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EDUCATIONAL STRATEGY EXPERIMENTED WITH MASTECTOMIZED WOMEN: EXPERIENCE REPORT

ESTRATÉGIA EDUCATIVA VIVENCIADA COM MULHERES MASTECTOMIZADAS: RELATO DE EXPERIÊNCIA

ESTRATEGIA EDUCATIVA VIVIDA CON MUJERES MASTECTOMIZADAS: RELATO DE EXPERIENCIA

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ABSTRACT

Objective: to report the educational strategy on the social support networks experimented with mastectomized women. **Method:** this is a descriptive study, with an experience report nature, on the activities of the university extension project << Assistance to the mastectomized woman in the Mastectomized Women Association of Ceara>>, carried out on June 2012. Twenty eight mastectomized women participated in the activity, taking into account the relevance of the existence of social support networks to promote the reintegration into society of women who underwent mastectomy, since they favor rehabilitation. Two stages were adopted: a practical one (through the interaction technique using the soft/hard technology (“a ball of string”) and a theoretical one (expository explanation), favoring the share of content related to the theme. **Results:** Nursing recognizes the need for social support networks aimed at these women and it indicates the concern of constructing along with them some knowledge on the subject. **Conclusion:** it was possible, in a playful and interactive way, to associate theory with practice, encouraging women to be co-responsible in the teaching-learning process. **Descriptors:** Health Education; Nursing; Mastectomy; Social Support.

RESUMO

Objetivo: relatar a estratégia educativa sobre as redes sociais de apoio vivenciada com mulheres mastectomizadas. **Método:** estudo descritivo, do tipo relato de experiência, sobre as atividades do projeto de extensão universitária << Assistência à mulher mastectomizada na Associação Cearense de Mulheres Mastectomizadas >>, realizado em junho de 2012. Participaram da atividade 28 mulheres mastectomizadas, tendo em vista a relevância da existência de redes sociais de apoio para a reinserção à sociedade de mulheres submetidas à mastectomia, uma vez que elas favorecem a reabilitação. Foram adotadas duas etapas: uma prática (por meio de técnica de interação com o uso da tecnologia leve/dura (“um rolo de barbante”) e outra teórica (explicação expositiva), favorecendo o compartilhamento de conteúdos relativos à temática. **Resultados:** a Enfermagem reconhece a necessidade das redes sociais de apoio a essas mulheres e indica a preocupação de construir junto a elas um conhecimento acerca do assunto. **Conclusão:** foi possível, de forma lúdica e interativa, associar teoria à prática, estimulando a mulher a ser corresponsável no processo de ensino-aprendizagem. **Descritores:** Educação em Saúde; Enfermagem; Mastectomia; Apoio Social.

RESUMEN

Objetivo: relatar la estrategia educativa acerca de las redes sociales de apoyo vivida con mujeres mastectomizadas. **Método:** esto es un estudio descriptivo, del tipo relato de experiencia, acerca de las actividades del proyecto de extensión universitaria “Asistencia a la mujer mastectomizada en la Asociación de Mujeres Mastectomizadas de Ceará”, realizado en junio de 2012. Veintiocho mujeres mastectomizadas participaron en la actividad, teniendo en cuenta la relevancia de la existencia de redes sociales de apoyo para la reinserción a la sociedad de mujeres sometidas a mastectomía, ya que favorecen la rehabilitación. Se adoptaron dos etapas: una práctica (por medio de la técnica de interacción con el uso de la tecnología leve/dura (“un ovillo de hilo”) y una teórica (explicación expositiva), favoreciendo el intercambio de contenidos relacionados con la temática. **Resultados:** la Enfermería reconoce la necesidad de las redes sociales de apoyo a estas mujeres e indica la preocupación de construir con ellas un conocimiento acerca del asunto. **Conclusión:** fue posible, de manera lúdica e interactiva, asociar teoría a la práctica, estimulando a la mujer a ser co-responsable en el proceso de enseñanza-aprendizaje. **Descriptores:** Educación en Salud; Enfermería; Mastectomía; Apoyo Social.

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INTRODUCTION

One estimates for 2012 the occurrence of about 53 thousand new cases of breast cancer in Brazil, diagnosed at an advanced stage and having aggressive treatments as a consequence.¹

Among the aggressive treatments for breast cancer, mastectomy stands out, which, in turn, is a mutilating procedure and, consequently, is the most feared by women, since, besides affecting the perception of one's body image, it also represents the loss of femininity and sexuality.

Literature² indicates that mastectomy presents physical, social, and psychological implications, generated by uncertainties, fears, and anxiety as a result of the aesthetic change and physical limitation caused by the surgery.

In this sense, one may indicate the importance of the existence of social support networks to embrace the woman who underwent mastectomy and act as a means for biopsychosocial rehabilitation, becoming relevant in the process of resuming her roles, as she'll need to face, besides the physical barrier, prejudices and stigmas posed by society. Through, for instance, the development of art workshops, informative lectures, courses on improvement of manual artifacts, conversation wheels, stretching sessions, and debates with a psychologist, among other activities which may favor this coping.

Currently, in Fortaleza, Ceara, Brazil, there are many associations for women who underwent mastectomy, since, with the support of the Brazilian Federation of Philanthropic Institutions to Support Breast Health (FEMAMA), many entities are getting access to the population visibility, besides, population is also getting access to them. Thus, one reaffirms the importance of the work of nursing professionals in the provision of health education on social support networks along with mastectomized women.

