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SELF-CARE DEFICIT IN DRESSING OF MASTECTOMIZED WOMEN

DÉFICIT NO AUTOCUIDADO PARA SE VESTIR DE MULHERES MASTECTOMIZADAS

DÉFICIT EN EL AUTOCUIDADO PARA VESTIRSE DE MUJERES MASTECTOMIZADAS

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ABSTRACT

Objective: to investigate the nursing diagnosis "Self-care deficit in dressing of mastectomized women". ***Method:*** this is a cross-sectional study, conducted with 55 women undergoing antineoplastic treatment in October and November 2011. We analyzed variables with "yes" and "no" answers by z test for proportions; associations between surgery type and defining characteristics by c^2 test; normality of variables using the Kolmogorov-Smirnov test; and group mean values by the Mann-Whitney test. The study was approved by the Research Ethics Committee of Universidade de Fortaleza (Unifor), under the CAAE 0327.0.037.000-11. ***Results:*** the nursing diagnosis concerned was identified in 92.7% of women. The mean duration of surgery was lower in women with the ability to take off and close their clothes than in those without these defining characteristics ($p = 0.046$ and $p = 0.036$, respectively). There was no association between these characteristics and right or left mastectomy ($p > 0.005$). ***Conclusion:*** data suggest that the nurse involves the preparation of a partner, relative, or caregiver to support in "dressing up". ***Descriptors:*** Nursing; Mastectomy; Women's Health; Self-Care.

RESUMO

Objetivo: investigar o diagnóstico de enfermagem "Déficit no autocuidado para se vestir de mulheres mastectomizadas". ***Método:*** trata-se de estudo transversal, realizado com 55 mulheres em tratamento antineoplásico em outubro e novembro de 2011. Foram analisadas variáveis com respostas "sim" e "não" pelo teste z para proporções; associações entre tipo de cirurgia e características definidoras pelo test c^2; normalidade das variáveis pelo teste de Kolmogorov-Smirnov; e médias dos grupos pelo teste de Mann-Whitney. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da Universidade de Fortaleza (Unifor), sob o CAAE n. 0327.0.037.000-11. ***Resultados:*** o diagnóstico de enfermagem em questão foi identificado em 92,7% das mulheres. O tempo médio de cirurgia foi menor nas mulheres com capacidade de tirar e de fechar a roupa do que naquelas sem essas características definidoras ($p = 0,046$ e $p = 0,036$, respectivamente). Não houve associação dessas características com mastectomia direita ou esquerda ($p > 0,005$). ***Conclusão:*** os dados suscitam que o enfermeiro envolva o preparo do parceiro, familiar ou cuidador no apoio a "vestir-se". ***Descritores:*** Enfermagem; Mastectomia; Saúde da Mulher; Autocuidado.

RESUMEN

Objetivo: investigar el diagnóstico de enfermería "Déficit en el autocuidado para vestirse de mujeres mastectomizadas". ***Método:*** esto es un estudio transversal, realizado con 55 mujeres en tratamiento antineoplásico en octubre y noviembre de 2011. Fueron analizadas las variables con respuestas "sí" y "no" por la prueba z para proporciones; asociaciones entre tipo de cirugía y características definidoras por la prueba c^2; normalidad de las variables por la prueba de Kolmogorov-Smirnov; y medias de los grupos por la prueba de Mann-Whitney. El estudio fue aprobado por el Comité de Ética en Investigación de la Universidade de Fortaleza (Unifor), bajo el CAAE 0327.0.037.000-11. ***Resultados:*** el diagnóstico de enfermería en cuestión fue identificado en 92,7% de las mujeres. La duración media de la cirugía fue menor en las mujeres con capacidad de quitar y cerrar la ropa que en aquellas que no tienen esas características definidoras ($p = 0,046$ y $p = 0,036$, respectivamente). No hubo asociación de esas características con mastectomía derecha o izquierda ($p > 0,005$). ***Conclusión:*** los datos plantean que el enfermero involucre la preparación del compañero, familiar o cuidador en el apoyo a "vestirse". ***Descriptores:*** Enfermería; Mastectomía; Salud de la Mujer; Autocuidado.

