FEELINGS EXPERIENCED BY WOMEN WHEN RECEIVING THE DIAGNOSIS OF BREAST CANCER

SENTIMENTOS VIVENCIADOS POR MULHERES AO RECEBEREM O DIAGNÓSTICO DE CÂNCER DE MAMA

SENTIMIENTOS VIVENCIADOS POR MUJERES AL RECIBIR EL DIAGNÓSTICO DE CÁNCER DE MAMA

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ABSTRACT

Objective: to understand the feelings experienced by women when they are diagnosed with breast cancer. **Method:** qualitative, descriptive and exploratory study, with 13 women assisted by a social assistance organization. The production of the data occurred through an audio interview recorded and guided by the question: what were the feelings experienced when the diagnosis of breast cancer was received? Data analysis was based on the Content Analysis technique. **Results:** upon receiving the diagnosis of breast cancer, women expressed feelings such as despair, concern for the family, closeness and fear of death, sadness, denial, faith in healing and acceptance. **Conclusion:** in an attempt to minimize these repercussions of the disease, it is important to work in a support network to receive, care and guide women at the time of diagnosis, seeking to direct them to the possibilities of treatment, cure and rehabilitation. **Descriptors:** Breast Neoplasms; Clinical Diagnosis; Emotions.

RESUMO

Objetivo: compreender os sentimentos vivenciados pelas mulheres ao receberem o diagnóstico de câncer de mama. **Método:** estudo qualitativo, descritivo e exploratório, com 13 mulheres assistidas por uma entidade de assistência social. A produção dos dados ocorreu por meio de entrevista de áudio gravada e norteadas pela questão: quais os sentimentos vivenciados quando recebeu o diagnóstico de câncer de mama? A análise dos dados foi a partir da técnica de Análise de Conteúdo. **Resultados:** ao receberem o diagnóstico de câncer de mama, as mulheres manifestaram sentimentos como desespero, preocupação com a família, proximidade e medo da morte, tristeza, negação, fé na cura e aceitação. **Conclusão:** na tentativa de minimizar tais repercussões da doença, faz-se importante o trabalho de uma rede de apoio a fim de acolher, cuidar e orientar as mulheres no momento do diagnóstico, buscando direcioná-las para as possibilidades de tratamento, cura e reabilitação. **Descritores:** Neoplasias da Mama; Diagnóstico Clínico; Emoções.

RESUMEN

Objetivo: comprender los sentimientos vivenciados por las mujeres al recibir el diagnóstico de cáncer de mama. **Método:** estudio cualitativo, descriptivo y exploratorio, con 13 mujeres asistidas por una entidad de asistencia social. La producción de los datos ocurrió a través de una entrevista de audio grabada y orientada por la cuestión: ¿cuáles fueron los sentimientos vivenciados cuando recibió el diagnóstico de cáncer de mama? El análisis de los datos fue a partir de la técnica de Análisis de Contenido. **Resultados:** al recibir el diagnóstico de cáncer de mama, las mujeres manifestaron sentimientos como desesperación, preocupación por la familia, cercanía y miedo a la muerte, tristeza, negación, fe en la curación y la aceptación. **Conclusión:** en el intento de minimizar tales repercusiones de la enfermedad, se hace importante el trabajo de una red de apoyo, a fin de acoger, cuidar y orientar a las mujeres en el momento del diagnóstico, buscando direccionarlas para las posibilidades de tratamiento, curación y rehabilitación. **Descriptores:** Neoplasias de la Mama; Diagnóstico Clínico; Emociones.

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INTRODUCTION

Breast cancer is the leading cause of cancer death in women worldwide and is a major public health problem.¹ The estimate for the year 2030 is 27 million new cases of cancer and 17 million of deaths in the entire world population.² In Brazil, the mortality rate remains high and the incidence for the biennium 2016-2017 is 58,000 new cases, which corresponds to 28.1% of the neoplasm in the female population. However, if diagnosed and treated early in the disease, the cancer may present a good prognosis.³

As for the factors that increase the vulnerability to breast cancer, they can be related as genetic, hormonal and environmental, being the age the main potential of illness, evidencing a higher incidence in women over 50 years.⁴ Thus, it is important detect the disease in the initial phase, aiming for a less aggressive treatment and increasing the possibilities of cure. Therefore, early detection depends on monthly self-examination, annual clinical examination of the breasts and mammography.⁵

