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REFLECTIVE ANALYSIS ARTICLE

NURSING CARE FOR WOMEN WITH BREAST CANCER BASED ON THE THEORY OF INTERPERSONAL RELATIONS

CUIDADO DE ENFERMAGEM À MULHER COM CÂNCER DE MAMA EMBASADO NA TEORIA DO RELACIONAMENTO INTERPESSOAL

ATENCIÓN DE ENFERMERÍA A MUJERES CON CÁNCER DE MAMA BASADA EN LA TEORÍA DE LAS RELACIONES INTERPERSONALES

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ABSTRACT

Objective: to reflect on the possibility of basing nursing care provided to women with breast cancer on Hildegard Peplau's theory. **Method:** descriptive study with reflective analysis on the applicability of the theory of interpersonal relationships for the qualification of nursing care provided to women with breast cancer. **Results:** in spite of being a theory developed in the 1950s, it evokes the discussion on current issues enhancing the dialogical relationship and listening to patients, considering crucial to understand their sociocultural context and to recognize their singularities and the need to make them co-participative in their treatment. **Conclusion:** the issues evoked by Hildegard Peplau are relevant and able to guide nursing care provided to woman with breast cancer. **Descritores:** Breast Neoplasias; Nursing Theory; Nursing Care.

RESUMO

Objetivo: refletir sobre a possibilidade de embasar os cuidados de enfermagem à mulher com câncer de mama na teoria de Hildegard Peplau. **Método:** estudo descritivo de análise reflexiva sobre a aplicabilidade da teoria das relações interpessoais para a qualificação dos cuidados de enfermagem à mulher com câncer de mama. **Resultados:** apesar de ser uma teoria desenvolvida na década de 1950, ela evoca a discussão de questões atuais ao valorizar a relação dialógica e a escuta aos pacientes, considerando fundamental a compreensão do seu contexto sociocultural, e o reconhecimento de suas singularidades e a necessidade de torná-los coparticipativos em seu tratamento. **Conclusão:** as questões evocadas por Hildegard Peplau são relevantes e capazes de orientar o cuidado de enfermagem à mulher com câncer de mama. **Descritores:** Neoplasias Mamárias; Teoria de Enfermagem; Cuidados de Enfermagem.

RESUMEN

Objetivo: reflexionar sobre la posibilidad de basar la asistencia de enfermería a las mujeres con cáncer de mama en la teoría de Hildegard Peplau. **Método:** estudio descriptivo con análisis reflexivo sobre la aplicabilidad de la teoría de las relaciones interpersonales para la calificación de la asistencia a las mujeres con cáncer de mama. **Resultados:** a pesar de ser una teoría desarrollada en la década de 1950, evoca la discusión de temas actuales al darle valor a la relación dialógica y a la escucha a los pacientes, considerando fundamental la comprensión de sus contextos socioculturales y el reconocimiento de sus singularidades y la necesidad de hacerlos coparticipantes en sus tratamientos. **Conclusión:** los temas evocados por Hildegard Peplau son relevantes y capaces de orientar la atención de enfermería a la mujer con cáncer de mama. **Descriptores:** Neoplasias Mamarias; Teoría de Enfermería; Atención De Enfermería.

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INTRODUCTION

The need to reconcile diverse healthcare and bureaucratic activities has marked nursing practice in the various healthcare services. The reality is not different in oncology centers. Occurrences and complications of everyday life coming from complex actions require that nurses perform a variety of tasks and procedures, as well as safe supervision of the nursing team, often in an accelerated dynamics. This reality induces automated and mechanistic behaviors, in which critical reflection and dialogue do not find space and time, diverting the focus of attention that should be on the individuals being cared for.

Regarding health care provided to oncology patients, it is observed that patients submitted to cancer therapies are weakened and confused due to the feeling of helplessness in the face of the illness and its treatment, fear of death, sense of guilt and so many other changes that the disease may entail.¹ From the point of view of women affected by breast cancer, suffering is even greater. When they realize the disease, women feel fragile in their femininity, sexuality and motherhood.²