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INTRODUCTION

The main objective of nursing is providing good quality care in a humanized way, meeting the needs of the individual who is going through a health/illness process, so that she/he can overcome it in the best possible way. In the case of a woman diagnosed with breast cancer who undergoes mastectomy, her basic needs are changed, requiring from the nurse assistance and guidance for self-care. For this, it is necessary that this professional is aware of the female patient's needs, something which is possible by means of Nursing Care Systematization (NCS).

According to the Resolution of the Federal Council of Nursing (COFEN) 272/2002, NCS is an exclusive task of the nurse. For implementing it, we need to use the scientific method, resulting in an organized way to provide care. It consists of previously established steps, including the investigation of patient's data, diagnosis, intervention, and nursing evaluation.[1]

In order to ensure care for women with breast cancer, the nurse needs to be updated, expanding her/his technical and scientific knowledge, technical skills, understanding of disease mechanisms and treatments, as well as the increasing incorporation of technology, providing the population with greater access to information.[2]

In 2010, Brazil registered about 49,240 new cases of breast cancer, 17,540 of them in capital cities. For Ceará, in 2010, 1,660 new cases of breast cancer were estimated per 100,000 women, something which corresponds to a gross rate of 37.2. In turn, the number of new cases in the capital city, Fortaleza, was 690, corresponding to a gross rate of 51.6.[3]

Thus, breast cancer is the most common among the female population, it is the second leading cause of cancer-related deaths among western women, a fact proven by the high number of new cases identified each year.[3] It is the most feared neoplasia by women, both due to the high prevalence and because it is not preventable, it can only be detected early. Another concern is related to a possible mastectomy, which leads to psychological disorders because of self-image changes, as well as the physical discomfort of surgery and constraints to perform daily life activities.

Studies have investigated self-care deficit in mastectomized women. A documentary research carried out with 239 women who underwent such surgery in an oncology reference hospital in Vitória, Espírito Santo, Brazil, identified self-care deficit as being among the most prevalent nursing diagnoses (NDs) (69.6%).[4] Another documentary study, conducted at the Oncology Service of the Center for Integral Care to Women's Health (CAISM), of Universidade Estadual de Campinas (UNICAMP), with 140 clients who would undergo surgery, including mastectomy and extensive breast excision, showed the occurrence of NDs related to the Mover standard, such as: Potential for impaired physical mobility; Impaired physical mobility related to the restriction of movement posed by medical prescription; Changed health maintenance related to the lack of interest expressed in health promoting behaviors.[5]

These health problems may predispose the female patient to have a decreased self-care behavior due to limited movements and lack of interest in health promotion, i.e. the promotion of care procedures to maintain her well-being.

Considering the high incidence of breast cancer and its impacts on women's health, the relevance of NCS stands out, in order to prevent complications which may interfere even more with the quality of life of these female patients, with the application of appropriate interventions for the ND concerned. The Resolution COFEN 358/2009 provides that the NCS is deliberately performed and that its implementation occurs in all environments and at the various levels of care in which nursing care is performed, whether in a public or private institution.[6]

Realizing that the woman who undergoes a mastectomy goes through a long process of intervention and recovery and that her basic needs are affected, there is a need for an effective nursing care, so that the woman can face her difficulties with less physical and psychological harm.[4]

Encouraging these women to practice self-care will allow an opportunity to better evaluate her living conditions and her daily decision making with regard to the adoption of healthy habits, in addition to the importance of keeping her informed about the care procedures which are indispensable to mastectomy, so that she actively participates in her recovery and rehabilitation. The greater the knowledge of women about the surgery, the greater adherence to self-care measures and the lower risks of complications.[7]

In this context, studies evaluating, in mastectomized women, the ND "Self-care deficit in dressing" are scarce. In the literature review conducted in the databases Medical Literature Analysis and Retrieval

System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS), and Database of Nursing (BDENF), from January 1997 to February 2012, about this ND in women with breast cancer, where the following descriptors were used: nursing diagnosis, breast cancer and associated self-care procedures. Seven articles were analyzed; however, none of them addressed the ND concerned with mastectomized women.