After the confirmed diagnosis of breast cancer, there are several types of treatment. Surgery and radiotherapy are therapeutic interventions performed at the site of the neoplasm with the intention of removing or destroying the tumor. Chemotherapy and hormone therapy combat systemic malignancy to destroy or control the malignant disease throughout the body.⁶

Upon receiving the diagnosis of cancer, women may feel sad, distressed, desperate, powerless. Initially, they deny the disease and believe that, mainly, surgery will resolve current conflicts. In addition to having her vanity compromised, the woman suffers from prejudices and discrimination.⁴

These feelings bring to women, social and family isolation, provided the loss of their identity before society. Still, society today attributes long hair and beautiful breasts as synonymous with femininity, and breast cancer is a threat to the vanity of women, promoting important psychological imbalance.⁷

Facing this disease can be difficult and terrifying because it alters the daily lives of these women, leaving marks in their lives, because it is easily associated with death.⁸ There are constant doubts about an efficient treatment and the possible recurrence of breast neoplasia.⁴

When the woman is affected by breast cancer, she has not only changes in her body,

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but also several aspects related to her body image, social and affective life. With impaired physical integrity, the woman needs intensive care, since the treatment is long, invasive and provides turbulence in her life.⁸

The mastectomy causes anxiety, fear and uncertainty in the woman, generating a psychological sequel and leaving more serious deformities than the surgery itself. This procedure brings, for the woman, the distortion of her own image, so much so that the sexual life and the image, when looking at the mirror, become a difficulty.⁴

The quality of life of women undergoing mastectomy is low when compared to women undergoing conservative breast treatment, even undergoing chemotherapy. The symptoms they present during chemotherapy are fatigue, decreased sexual activity and cognitive dysfunction.⁹

When undergoing radiation treatment, patients may experience loss of self-esteem and confidence, pain, skin changes, fatigue, anxiety, anxiety, fear, emotional shock, confusion and isolation from society. It is important to establish ways to deal with this diagnosis because dealing with the consequences depends on time.⁴ At this point, it is necessary to encourage and support it so that it can overcome the personal and social problems that may arise.⁷

The confrontation of breast cancer also depends on the female personality, that is, women who think positive have self-confidence, self-esteem and a good emotional stability and can thus find psychological well-being before the illness. It is still believed that another mechanism for coping with neoplasia is faith in God, for there is evidence that religious belief not only helps in coping, but also in personal growth, closeness to God and interpretation by the sick individual of a new meaning to life.⁴

Nursing plays a fundamental role in the life of women during the diagnosis and treatment phase in order to receive, care for, guide and prepare them for a return to their social and community life. Thus, this work is justified by the pretension that, by understanding the feelings experienced by women with breast cancer, it becomes possible to establish a support network with the intention of minimizing the impact of the disease on the daily life of these women.

OBJECTIVE

- Understanding the feelings experienced by women when they are diagnosed with breast cancer.

METHOD

A qualitative, descriptive study developed in a social assistance organization called BOTUCCAM (Botucatu in the Fight against Breast Cancer), located in the city of Botucatu, State of São Paulo. BOTUCCAM contributes to the improvement of the self-esteem of women diagnosed with breast cancer and who underwent surgical treatments through lectures and campaigns to prevent breast cancer, manufacture of breast implants and accessories, donation of breast implants mastectomized women, production and sale of handicrafts, hospital visits to inpatients, guidance on laws that benefit cancer patients, and host group for women after breast surgery.

The study consisted of 13 women, of whom nine were submitted to mastectomy; three, to conservative surgery and one underwent conservative surgery (quadrantectomy) in one breast, with subsequent mastectomy in the other. The inclusion criteria included women who underwent mastectomy or who underwent conservative surgery for breast cancer, who were included in the BOTUCCAM project, who accepted to participate in the research and who felt in psychological conditions to talk about the feelings experienced by breast cancer.

The testimonies were collected with the consent of the women by signing the Term of Free and Informed Consent, from June 4 to July 2, 2014, through digitally recorded interviews and, after transcription, deleted. For the interview, the guiding question was used: What were the feelings experienced when she was diagnosed with breast cancer? Also, a data collection instrument was used to characterize the sample studied.