Despite the significant scientific development in the field of oncology, it can be observed that healthcare practices, including nursing, have to face serious limitations to respond effectively to the real health needs of these patients. To overcome this reality, there is a need for services and health professionals that value the human dimension of health care, investing in a close and dialogical relationship between who provides health care and who is cared for. In their actions, they must consider the subjective aspects inherent to the process of illness, especially breast cancer. In this respect, the role of nurses should be noted, since among health professionals they have always been historically closer and spend more time providing health care to patients. Nursing consultation is considered a legitimate space of care able to prevent and minimize the anguish felt by women with breast cancer at the time of diagnosis and throughout treatment, thus contributing to their rehabilitation and socialization.³

For purposes of this study, the focus is not on the disease, i.e., breast cancer, but on the psychosocial and affective implications that it causes in the life of women involved, who for the most part are neglected while being cared for. This reflection aims to understand why there is a need for a differentiated health care for women with breast cancer and how such care can be performed. To do so, we take as

reference the conceptual bases of the theory of interpersonal relations elaborated by Hildegard Elizabeth Peplau, an American nurse who lived from 1909 to 1999.

The option for this theory is based on the importance that it gives to the relationship between nurses, patients and families, which is considered an essential tool in health care provided to women with breast cancer. The choice is also justified by understanding that breast cancer is a disease that affects women socially due to images and symbols that permeate the social imaginary. This fact requires that professional nurses are able to deal, at the same time, with technical interventions and the subjective dimension of patients, which among several other things demand communication skills and a therapeutic relationship, central aspects of this theory.

This study aims to reflect on the possibility of basing nursing care for women with breast cancer on the theory of interpersonal relations. It is expected that it can provide reflection in order to enable improvements in nursing care for women with breast cancer, with the transformation of practices that still predominate in oncology centers, as well as contributing to the improvement of the nurse-patient relationship.

METHOD

This study is a reflective analysis on the applicability of the theory of interpersonal relations in nursing care provided to women with breast cancer, in order to make health care more assertive to this clientele. It was developed in the course on Theoretical and Philosophical Foundations of Nursing Health Care of the Master's Program in Nursing, Federal University of Piauí, in the period 2012-1.

This reflection was based on the key concepts and assumptions of the theory above mentioned, as well as on articles that discuss breast cancer, in order to acquire greater depth and closeness with the theme.

♦ Breast cancer: beyond clinical and epidemiological aspects

Breast neoplasms are gaining a prominent position among the diseases that affect the female population, representing important cause of deaths among women. In Brazil, estimates indicate that for the year 2012 and the end of 2013 approximately 52,680 new cases of breast cancer will occur, being this type more incident in women of nearly all Brazilian regions, except in the northern

region, where the tumor of the uterine cervix is the most frequent.⁴

In addition to being the neoplasia that has the greatest impact on Brazilian women, it is also the leading cause of death by cancer in women. In 2010, this disease caused 12,852 deaths, which were recorded in the country and estimates indicate that the mortality rate is likely to remain high, mainly because, in 60% of cases, breast tumors are diagnosed at an advanced stage, making them untreatable.⁵

The concern about breast cancer is not only based on the epidemiological profile presented, but primarily on the effects and negative impact that this disease causes in the lives of the women involved. Living with an illness linked to stigmata, living constantly with uncertainty about future quality of life and in relation to life itself, as well as with the possibility of recurrence of the disease are some of the difficulties that women affected by this disease will face in their daily lives.

Scholars in the area show that the diagnosis of breast cancer often causes detrimental effects on the lives of women who receive it due to fear of mutilations and defacements that treatments can cause, fear of death, and the many losses that almost always occur in the emotional, social and material spheres.²

It must be considered that the images that identify cancer with death are still present in our everyday lives, because until recently the diagnosis of breast neoplasia was seen as an inevitable death sentence by many women. In addition, when women realize they have this disease, they face the possibility of losing an organ highly imbued with representations and meanings, since the breasts symbolize femininity and have several functions such as aesthetic, erotic and exchanges of affection and food through breastfeeding. In this sense, the mastectomy—as a therapeutic modality—causes changes in femininity, constituting the mutilation of an organ with important functions for women; in addition to distancing them from the aesthetic standards highly valued nowadays.⁶

It is important to stress that, coupled with the loss of the breasts, the absence of hair as a result of the side effects caused by chemotherapy also triggers a stigma that is strongly felt by women with breast cancer, since it is a characteristic of female sensuality. Thus, the loss of hair can represent an impact that women must learn to deal with.