The ND "Self-care deficit in dressing" consists in the impaired ability to perform or complete activities related to dressing and grooming by oneself, with these defining characteristics: impaired ability to put on socks, wear shoes, put clothing items required; obtain garments; remove clothing items required; remove socks; remove shoes; inability to put on socks, wear shoes, put clothes on the lower body; put clothes on the upper body; choose the clothes; close clothes; keep looking at a satisfactory level; pick up the clothes; remove the socks; remove the clothes; remove the shoes; use auxiliary devices and use zippers. There are the following related factors: severe anxiety; environmental barriers; discomfort; pain; fatigue; weakness; decreased motivation; cognitive impairment; musculoskeletal injury; neuromuscular injury; and perceptual loss.[8]

The interest in carrying out this study was due to the practice experienced by the authors with mastectomized women who had difficulties in performing daily life activities, especially dressing up, depending on other people to assist them to fulfill this activity. Thus, the objectives were:

- To investigate the nursing diagnosis "Self-care deficit in dressing of mastectomized women".
- To identify the socioeconomic profile of women participating in the study and check the proportion of occurrence of the defining characteristics and the factors related to "Self-care deficit in dressing of mastectomized women".

METHOD

This is a cross-sectional study, descriptive and exploratory, conducted in October and November 2011, at the oncology sector of a philanthropic hospital within the Local Health System of Fortaleza, Ceará, Brazil, enrolled in the Unified Health System (SUS).

It had the participation of 55 mastectomized women who underwent antineoplastic treatment in the chemotherapy outpatient unit of this hospital. This number of women was determined according to demand in the sector within the period specified for data collection, taking into account that there were no records regarding the number of mastectomized women who were followed up in this hospital institution. Contact with women occurred for convenience, in a consecutive way, i.e. women were invited to participate in the study as they attended the hospital for chemotherapy sessions.

The inclusion criteria adopted were: being followed up at this hospital, having the confirmed diagnosis of breast cancer, and having undergone partial mastectomy surgery, unilateral or bilateral.

Data were collected through interview, which followed a pre-established form addressing socioeconomic and demographic variables (age, education level, number of people in the family, income, occupation, and marital status); variables related to the surgery (time of surgery and type of surgery); and variables related to the ND under study (defining characteristics and related factor). The ND under analysis was determined by the presence of major defining characteristics: impaired ability to put and remove clothes; inability to close clothes; inability to satisfactorily grooming; and inability to get or replace garments. The presence of one or more of these defining characteristics is enough for establishing the diagnosis under study.[9]

We calculated the statistical measures mean, standard deviation, and mean standard error (MSE) for age and time of surgery. We analyzed the variables with "yes" and "no" answers by means of z test for proportions; associations between type of surgery and defining characteristics were checked by c^2 test. We verified the normality of variables using the Kolmogorov-Smirnov test. The mean values of groups were analyzed using Mann-Whitney test. We regarded as statistically significant p values < 0.05. Data were processed using the software *SPSS*, version 14.0.

We followed the recommendations of Resolution 196/96, from the National Health Council (CNS).[10] The study was approved by the Research Ethics Committee of Universidade de Fortaleza (UNIFOR), under the CAAE 0327.0.037.000-11 and the Protocol 282/2011. The participants signed the free and informed consent term.

RESULTS

The data presented in Table 1 gather relevant information about the sample under study, where we observe characteristics related to some demographic and socioeconomic variables. It was found out that the age of women ranged from 23 to 73 years, with a mean of 48.2 ± 10.6 years. The significant percentage of mastectomized women under 40 years (18.1%) stood out. The education level ranged from no school education to Higher Education, with a predominance of Primary School, with 33 (60.0%) women. The number of people in the family ranged from 2 to 10, with a mean of 3.95 ± 1.79 persons, to a household income ranging from less than 1 to more than 3 minimum wages, corresponding to the mean of R$ 914.16 ± 828.07. Most women, i.e. 33 (60.0%) had as occupation household chores and 37 (67.3%) were married or lived as married like couples.

Table 1. Distribution of the number of mastectomized women, according to demographic and socioeconomic variables. Fortaleza, Ceará, Brazil, 2011.

