS), particularly nurses, the opportunities for care that are generated in its facilities are focused on strategies to promote health. These actions are intended to develop and construct knowledge, and should take place in a participatory, creative dialogical process, focusing on the characteristics of individuals, groups, and communities[4].

A highlight of the development of smoking control in Brazil was the creation of the National Tobacco Control Program in 1989. Its guidelines emphasize the role of nurses in the implementation of educational actions that are focused on communication and health care, and on the areas of increasing smoking cessation, reducing social acceptance of tobacco, triggering of the smoking habit, and tobacco-related pollution[5].

Based on gender specificities, in 2009 the Ministry of Health launched the National Policy for Integral Attention to Men's Health (PNAISH), with the overall objective of facilitating and expanding access by the male population to health services, contributing to reductions in the causes of morbidity and mortality. Increasing the possibilities for men to access basic care services may contribute to health promotion and disease prevention, since most men seek urgent and emergency services[6].

The issues considered for the production of knowledge from the perspective of gender in the national scenario are mainly focused on analyses of data from PNAISH, the interface of getting sick, and concepts regarding men's health care[7-9]. The cause and effect relationship between tobacco use and development of diseases, especially cancer, is observed in the international context, based on quantitative approaches that deal with incidence rates, projections of mortality, and survival related to smoking habit[10-11].

Therefore, considering that tobacco use is a complex, multifaceted issue, it is necessary to invest in research to reduce gaps in knowledge and contribute to the understanding of the dimensions affected by the habit, which generates dependence and requires motivation for cessation, especially in men's health.

In view of the above, the objective of the present study was understanding the meanings assigned by men to the habit of smoking and its risks related to the development of cancer.

METHOD

This was a qualitative study conducted in a specialized healthcare institution located in Rio de Janeiro, Brazil. The settings were the Clinical Care Center (NCC) and the Care Unit for Problems Related to Alcohol and Other Drugs (UNIPRAD).

Eighteen men who met the inclusion criteria participated in the study. These criteria were being 18 years of old or older, being smokers or former smokers (for no more than five years), and having an active registration at the facility. Men with impaired cognitive ability were excluded. The recruitment of the men was conducted by a review of their medical care records and information provided by professionals.

The data was collected by a semi-structured interview. The questions were as follows: What do you know about smoking? For you, what does being a tobacco user mean? What does it mean in your life? Tell me about the relationship between cigarettes and your family/social/professional relationships. Do you think tobacco use is related to the development of diseases? What do you know about cancer? Based on these questions, circular questioning was used in order to meet the need to deepen the investigated object. Information related to the sociodemographic profile of the men was collected prior to the interviews.

Data was collected from November 2015 to April 2016. The interviews were conducted individually in an office in the institution. Audio recordings of the interviews were made with the consent of the participants, and they were transcribed in full. They were then manually analyzed through thematic content analysis, following the steps of pre-analysis, exploration of the material, treatment of the results, and interpretation[12].

The project was approved by the Research Ethics Committee of the responsible institution, under the approval number 1.310.464. Alphanumerical characters were used to identify the responses in order to ensure the anonymity of the participants.

RESULTS

Regarding the sociodemographic profile of the men, the mean age was 42 years, the youngest being 20 years old, and the oldest, 65 years old. Eight men said they had no children, while the other ten said they had between 2 and 4 children. Regarding marital status, 11 men were single, and 7 were married. Four men were former smokers, with the duration of the habit ranging from 10 to 36 years, and the duration of abstinence ranging from 3 months to 5 years. Among the smokers, the duration of the habit ranged from 5 to 40 years, with a mean daily consumption of 20 cigarettes.

Three categories emerged in the thematic content analysis: "The meaning of smoking in the control of emotions and behaviors of men," "Recognizing tobacco use as a threat to health and well-being," and "Tobacco replacing the use of illegal drugs."

Category 1: The meaning of smoking in the control of emotions and behaviors of men

Lack of knowledge about smoking was related to a higher probability of starting the habit, as well as to the fact that it provides pleasure and relieves disorders, such as anxiety. In addition, it was thought to favor social inclusion.