Because of these critical aspects that gravitate around the illness process of breast cancer, woman's experience transcends the suffering caused by the disease itself. It is a suffering that holds representations and

meanings assigned to the illness and its treatment. This suffering penetrates the dimensions of being female, interferes with interpersonal relations and especially with the most intimate and basic women's relationships.² In this context, in order to ensure that nursing care is effective and satisfactory, it becomes more than necessary that nurses—as members of the multidisciplinary health team—consider all these aspects of health care provided to these women.

In that circumstance, the nurse-patient relationship is expected to be of help, since quality nursing care do not consider patients as a sick organ, but rather as a totality, with their history, values, fears and anxieties.

♦ Application of the theory of interpersonal relations in health care for women with breast cancer

The theory of interpersonal relations is considered a milestone for the practice of nursing, particularly by the importance given to the relationship between nurses and patients in the therapeutic process, an issue little discussed and valued in the daily work of these professionals.

Peplau defines nursing as being a significant therapeutic and interpersonal process by involving the interaction between two or more people with a common goal. This goal constitutes a stimulus for the therapeutic process, in which nurses and patients respect each other as individuals, both growing and learning together as a result of this interaction.⁷

To bring this perspective to the context of health care for women with breast cancer, it is considered that they and their families should join nurses to achieve the same goals. In this case, it is the restoration and maintenance of women's health in its biological, psychological and affective aspects, which are weakened by the disease. With regard to the learning process, it is the responsibility of nurses to use their ability to make contacts with women appropriate moments for the maturation of both, nurses and clients, in particular women with breast cancer, since during treatment they coexists with the opportunity to learn with the conflicting and threatening situations imposed by this disease.

The interpersonal relation is the centerpiece of the book "Interpersonal Relations in Nursing" published in 1952. In her work, Peplau brings concepts that give support to this relationship, understood as a dynamic process capable of causing positive changes in the lives of the subjects involved.

In the case of breast cancer, the illness process causes suffering and stigmas that lead women to review their condition. They have the opportunity to learn about themselves and adapt to the new reality. Thus, nurses can help these women to enhance their capacity to produce changes that will influence their lives in a positive way, as well as in the elaboration of strategies to aid in the fight against the disease.

According to Peplau, three elements are essential so that interpersonal relations can take place: the patient; the nurse; and their respective contexts of life. For their healthcare practice, nurses should know themselves and their professional and social roles. In addition, they should know the clients and their environments, which refer to everything around that contextualize the individual as, for example, regarding their social and cultural relations, beliefs and values.⁷ Thus, this theory discusses the notion that each patient is an individual being endowed with particular features. In order to better understand the particularities that nurses are dealing with, it is necessary to look into patients' interpersonal environments, their family and community, which are important elements for effective health care.

It is considered that women affected by breast cancer will not only have to face the disease itself and its treatment, but also the cultural aspects, values and beliefs attributed to the illness process, since there is a cultural symbolic aspect related to that organ. Thus, the meanings assigned to breast cancer affect profoundly the way that women perceive their illness and the responses of other people they coexist with. These are aspects that hinder the adaptability and acceptance of woman who suffer from this disease.

In this context, a way to deal with this problem is searched in the theory of interpersonal relations. Through a careful relationship based on respect for the other person, nurses can include the deconstruction of these representations in the repertoire of their actions, showing to these women what is truly important to their lives.

Peplau reinforces the need of this expanded understanding of the patient, since individuals have different reactions regarding the process of their illness. Therefore, the author stresses that recognizing the individuality of the patients and working with the problem or difficulties presented by them is crucial in the interpersonal relationship, so as to make the patients active subjects in their treatment.⁷

The understanding of this theory and its principles points to the need to give voice to

the subjects. Peplau emphasizes that we must listen to what patients have to say, considering that their needs are not restricted to breathing, sleeping and eating, but there are also subjective needs that are little valued and recognized.⁷

Attention to the subjective needs of women affected by breast cancer is essential for a satisfying nursing care, since these women experience psychological, physical, emotional, and affective discomforts throughout their history with the disease. It is expected that during health care provided to these women nurses are available to listen to their fears and concerns, bringing comfort and words of encouragement so that they do not abandon the treatment. To do so, it is undeniable that, first of all, there must be a good relationship between the subjects.