Variables	n = 55	%
Age (years) χ= 48.2 ± 10.6 years		
23-39	10	18.1
40-49	22	40.0
50-73	23	41.9
Education level		
No school education	2	3.6
Primary School	33	60.0
High School	15	27.3
Higher Education	5	9.1
Number of people in the family χ= 4.0 ± 1.8 people		
2-3	29	52.8
4-6	22	40.0
8-10	4	7.2
Family income (MW) χ= R$ 914.2 ± 828.1		
Up to 1	23	41.8
1/2	21	38.2
2/3	4	7.3
≥ 3	7	12.7
Occupation		
Household chores	33	60.0
Work outside home	18	32.7
Retired	4	7.3
Marital status		
Married like couple or married	37	67.3
Single or without partner	13	23.6
Widow	5	9.1

In Table 2, it is observed that the mean of mastectomy completion time was 24.4 ± 41 months, with a predominance time of surgery up to 6 months - 25 (45.4%). Regarding the type of mastectomy, there was equivalence between the right and left unilateral surgery, in 45.4% of respondents.

Table 2. Distribution of the number of mastectomized women, according to data related to surgery. Fortaleza, Ceará, Brazil, 2011.

Variables	n = 55	%
Time for performing mastectomy (months) χ= 24.4 ± 41 months		
Up to 6	25	45.4
7-12	13	23.7
16-48	10	18.1
60-180	7	12.8
Type of mastectomy		
Unilateral - right breast	25	45.4
Unilateral - left breast	25	45.4
Bilateral	4	7.3
Partial	1	1.8

Table 3 presents the defining characteristics and factor related to the ND "Self-care deficit in dressing". According to the criterion adopted that the ND under analysis would be determined by the presence of at least one of the major defining characteristics (impaired ability to put and remove clothes; inability to close clothes; inability to satisfactorily grooming; and inability to catch or replace items of clothing), this was observed in 51 (92.7%) women. This high prevalence reflects the need for monitoring and action on the part of nurses for establishing interventions which are able to provide this support to mastectomized women, something which may be delegated to the partner, relative, or caregiver, with appropriate guidance to avoid discomfort or physical damage.

Other defining characteristics and related factors presented in Table 3 corroborate the presence of the ND among the target public of

this research, except to put and remove items of clothing required, whose p values were greater than 0.005.

We emphasize that failure to choose their clothes; inability to keep looking at a satisfactory level; inability to catch an item of clothing to wear; and inability to remove their shoes were absent in the group under study.

As for the factors related to impaired ability to dress, the most frequently cited were: perceptual loss - 9 (16.4%); pain - 6 (10.9%); musculoskeletal discomfort and injury - 4 (7.3%); discomfort - 3 (5.5%); weakness - 3 (5.5%); discomfort and pain - 3 (5.5%); pain and perceptual loss - 3 (5.5%). The associations severe anxiety and pain; pain and fatigue; discomfort, pain, and weakness; discomfort, pain, and musculoskeletal injury; and discomfort, weakness, and musculoskeletal injury appeared in 2 (3.6%) respondents each. The other factors had a frequency of 1 (1.8%) woman each, and 5 (10.9%) women reported not having any of the factors.

Table 3. Distribution of the number of mastectomized women, according to defining characteristics and factor related to the nursing diagnosis "Self-care deficit in dressing". Fortaleza, Ceará, Brazil, 2011.

Defining characteristics and related factor[1]	Yes		No		
	n = 55	%	n = 55	%	P1
Impaired ability to					
Put and remove clothes	34	61.8	21	38.2	0.013
Close clothes	18	32.7	37	67.3	<0.0001
Satisfactorily grooming	39	70.9	16	29.1	<0.0001
Catch or replace clothing items	18	2.7	37	67.3	<0.0001
Put on socks	17	30.9	38	69.1	<0.0001
Wear shoes	17	30.9	38	69.1	<0.0001
Put the clothing items required	29	52.7	26	47.3	0.567
Obtain items of clothing	11	20.0	44	80.0	<0.0001
Remove clothing items required	31	56.4	24	43.6	0.182
Remove socks	11	20.0	44	80.0	<0.0001
Remove shoes	10	18.2	45	81.8	<0.0001
Inability to					
Put on socks	1	1.8	54	98.2	(2)
Wear shoes	---	---	55	100.0	
Put clothes on the lower body	3	5.5	52	94.5	
put clothes on the upper body	1	1.8	54	98.2	
Choose clothes	---	---	55	100.0	
Keep looking at a satisfactory level	---	---	55	100.0	
Catch an item of clothing to wear	---	---	55	100.0	
Remove socks	1	1.8	54	98.2	
Remove clothes	1	1.8	54	98.2	
Remove shoes	---	---	55	100.0	
Dress with zippers or other auxiliary devices	2	3.6	53	96.4	

