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ORIGINAL ARTICLE

FEELINGS EXPERIENCED BY WOMEN AGAINST BREAST CANCER SENTIMENTOS VIVENCIADOS POR MULHERES FRENTE AO CÂNCER DE MAMA SENTIMIENTOS VIVIDOS POR MUJERES FRENTE AL CANCER DE MAMA

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ABSTRACT

Objective: to analyze the feelings of women with mastectomies with the breast neoplasm diagnosis and guidelines of health professionals during treatment. **Method:** qualitative study with ten women with breast cancer. Data production occurred from November 2010 to January 2011. The interviews were recorded, transcribed in full and submitted to Content Analysis Technique in the Thematic Analysis mode. The research project has been approved by the Ethics Committee in Research, CAAE-0273.0.045.000-10. **Results:** the subjects were older than 40 years old, predominantly retired, housewives, Catholic and married. As for the diagnosis, they expressed feelings of anguish, fear, concern about imminent risk of death. Most of them showed satisfaction after the guidelines on the procedure and post-surgical care. **Conclusion:** the professionals, in particular nursing must be present, support and give clarification on procedures, in addition to promoting health education. **Descriptors:** Breast Neoplasms; Mastectomy; Nursing Care.

RESUMO

Objetivo: analisar os sentimentos das mulheres mastectomizadas frente ao diagnóstico da neoplasia de mama e às orientações dos profissionais da saúde durante o tratamento. **Método:** estudo qualitativo com dez mulheres com câncer mamário. A produção de dados ocorreu de novembro de 2010 a janeiro de 2011. As entrevistas foram gravadas, transcritas na íntegra e submetidas Técnica de Análise de Conteúdo na modalidade Análise temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE-0273.0.045.000-10. **Resultados:** os sujeitos tinham idade acima de 40 anos, predominantemente aposentadas, do lar, católicas e casadas. Quanto ao diagnóstico, manifestaram sentimentos de angústia, medo, preocupação com risco iminente de morte. A maioria revelou satisfação após as orientações sobre o procedimento e os cuidados pós-cirúrgicos. **Conclusão:** os profissionais em especial a enfermagem devem ser presentes, oferecer suporte e esclarecimento sobre procedimentos, além de promover educação em saúde. **Descritores:** Neoplasias da Mama; Mastectomia; Cuidados de Enfermagem.

RESUMEN

Objetivo: analizar los sentimientos de las mujeres mastectomizadas frente al diagnóstico de la neoplasia de mama y a las orientaciones de los profesionales de la salud durante el tratamiento. **Método:** estudio cualitativo con diez mujeres con cáncer mamário. La producción de datos fue de noviembre de 2010 a enero de 2011. Las entrevistas fueron grabadas, transcritas en su íntegra y sometidas a la Técnica de Análisis de Contenido en la modalidad Análisis temática. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE-0273.0.045.000-10. **Resultados:** los sujetos tenían edad arriba de los 40 años, predominantemente jubiladas, amas de casa, católicas y casadas. Referente al diagnóstico, manifestaron sentimientos de angustia, miedo, preocupación con riesgo inminente de muerte. La mayoría reveló satisfacción después de las orientaciones sobre el procedimiento y los cuidados pos-quirúrgicos. **Conclusión:** los profesionales, en especial la enfermería deben ser presentes, ofrecer apoyo y esclarecimiento sobre procedimientos, además de promover educación en salud. **Descriptor:** Neoplasias de Mama; Mastectomia; Cuidados de Enfermería.

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INTRODUCTION

The term cancer is used generically to represent a set of more than 100 diseases, including malignant tumors of different locations. It is an important cause of disease and death in Brazil, since 2003, the malignant neoplasms are the second most common cause of death in the population, of for almost 17% of deaths of known cause, reported in 2007 in the System of Information on Mortality. Breast cancer is the second most common type in the world, the most common among women and it has high mortality rates.¹

Increased rates of incidence and mortality is attributed to improved diagnostic accuracy, the quality of filling of obits declarations and gradual increase in life expectancy. There is impossibility of total primary prevention because their etiology involves risk factors associated with women's reproductive life and genetic characteristics, bad eating habits, hormonal factors, family history, family background and environmental influence.²

The diagnosis of breast cancer is experienced as a time of immense anguish, suffering and anxiety. During treatment, there are physical losses - a hard and impactful effect that throw and distance woman of her feminine universe - the financial and adverse symptoms, such as depression, low self-esteem, the gradual sexual libido, the terrible idea of death's presence, which will involve constant adaptations to changing physical, psychological, social, family and emotional events that occurred throughout mature process and a better acceptance of their new perspective of life.³