I started smoking at the age of 15, and at that time there was no information, it was fashionable, and I kept smoking, became addicted, it made me feel relaxed. I cannot quit it, I am too anxious. (H18-UCB)

I started influenced by friends, and I wanted to be part of the social circle. Today I have learned that it is not necessary to do such things to be someone. The influence greatly interfered, and some people have no access to a decent education about it. Now I am addicted, so it is difficult. (H11-UNIPRAD)

The economic aspect is also relevant to the maintenance of the habit. Tobacco use affects social relationships, and men, as drug-addicted individuals, cannot avoid smoking.

It is an addiction that controls you, and sometimes, when feeling annoyed, the first thing

you do is look for a cigarette. And depending on the level of addiction, if you have ten Reais in your pocket, you'd rather buy cigarettes than have lunch on the streets. (H3-UCB)

It greatly interfered in my family, I always had to move away to smoke, because it bothered other people. When I worked, I had to go downstairs to the lobby to smoke, and I was warned because of that. (H17-UNIPRAD)

Some men reported not feeling prepared to quit smoking, given the important meaning of this addiction in the maintenance of their emotional balance.

At this very moment it is impossible, as I suffered a major loss in my life. I am going through a very complex time. I know that if I try to quit smoking now I will be very nervous, and that would be one more problem. (H18-UNIPRAD)

Regarding the relationship between men and tobacco addiction, it was not unusual to hear that many of them had unsuccessfully tried to quit smoking, and living with other smokers was highlighted among the several reasons for failing.

I intend to quit smoking, although don't want to quit. I quit smoking for four months, but I started the habit again. This happened because my wife also smokes. (H14-UCB)

Category 2: Recognizing smoking as a threat to health and well-being

The meaning attributed by men to the relationship between tobacco use and the health-disease process was related to family history or their own vulnerability. In addition, the study showed that smoking affects quality of life, which is reflected in daily life, depriving men of certain activities.

My father died of cancer, and he was a smoker. I think that smoking and having cancer are related, but I have never studied the issue properly. (H3- UCB)

Once I quit smoking for eight months, when I played soccer and was participating in a championship, I quit smoking to be more prepared. When I smoked after playing a match on the weekend, my chest burned. (H1-UCB)

If I had known about it, I would have never smoked; the best thing I did in my life was quitting this habit. I used to be short of breath, I couldn't do anything; today I can climb a hill without feeling bad. Smoking was the greatest mistake of my life; I wasted my money, and thank God I did not get sick. (H13- UCB)

Although the appearance of diseases may be affecting the lives of these men, the fact that they are experiencing situations of diseases does not always represent a motivational factor for making them quit smoking.

I have high blood pressure, I had three strokes, and smoking is clearly related to these facts. I should have quit smoking, but I didn't. I just can't. But I have no diseases, no cholesterol-related problems, nothing. (H14-UCB)

Category 3: Tobacco replacing the use of illegal drugs

In relation to the consumption of illegal drugs, smoking was found to be a way to reduce social and health-related damage. In general, seeking help in health units occurred as a result of the use of illegal drugs. Smoking was not mentioned as a health problem that requires professional support.

I know it is something bad, but we become addicted, and it kills, we see on the TV, they are always saying that it brings problems, health-related problems, but we become addicted. Then you see the problem, right? Me, for example, now I have been smoking a lot, because it helps me to reduce the use of cocaine, and one thing replaces the other. (H4-UNIPRAD)

Cigarettes are even worse than alcohol, because you put them in your pocket, and when you want one, you just take it. (H7-UNIPRAD)

I know tobacco causes cancer, it kills people. I am aware of this terrible problem, but unfortunately I acquired the addiction. Also, I make use of marijuana, and I am seeking help, but I do not use it every day. (H11-UNIPRAD)

Because it is an addiction and it is not easy to quit. I know some evangelical individuals who were not able to quit smoking. They managed to quit the use of alcohol, but smoking cessation is definitely very difficult to achieve. Smoking is an inexplicable addiction. I think it is related to the body, some people can do it, other people just can't. (H15-UCB)

DISCUSSION

The men pointed out that lack of knowledge favors the onset of tobacco use. Considering that knowledge of the harmful effects of smoking is associated with a lower probability of becoming a smoker, it is necessary to intensify educational and support interventions[3]. However, smoking is often not considered to be a health-related need that requires professional intervention, and deficiencies in approaches to prevention are reflected in late diagnosis of diseases with psychosocial, economic, and physical complications[13].