[1] p1 of z test for proportions; [2] there was no test due to the small values of n for "yes".

In Table 4, it is observed that the mean time of surgery was lower in women with the ability to remove and close clothes than those who did not have these defining characteristics (p = 0.046 and p = 0.036, respectively).

Table 4. Comparison of the mean time of surgery, according to the major defining characteristics: ability to remove and close clothes. Fortaleza, Ceará, Brazil, 2011.

Characteristic	Mean ± MSE[1,2]	p1
Ability to remove clothes		0.046
Yes	17.12 ± 4.8	
No	36.1 ± 12.0	
Ability to close clothes		0.036
Yes	10.3 ± 3.4	
No	31.2 ± 7.8	

[1] p1 of Student t test for independent data; [2] time in months; there was no test regarding the other major defining characteristics due to small values of n for "yes".

Table 5 shows that there was no association of the defining characteristics ability to remove and close clothes to the type of surgery (right or left mastectomy) (p > 0.005).

Table 5. Association between defining characteristics and type of surgery. Fortaleza, Ceará, Brazil 2011.

Defining characteristics	Type of surgery				
	Right breast		Left breast		
	n	%	n	%	p
Ability to remove clothes					0.382
Yes	14	56.0	17	68.0	
Not	11	44.0	8	32.0	
Ability to close clothes					0.544
Yes	7	28.0	9	36.0	
Not	18	72.0	16	64.0	

DISCUSSION

One of the risk factors for breast cancer is age over 35 years, being an uncommon neoplasm at an inferior age. The higher incidence occurs between 40 and 60 years of age, and it is possible to observe an increase in the number of cases after 50 years of age. Such information is consistent with the results of this study. In a research conducted in a reference oncology hospital in Vitória, Espírito Santo, Brazil, with 239 participants, 64.8% were between 40 and 59 years. A study conducted at the Francisco Gentil Portuguese Institute of Oncology, with 120 women undergoing mastectomy, observed a mean age of 49.8 ± 11.0 years.[6,4,11]

Taking into account the predominance of women with Primary Education, similar findings were observed in a study conducted with 18 mastectomized women in the city of Belém, Pará, Brazil, in which 61% had the same education level.[12]

Schooling is an intervening factor in many health-related issues, directly influencing the quality of self-care. Women with a lower education level have more difficulty to grasp information and put it into practice in their benefit after a mastectomy, for example. The same reasoning justifies the low demand for health services and late detection of breast cancer, leading women to radical, mutilating, mastectomies, with greater deficit in dressing.[12,13]

Most women live with an income of up to 1 minimum wage, a result similar to that found in a study conducted in Goiânia, Goiás, Brazil, in which 69.5% of the 82 reviewed medical records of mastectomized women had information on family income below 1 minimum wage.[14]

Low socioeconomic status associated to low education contributes to the increased risk of cancer, both due to difficult access to health services and the lack of guidance on the subject.