Biggest commotion comes from the mastectomy surgery, which is one of the most commonly used interventions, and may be linked to other forms of treatment such as chemotherapy, radiation therapy and hormone therapy. The choice of treatment depends on factors such as the type of cancer, tumor size, grade and histological staging, dosage of hormone receptors, age, menstrual status (menarche, menopause) and the general state of the individual. These forms of treatment represent the chances of increasing survival and recovery.⁴

In this way, it is not easy living with a stigmatizing disease like breast cancer, live with negative feelings and face prejudices which give rise to a process of signification, generated by the perception that women have about the disease, enabling them to elaborate new concepts about having a disease hard to cure.³ Therefore, the wife and family start questionong the difficult decisions and coping

of how to be positioned on the pathology by analyzing the most diverse possibilities and always seeking an alternative that best answer their questions and bring viability to ease the suffering of all, especially of those who experience the disease.

It is in this context that the Nursing care participates with the woman, minimizing anxiety and difficulties by promoting information and guidance of adequate conditions to the restoration and maintenance of health, for a most appropriate performance in services, in which it is necessary to the knowledge of the needs of the clients serviced. In this sense, the object of study deals with the feelings of women with mastectomies in a philanthropic hospital of Teresina-PI, and aimed to:

- Analyze the feelings of women with mastectomies with the diagnosis of breast cancer and against the guidelines of health professionals during treatment.

METHOD

Study of qualitative approach⁵, clipping work << **Feelings experienced by women with mastectomies in Teresina (PI)** >>, with ten women after meeting the criteria for inclusion: females, have experienced mastectomy, with oncologist follow up and possess sufficient discernment to accept free form and clarified their involvement in the research. The gynecological sector of philanthropic hospital outpatient clinic of Teresina-PI was used, reference North and Northeast in cancer treatment.

Data production occurred in the period from November 2010 to January 2011 through semi-structured script. The interviews were recorded and transcribed in full, after consent of the subjects, and identified by the letter "D" with numerical digit 1, 2, and so on. There was no delimitation by the saturation of the speeches, i.e. with their repetition. Subsequently they underwent to thematic analysis which consists in finding out the cores of meaning, that make up the communication and whose presence or frequency can mean something to the analytic object studied.⁶ For carrying out the analysis, readings and re-readings were made of the reports obtained for grouping of common content and, from these, it was proceeded to the elaboration of thematic categories, which were used in this study.



The research project has been approved by the Ethics Committee in Research of the Federal University of Piau  (CAAE-0273.0.045.000-10) and by the Ethics Committee of the charity hospital of Teresina-PI and the acceptance of the patient of the signing informed consent/FICS, assuring anonymity, and safeguarding the right of not completing the interview, if they so wished, according to the Resolution 196/96 of the National Research Council/CONEP.

RESULTS AND DISCUSSION

Among the participants, most of them (9) were over 40 years old and one was between 30 and 35 years old. With regard to marital status, three were married, three singles, two divorced and two widows. Catholicism was the most cited religion (5), followed by Evangelical (3), Jehovah's witnesses (1) and agnostic (1).

Related to occupation, there was a variety with retired (3), housewives (3), public employees (2), farmer (1) and teacher (1). Regarding quantity of deliveries ranged from nulliparous to multiparous, i.e. from zero to eight children.

The present study is consistent with the studies as regards the age greater than 40 years old, as Catholicism predominant religion, housewife occupation.^{7,8} The average number of children was similar to the one shown in another study, from one to seven children and most passed through the experience of motherhood.⁷

◆ The discovery of cancer and the feelings

This category denotes the construction of the cancer in society, associated with death. The women claimed to have feelings of anxiety, concern about the treatment, fear and feeling of end of life, as shown by the following lines:

It came in my head that I had cancer and I thought there it was all over in my life [...] It was a very difficult time [...] and at the time to get the news, it was a nerve-racking moment [...](D3)

When I knew it was cancer I was thoughtful, I was worried because a disease like that, huh? The worst disease..then I got here the treatment [...](D4)

At the time I was like this, we feel a thing, almost fainting [...] I was not very sad, so I was willing to do the exam, to see the result. (D8)

I thought in a consultation, in operating. I felt afraid to operate. (D10)

The feelings contradict each other and are intense in front of receiving the diagnosis, in

which hopelessness, anguish, pain, fear and even acceptance become part of everyday life.⁹ On the stage at which their diagnosis is confirmed, the life of the woman is suffering from a serie of other influences with the fear of death, questions and myths surrounding cancer, the anxiety of the moment, the preoperative and postoperative, the moment of the mastectomy and many others.¹⁰⁻¹