The interviews ceased when the researcher judged the data collected enough to reveal the essence of the researched phenomenon, whose evaluation is made by the aspect of repetition.¹¹

The analysis of the collected statements was carried out through the technique of Content Analysis¹⁰, respecting the phases proposed by the method: transcription, attentive reading of the testimonies and the interpretation of the content obtained through the testimonials. Through this modality of analysis it was possible to understand the feelings experienced by

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women submitted to surgical treatments in the various determinants: biological and behavioral, social and psychosocial, technical and political that could influence the conditions that allowed its emergence, clinical the evolution and the disease outcome in the different levels of health care for these women.

The subjects were identified in the research according to nomenclatures that kept the names of the women confidential, that is, for each participant, the name of a flower was named, cited at the end of the testimony.

The research project was sent to the Research Ethics Committee of Botucatu Medical School and, only after approval, was the data collection started. The approval of the study occurred at the extraordinary meeting of June 2, 2014, under the opinion nº 670.746 and CAAE nº 31056414.3.0000.5411.

RESULTS

For this, the results were organized, presented and analyzed from the answers to the research questions and will be presented as follows: the characterization of the subjects; type of surgical treatment; profession; marital status; schooling; provenance; family history of breast cancer; frequency of self-examination of the breast; frequency of mammography; frequency of gynecological consultation and breast examination by the health professional and qualitative categorization of content analysis.

The age range of women ranged from 34 to 75 years of age. Table 1, below, refers to the other characteristics.

Table 1. Characteristics of the women participating in the study regarding the feelings experienced by women when they were diagnosed with breast cancer. Botucatu (SP), Brazil, 2014.

Variables	n	%
Types of Surgical Treatments		
Mastectomy	09	69.2
Conservative	03	23.1
Mastectomy and Conservative	01	7.7
Profession		
Teacher	04	30.7
Administrator	02	15.4
Housekeeper	02	15.4
Kitchen assistant	02	15.4
Home Activities	02	15.4
Retired	01	7.7
marital status		
Married	08	61.5
Single	03	23.1
Widow	02	15.4
Education		
High school	05	38.4
Elementary School	03	23.1
Graduated	03	23.1
Postgraduate studies	01	7.7
Non-literate	01	7.7
From		
Botucatu	08	61.5
São Manuel	04	30.8
Itatinga	01	7.7
Family history of breast cancer		
Yes	08	61.5
No	05	38.5
Frequency of breast self-examination		
They were not	06	46.1
Monthly	05	38.5
Daily	02	15.4
Frequency of mammography		
They were not	06	46.1
Annually	05	38.5
Each six months	02	15.4
Frequency of gynecological consultation		
Annually	07	53.8
Twice a year	05	38.5
Never	01	7.7
Breast examination by the health professional		
Yes	10	76.9
No	03	23.1
Total	13	100.0

The content analysis made it possible to understand the feelings experienced by them when they received the diagnosis of breast cancer. Then, seven categories were defined according to the meanings of the feelings experienced by women at the time they are diagnosed with breast cancer. They are:

Despair; Concern with family; Proximity and fear of death; Sadness; Denial; Faith in Healing and Acceptance.

The following diagram, demonstrates (figure 1), in which the Central Theme and related categories as evidenced in the statements.

Figura 1. Diagrama dos sentimentos vivenciados por mulheres ao receberem o diagnóstico de câncer de mama.

At the moment the disease is proven, one of the first feelings of the woman is despair, doubts arise about her days of life and it is believed that there will be no effective treatment, nothing can cure her of the terrible illness. A sentiment, manifested by crying and negative thoughts, as news deemed death sentence.

How long do I have to live? [...] I cried. (Rose)
Ah! the ground fell ... it was dramatic [...] I left crying, I walked through the garden there (Tulip).

The impact of finding herself ill causes the woman to worry about her family in relation to her illness. One can not inquire about the reaction of the family in the face of a process that is so difficult to accept because cancer is a disease that brings suffering to the patient and to all who live indirectly with this diagnosis, especially to the spouse and children.