The absence of problems in daily life is reflected in the feeling that health care is not required. For this reason, it is necessary to know what men want, since the smoking habit may not have been why they came to the health unit. Moreover, even in the face of some disturbances, men may be able to reduce the tension arising from an eventual need by themselves, and postpone the search for help, which is associated with the meanings rooted in gender construction[13].

The highest rates of tobacco use continue to be among adult men in economically disadvantaged social stratifications[14]. The data from the present study corroborate this, since the lowest frequencies were found among young people and elderly adults. Although income was not investigated in the present study, some responses provided an understanding of the relationship with financial difficulties, which is in line with the profile of the users of the Unified Health System, who mostly belong to this social stratification.

The present study defines smokers as individuals who spent part of their income on tobacco products and derivatives. Currently, approximately 10% of the Brazilian population spends about 1.5% of their income on these products, and this population is mainly composed of men[15].

The challenges to providing care for men with a history of smoking who are at risk for cancer are focused on ensuring access to the healthcare network and creating opportunities to establish bonds with health professionals. It is also necessary to understand how to establish interpersonal relationships, from the perspective of empathic relationships in which others are accepted and helped, so they can make the best choices and be able to see the motivational factors that help them overcome the smoking habit. In this way, nurses will be able to act according to the beliefs and needs of the men, reducing the chances of "losing them" and ensuring that health education is a process that requires a bond.

It is up to nurses to realize that interventions are successful only if patients are valued and accepted in all their dimensions and characteristics. For this to occur, it is necessary to place them in their interactional context, respecting the very subjectivities of care. It is possible to increase the chances that patients will proactively engage in care practices.

Valuing the importance of others and the meanings resulting from their experiences may lead to the achievement of favorable outcomes of nursing interventions[16].

Addiction cessation involves physical and psychological distress, so it may be better faced with professional support. However, it is necessary for men to recognize that tobacco use is a health problem, want to quit smoking, and be willing to accept help. Smoking cessation depends on active participation by smokers, and their recognition that nicotine causes the development of the addiction; they also need to acknowledge that the main motivation for smoking cessation is related to health problems, such as the occurrence of acute myocardial infarction and respiratory diseases[17].

It may be easier to facilitate smoking cessation with men who admit that they have the addiction than with men who claim that they have control over the addiction. However, admitting the addiction may be seen as synonymous with weakness and being unprepared to invest effort in smoking cessation. This is because abstinence involves cognitive and emotional impairment, requiring changes in lifestyle in order to overcome the desire to smoke and live with other smokers, and avoid situations that may trigger the desire to smoke. These difficulties are shown by frequent reports of unsuccessful attempts to quit the habit, with a high relapse rate.

Therefore, "the difficulty of successfully quitting smoking, or even maintaining cessation of smoking, is multifactorial and complex, and when other elements are added, such as heart conditions, the difficulty seems to increase"[17:61]. In addition, individuals who have already experienced some type of psychic distress have a higher chance of becoming smokers, especially those with depression[17].

The habit of smoking plays an important role in the lives of men. For example, it may mean pleasure and relaxation for them, in the context of lives marked by few opportunities for personal satisfaction[14]. Therefore, men who smoke believe the habit is necessary to their emotional balance and well-being.

PNAISH states that a number of diseases could be prevented if men sought health services with a higher frequency[6]. Knowledge of individuals about self-care is guided by selection of stimuli in their environment, followed by a reaction to them. Therefore, when inserted in the healthcare network, men and nurses can work together to meet different needs, especially in order to recognize, clarify, and define tobacco use as a neurobehavioral disease that generates health-related risks.