It can be observed through the testimonials that not only they had difficulty in accepting the diagnosis of breast cancer, a priori their family also felt shaken and unsure with the new situation, here is the statement:

My daughter turned away from me [...] I was sad, I did not know how to handle the situation..in physical therapy I found that the physiotherapist had a daughter who was studying with my girl [...] and then with the time I was getting her friend and I ended up opening regarding the problem with my daughter, and she said that her daughter had commented that my little girl was crying at the University because of me, that she was afraid of losing me and that I didn't know how to handle the situation [...](D1)

The statement demonstrates that initially her daughter retreated due to fear and insecurity to deal with the impact of the disease. When facing with the discovery of the cancer, the family, at first, they despair because of the strong relationship between cancer and death, also by the fact of imagining the sick mother/wife, something inconceivable in any family. However, in a second moment through dialogue between their families, the family finds comfort and realizes the importance of supporting the woman with cancer at the time of crisis.¹¹

◆ Feelings related to the multidisciplinary team care and guidance received

The deponents refer to the multidisciplinary team was important in recovery, offered psychological support and most were well oriented on the procedure and the care after breast surgery, as showed in the speeches:

I received from the nurse, psychologist, psychiatrist [...] the psychiatrist explained how it was going to be [...] giving support.. he said that after everything, it went back to normal...physical therapy has also been important in my recovery. (D1)

They said it was going to be a procedure that wouldn't affect your underarms..because they were just a few grains and you didn't have to move everything, it was taken just the breast, right?..but I didn't need to do that on the underarms and I will have implant in the same day of the surgery. (D3)



They gave a book of guidelines for mastectomies and nutrition to avoid reactions to chemotherapy. (D5, D9, D10)

No, where I had the surgery they gave me a little book like this, for me to learn to eat, there's Apple, banana, things like that. They gave it to me where I had the surgery. Then the doctor told me not to bear away my nail and not leave measure my blood pressure at the operated side, but the doctor. (D6)

I got a lot. I always went to the meetings. Nursing also explained everything to me, the details, every process that went through, clarified everything. No, since then I've been understanding more. I liked it, it was great (assistance). They always treat me well, both the doctors and the nurses, everybody. (D7)

Although women have experienced conflicts caused by insecurity and ignorance of the surgical procedure, their actions and reactions will depend on the personality, past experience and social support for overcoming these problems occurred. From this, the multiprofessional group corresponds to a therapeutic space, psychological support, exchange of experiences, decreases the tension and feelings of incapacity, collaborating with self-esteem, and may also offer group dynamics or relaxation, educational workshops and craft courses. In this way there is an exercise that promotes socialization of women and their experiences helping them understand their sorrows, doubts, improving mood.¹²

It is worth mentioning the importance of the guidelines passed orally and/or through printed material, because the patients in rehabilitation receive support for decision-making, and the oral or written information would be addressed in order to help them determine goals of self-care and solutions to the problems facing.¹³ In this way, it is important to emphasize that the implementation of the nursing consultation in the chemotherapy would be helpful in cancer patient, because the nurse would have knowledge of the concerns of women with mastectomies and therefore better targeting of care, showing effective diagnoses and nursing actions to solve the problems, but try to include the participation of the family and the patient in recovery.¹⁴⁻⁵⁻⁶

Since the period of diagnosis until hospital discharge, nursing has important role in the treatment of breast cancer, to guide the woman and her family about the surgical procedure and self-care, offering support and enabling them to decision-making about treatment. The therapeutic relationship should be stimulated for a confidence and security for both sides, supporting an open

space to expose doubts, improve treatment adherence and express their feelings and expectations.¹⁷

This study shows that knowledge of the feelings of women who have experienced breast cancer brings subsidies for holistic care from diagnosis, treatment and rehabilitation of the woman and her family.

FINAL REMARKS

The knowledge of breast cancer diagnosis, incremental changes and difficulties in the life of the woman with mastectomy generate several feelings, like anxiety, fear and feeling of the end of life. It was noticed the satisfaction by the subjects with the guidelines carried out by professionals to ensure a better coping of the pathology, from nutritional guidelines, the use and limits of their body after the involvement of the disease. Nevertheless, it is worth noting that there is still a deficit of information offered to them and that the scope of nursing care could be more effective in health education. Policies and measures need to be discussed and acted to support the combat against cancer and decrease the disorders suffered by women.

It is understood that nursing would give the assistance of the expectations and needs of women affected by breast cancer, from the establishment of the nursing consultation, because it would ensure physical, emotional and spiritual support. Thus, in the phase of treatment, they would give guidelines for hospital discharge and would lead to self-care and participation of groups that promote social and family reintegration decreasing anxiety and doubt, collaborating with the appropriate follow-up treatment.

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