Peplau emphasizes that, in addition to listening to the patients, therapeutic communication is essential for a good interpersonal relationship, because communication will allow nurse-patient interaction and will promote the exchange of information between them. Thus, a proper environment will be created leading to the identification of problems to be resolved, in addition to providing a human relationship that can achieve the goals of health care.⁷ These goals are achieved through four sequential and dynamics phases, in which none of them must overlap each other. These phases are: guidance; identification; exploration; and resolution.

In the guidance phase, the nurses and the women/families establish the first contact, which only occurs when the latter realize the need of help by seeking professional assistance. In this first encounter, the subjects involved interrelate to identify and better understand the existing needs.⁷

This phase is relevant to health care provided to women with breast cancer, because at that time women have the opportunity to express their individual and more intimate difficulties. On the other hand, understanding the difficulties presented from the perspective of women who experience them, allows nurses greater familiarity with the reality, which these professionals could hardly understand on their own. Such fact can collaborate with nursing care in order to meet the real situation imposed by the disease, leading to a more satisfying work.

After identification and understanding of the problems, the subjects involved in the therapeutic process are led to the second phase, that of identification. This step occurs when the first impressions, doubts and fears

about the disease and the professional-client relationship are overcome. Now, the clients respond selectively to people who can meet their needs, adopting one of the following postures: independence or autonomy; dependency; or partial dependency on the professional for resolving their problems of daily life.⁷

Conscious of their health problem and the implications, as well as the support of professionals to face them in the identification phase, women with breast cancer may feel more secure and able to handle the situations posed by the disease and its treatment. This way, feelings such as fear, anxiety, insecurity, and helplessness—which are almost always present—will decrease.

The exploration phase begins when the clients identify the nurses as one of the professionals capable of meeting their needs. In this step, these professionals explain to patients and their families all possible paths to reach health and confront the difficulties presented.⁷

It is expected that nurses have expanded knowledge of all forms of treatment aimed at controlling breast cancer, as well as adjuvant treatments, including holistic therapies that provide women better quality of life. In other words, nurses should keep a watchful eye on all forms of aid and information that may contribute to meet the needs of women with this type of cancer and to better answer the questions that may arise during the therapeutic process.

In the resolution phase, it is expected that all women's requirements are satisfied, so that the link between nurses and clients may be undone. In this step, women, who were previously dependent on the professionals, are now strengthened and qualified to act on their own going back to their home and community environments.⁷

Throughout the interpersonal process that comprises all these phases, nurses and patients become more capable and mature. As nurses collaborate with the patients for the resolution of their daily life problems, nurses' practice becomes more effective and considerably more skilled for the establishment of the interpersonal therapeutic relationship.⁸

Nurses are considered skilled and trained when they can establish a good relationship with the patients, recognizing their difficulties and helping to solve them, in order to encourage these women to build new skills for coping with recurring problems. Upon arriving at that point, Peplau⁷ considers that patients are mature and able to understand their health and illness condition.

CONCLUSION

Relating the theory of interpersonal relations with the context of health care provided to women with breast cancer made it possible to find that despite the theory was elaborated in the 1950s under another historic juncture, it brings up current issues and a more expanded watchful eye regarding health care provided to these patients. This theory addresses aspects related to the need for a closer and more empathetic relationship between nurses and patients by: giving importance to listening to the patients and the establishment of a dialogical relationship between the subjects involved in health care; considering fundamental to understand the context of individuals' lives in their sociocultural aspects; recognizing that individuals are provided with particularities and needs and therefore they need individualized health care; and by discussing the importance of making the subjects co-participative in their treatment and care for their own health.

It is considered that all these issues taken up by Peplau's theory are relevant in health care provided to woman affected by breast cancer, given the complexity of the disease and its impact on women's physical and psychosocial spheres. When being affected by breast cancer, women will not only have to endure the psychological suffering caused by an illness—that is socially combined with intense pain and fatal outcome—but also face the suffering caused by the possibility of having their breasts amputated, which weakens even more their feelings. For its features, women must stick to the fact that suffering from breast cancer is a unique and unparalleled experience that gives a specific meaning to this moment experienced by women.

It is suggested that studies on nursing theories, in particular the theory of interpersonal relations, are extended and enforced in various scenarios and contexts experienced by the patients. On the other hand, nursing professionals, especially those who provide direct health care to patients with cancer, must be aware about the importance of including theories in the everyday life of their work, in order to provide a more humanized and scientifically-based health care.

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