Smoking is a risk factor for at least 16 types of cancer. There is sufficient scientific evidence to show that all forms of tobacco are carcinogenic. Compared with non-smokers, smokers are 15 to 30 times more likely to develop lung cancer[18]. Studies have shown that some oncological conditions, such as oral cancer, may be more aggressive when associated with health-damaging habits, including smoking[19].

Most of the men who participated in the present study recognized the relationship between smoking and cancer. However, they mentioned difficulties in quitting the habit due to the importance of the intrinsic issues related to motivational factors. In contrast, many men who recognized the harmful effects of tobacco and presented a family history of morbidity and mortality associating smoking with cancer decided to quit smoking. These experiences highlight the importance of awareness of the addiction and its harmful effects, as well as their will and personal motivation[20].

Motivational factors are unique to individuals. Their recognition requires nurses to trace the profile of smokers, seeking to know their level of addiction to nicotine and the presence of previous psychiatric disorders. In general, male smokers said they wanted to quit smoking, but lack of motivation and daily life problems hampered habit cessation. Therefore, approaches to this population should value collective, interpersonal, and co-responsible processes that preserve autonomy in decision-making about actions aimed at smoking cessation.

Among the strategies for interventions, those focused on specific groups, with cognitive and behavioral support, are essential to promoting successful cessation[15]. The creation of subgroups may contribute to successful approaches, since motivational factors, although varying among individuals, may be based on common previous experiences.

A highlight of the present study is that 56% of the interviewed men had children and 78% were active smokers with high daily consumption of cigarettes. The prevalence of men with children or who are married increases the possibility of passive exposure. Passive exposure increases the chances for non-smokers to develop cancer, with an estimated risk of 20% for women and 30% for men who live with smokers[15]. Thus, these variables deserve special mention in individual approaches, such as in nursing care, in order to contribute to the recognition of motivational factors.

In addition to nursing care, the present study also pointed to the importance of the combination of different strategies. For example, group conversations may encourage men who smoke to change their behaviors. A collective approach to the problem may facilitate communication, since sharing experiences may be a way to stimulate the smoking cessation process. Awareness of the limitations and difficulties faced by others may motivate smokers to initiate an attempt to quit smoking.

Roundtable discussions could be promoted in order to clarify doubts, such as in the case of prostate cancer prevention exams, an opportunity that could be used to highlight the relationship between smoking and the risk of cancer. This strategy facilitates the creation of bonds and affection between professionals and users, and the individuals experience opportunities that may lead to perception and understanding of their health needs. Nurses will be able to conduct activities that are focused on and adapted to different realities, which may make goals more achievable.

The existence of dependency on smoking should be understood as the most important limiting factor, along with the fact that nicotine cigarettes may be used in the reduction or cessation of consumption of illegal drugs, consequently reducing social and health-related damage[20].

From the perspective of teamwork, taking into account the potential need for psychosocial support and pharmacological approaches, it is necessary to establish supportive relationships so that individuals can maintain their decisions. Although relapses may be frequent, it is important to encourage them to react, since several attempts may be necessary before they achieve success in their efforts to stop smoking. In general, former smokers need time to stop suffering from nicotine withdrawal.

One limitation of the present study is that it reveals the reality of a single setting. However, this is balanced by the fact that its findings are compatible with other research on the subject. Another limitation was that the interviews lasted an average of only ten minutes, because the men found it difficult to express their ideas and experiences on the issue, despite the use of a semi-structured interview.

FINAL CONSIDERATIONS

Nursing care for men with a history of smoking and risk of cancer is an often limited, as many men do not visit basic health units, or when they visit, the reason is usually unrelated to the habit of smoking. In most cases, men seek help to quit smoking when they are already affected by a disease. In this case, nursing care strategies may emphasize the advantages of life without nicotine in disease treatment and rehabilitation processes.

Regarding the identification of the care needs of men, it was observed that some of them mentioned difficulties with quitting smoking due to stressful problems of daily life and emotional instability.

Both individual and collective care strategies should focus on meeting the needs of men, highlighting the motivational factors for quitting smoking and its gains for health and longevity. Nurses should be active in setting goals in nursing care services, following nursing processes that are based on a theoretical framework.

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