The social support network may be defined as a system consisting of several social objects, i.e. people, functions, and situations which provide the person with instrumental and emotional support, concerning her/his different needs.³ The network points may be individuals, institutions, or groups which are included in a context where there's a goal to be achieved. Therefore, each type of network will have a specific function in every person's life, so, when people are undergoing an illness status, whether physical, psychological, or social, the network may be of paramount

importance for the health-disease process of these individuals.⁴

Recognizing that society often isn't aware of the existence of this type of social support, health education is a means for spreading knowledge and the participants in the activity are active subjects in the learning process and co-responsible for empowerment to self-care. Having as one of the teaching strategies the method application in a playful manner, health education, carried out through group dynamics, makes the teaching and learning process a collective experience, i.e. everyone is included in the educational process, something which facilitates the community's interaction and participation in the activity.

In face of this reality, this study aims at describing an educational strategy carried out with mastectomized women connected to a social support network.

METHOD

Descriptive study, with an experience report nature, carried out by faculty and students from a university extension program – Maternal and Breast Health (support, attention, and visits by health professionals, such as physicians, nurses, and psychologists, as well as undergraduate and graduate students, in order to rehabilitate and train mastectomized women for self-care) – connected to the Nursing Department of Universidade Federal do Ceara (UFC), and coordinated by a professor/nurse.

The study site was the Mastectomized Women Association of Ceara, connected to the Project Care to Mastectomized Women; the study had the participation of 28 women on June 2012.

Health education was used as a teaching method, based on the method by Paulo Freire, who advocates for mutual learning, in which everyone is included in the teaching-learning process.⁵ The educational strategy was conducted in two stages: a practical one (through the interaction technique using the soft/hard technology "a ball of string") and a theoretical one (expository explanation on the theme).

The activity started with the practical stage; first, the advisor explained how the group dynamics should occur: women were asked to stand upright in the shape of a circle, then he started holding the edge of the string and handing in the ball to the participant with whom he talked more, had closer affinity, or provided greater support. After receiving the ball, the woman should hold a piece of the string and hand in the ball

to the participant who was most important to her, with whom she had closer affinity, or who provided her with greater support. And so on, until the ball was handed in to every woman participating in the activity.

The theoretical content on the concept, type, importance, and purpose of social support networks, as well as the consequences of the participation of these networks in the health-disease process, was orally presented to the group of women and, as it was explained, the participants discussed, asked, and exposed their life experiences.

The evaluation was carried out by opening space just in order to provide women with an opportunity to report how the experience of participating in the educational activity occurred and what was most important aspect with regard to it. One facilitator of the educational process recorded the women's speeches and non-verbal expressions in a field diary throughout the activity.

This study has fully complied with the criteria established by Resolution 196/96 from the National Health Council, observing the ethical aspects and following the principles of beneficence, non-maleficence, justice, and autonomy.

EXPERIENCE REPORT

The person who has undergone an illness period reduces the initiatives for interacting with her/his personal affective contacts, leading those with whom she/he had a relationship in her/his social network to reduce their interaction, too. This is so because social relations are based on an exchange, a *quid pro quo*, in which one expects that the attention provided is returned with the same intensity.⁶

◆ String technique

As the ball of string unraveled, the participants looked at one another without asking anything. After the last woman received the string, one observed that a web was made during the group dynamics. In face of the construction of this figure, its representativeness was discussed, highlighting that every one of us depends on each other, whether directly or indirectly; there was a deepening on the social support networks, corresponding to the theoretical part of health education, and the women were active subjects in the activity.

Increasingly, we realize the need for strategies which are effective to reintegrate into society the mastectomized woman, so that she is guaranteed to have a social role. Researchers studied the association between

the variables: coping strategies, social support, and depressive symptoms in oncologic patients. It was found out that an ineffective emotional support, an insufficient social network, and a coping aimed at avoiding the problem are predictors of depressive symptoms during the treatment of neoplasia.⁷

In this experiment, there was reports from some women of cases which reaffirm the connection, even indirectly, between all members of the mastectomized women association. When one of these women didn't develop her role within that social support network, there was an imbalance in the activities undertaken by the group.

◆ Expository explanation

During the verbal explanation, one could realize that, although the social support networks are important for the rehabilitation of mastectomized women, many of them didn't show to have any knowledge on the subject or claimed to know about the social networks, but they hadn't an adequate knowledge.

It was also noticed their interest in understanding the needs of the guidelines informed, asking questions and searching for information when they needed it.

At the end of the activity, the participants evaluated health education by expressing how enriching and relevant the strategy used showed to be, and they stated to have reviewed their knowledge on the social support networks, as they had obtained misconceptions about them.

These experiments showed a space of growth and exchanges among the people involved, both the facilitators and participants. For Nursing, living this experience is something important because, this way, one provides a professional practice with improved techniques, as well as specific applications to the population of mastectomized women.

Corroborating this lived experience, studies⁸⁻¹¹ refer to the importance of knowledge on the social support networks for people who faced health problems, so that they can include these networks in their rehabilitation/social reintegration process.

FINAL REMARKS

The need for providing mastectomized women with learning opportunities which encourage them to participate in social support networks became evident, in order to turn them into active agents in their process of social rehabilitation.

Knowing that the health-disease process should be favored with social support networks in the lives of women who underwent mastectomy, one recognized the importance of Nursing to carry out educational health activities on this theme with specific groups of women, aiming to construct and consolidate knowledge and generate autonomy for the social subjects.

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