Regarding occupation, 33 (60.0%) women dedicated themselves to household chores, which are almost entirely menial tasks. A similar result was found in a study carried out with 25 mastectomized patients undergoing treatment at the Oncology Center of the Santa Casa de Misericórdia of Maceió, Alagoas, Brazil, in which 64% conducted the same activities.[15]

It is important to analyze this variable, due to the conditions posed to these women after mastectomy, in view of the limitations for carrying out certain household chores, something which can cause anxiety, worry, since, as they are unable to take on some tasks, they will be part of the organization of the home environment devoid of zeal or at the mercy of other family members, something which ends up affecting the family dynamics.[12,15]

In addition to the limitations posed by the surgery, as the low education level of these women, it is more likely that they are offered heavy-duty work, menial, and they also face problems related to their work activities.[15]

As for marital status, 37 (63.3%) lived as married like couples or were married. Similar findings were observed in a study carried out at the center for teaching, research, and assistance in the rehabilitation of mastectomized women, in the town of Ribeirão Preto, São Paulo, Brazil, with 22 women. Out of these, 18 (81.8%) were married or living as married like couples.[16] This marital status may be satisfactory with regard to the support in household chores on the part of the partner, an attitude of solidarity and respect which needs to be stimulated by the health care team.

This spousal support is relevant to strengthen the couple's affection and mitigate possible feelings of contempt by the partner, quite feared by women, who express that the breast is the symbol of female sexuality, source of sensuality of libido, and, then, mutilated. A study carried out in Singapore with 20 mastectomized women identified that 9 had problems in the marital relationship, such as a decreased frequency of sexual relations.[12,17]

The time of undergoing mastectomy for most women was about 6 months. However, the p values indicated that both those who have the ability to remove clothes and the ability to close clothes, the mean time of surgery was lower than those without these two defining characteristics ($p = 0.046$ and $p = 0.036$, respectively). This means that the shorter the time of surgery, the greater the patient's ability to remove and close clothes. It seems more reasonable that the shorter the time of mastectomy, the bigger the woman's limitation with regard to the activity of dressing, since the physical and psychological trauma is more recent. However, this finding may be justified by the fact that this bigger time is the period when the woman is actually making her first attempts to remove and close clothes without assistance, making these characteristics more present.

We found a predominance of unilateral radical mastectomy, with equivalence

between the right and left breasts. Divergent findings were observed in a study conducted with 120 women undergoing mastectomy, which found the prevalence of left unilateral mastectomy (53.3%), according to the literature in which the most affected breast is the left one.[11] Therefore, studies comparing the ND "Self-care deficit in dressing" among women who underwent mastectomy in the dominant arm or not and whether there was lymphatic emptying or not are pertinent, since they are conditions generating different difficulty levels.

Regarding the ND concerned, a documentary study conducted with 239 medical records aimed to identify the NDs more prevalent among mastectomized women, finding 69.6% of them with the ND "Decreased self-care", and the "Self-care deficit in dressing" is the second more frequent one.[5] Another research conducted in São Paulo, with 28 mastectomized women found out that the activities of dressing and undressing, bathing, and washing the top of the shoulder opposite to the surgery were the activities promoting more difficulty. It was also observed that the most cited related factors were perceptual loss and pain, something which also corroborates the above mentioned study, when 10 out of the 28 interviewed women reported difficulty for performing exercises, mainly related to pain.[18]

CONCLUSION

The age of mastectomized women under study agreed with the mean values presented by the Ministry of Health for a higher incidence of breast cancer (50 years), as well as low education level and family income lower than 1 minimum wage. Most women underwent mastectomy 6 months ago, with a predominance of unilateral surgery.

We identified a high prevalence of the ND in focus (92.7%), something which demonstrates the need for nurses to establish interventions in the care for mastectomized women and involves the preparation of partner, relative, or caregiver for supporting the life activity "dressing", aimed at the defining characteristics and the related factors present.

The mean time of surgery was lower in women with the ability to remove and close clothes than in those who did not have these two defining characteristics ($p = 0.046$ and $p = 0.036$, respectively). There was no association of these characteristics to the type of surgery, right or left mastectomy ($p > 0.005$).

As a study limitation, stands out the use of the concept defining characteristics, proposed by Carpenito-Moyet, for evaluating the presence of the diagnosis, since, currently, accuracy measures and statistical tests have been used to establish the presence of the ND, ensuring greater effectiveness.

Taking into account the importance of nurses for health prevention and promotion, we observe the need for further studies with regard to the diagnosis, as well as to cancer as a whole.[19]

Thus, we suggest that further studies may be conducted taking as research object this ND, in order to overcome the limitation presented in this study, with more representative samples of comparative groups between right and left mastectomy.

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