Over the years, women have conquered their space in society and in the labor market. Since then, family income does not depend only on male labor, but also on female effort and determination. Every woman, besides work, has the maternal instinct, where it is essential to take care of the children, to educate them to be good citizens in the future giving them the necessary attention, helping them in the student life, attributing to them the care, the affection and love needed.

The news that malignant cells are part of her breast is tormenting to the woman and, therefore, concerns arise with the care given to the family. However, although it is torturous to the woman, she tries to have some optimism to overcome the disease, since her main objective is to survive and to face the proposed treatment so that she can continue taking care of the children.

It's going to be difficult for me to speak at my house [...] tomorrow is my daughter's birthday [...] I can not get home with this news. (Rose)
I had to heal because I had two children to raise. (Violet)
Then I stopped crying because I saw that everyone was crying [...] I preferred to stay strong by letting them feel. (Magnolia)
I looked, so you know, in a good [...] hour I was frightened, because I started to think

[...] how am I going to do now? because I still work, I need to work. How's it going to be? (Lily)

Breast cancer is seen by women as a devastating disease, capable of bringing with it the destruction of one's own life and being easily associated with finitude.

Lack of knowledge about the disease and the stage at which the tumor presents itself, the treatments that can be performed and the possibility of its quality of life being recovered later have affected the emotional state of some women, transforming their joy of living in feelings pessimists and belief in death and making these women just believe that their days are ending and the feeling of **closeness and fear of death**.

I had a feeling of death. Even death [...] does not live anymore. (Rose)
Without ground. I'm going to die tomorrow. That's what I thought. My space will be short [...] that thing that has cancer dies and fast. Die, die everybody die. (Gardenia)
I said: ah! I think I'm going this time, I'm going, I'm not going to escape. (Orchid)
The moment I received[...] the first thought that came was that I was going to die [...] The thought is that I was going to die. (Daisy)

Cancer is associated as a serious life-threatening disease. When you know that you have breast cancer, the woman is afraid because she is aware that she will have to face the different types of treatments and, therefore, she is afraid of suffering, fear of pain, of seeing the suffering of the family and is inevitably afraid of dying.

Leaving my children, my fear was this. Very scared to die because my children are small yet to be able to leave them [...] my fear was just that one, afraid to die alone. (Daisy)
I took a "thump" and I said, "What now, doctor?" [...] He said, "It was breast cancer." I said, "What now? What do I do? "" Either he comes or he shoots himself in the head, "he said it to me and I got it. (Tulip)
Ah! I got a shock at the time, right? [...]. It was a shock[...] No one ever wants to have this problem. It was a shock. (Jasmine)
Ah! I was a bit scared. (Magnolia)

When receiving a diagnosis as aggressive as the one of breast cancer, the woman has a deep feeling of sadness, because, initially, its

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interior is not totally prepared to accept the illness and to think that its health can soon be recovered and overcome all obstacles during treatments, changes in your routine and changes in your female beauty.

Oh, it was ugly. I was very sad, very upset.
(Lavender)

Oh, I cried when I heard. (Magnolia)

I was not very sad [...] I was sad [...] but I did not cry. (Orchid)

In view of the diagnosis, the woman can manifest a feeling of denial, the feeling that this new reality is not part of her life. In this way, there will be no suffering and pain. Her daily activities are not modified because the woman ignores the current problem.

I did not spend [...] a lot of time thinking because, ah, it's like it was not me [...] it was very strange. (Magnolia)

Through faith, one can worship God, asking him to give divine protection to himself and to all beings of humanity. Also thank you for the miracle of life.

When a woman is faced with the terrible diagnosis of breast cancer, it is difficult to cope with it, and at this point, faith in healing is important, allowing her to believe that the impact of the disease will be less turbulent, because at her side there will always be the God of the impossible.

I felt that I had to have a lot of faith.
(Violet)

Faced with numerous complicated situations, positive thinking is important. Wanting to beat breast cancer is the first step to a successful treatment. The hope of wanting to live and accept the disease can profoundly alleviate all the suffering faced in the diagnosis of breast cancer.

It is also possible to understand that some women did not feel sadness, despair, closeness to death and fear. They had a feeling of acceptance before the confirmation of the disease.

At no point did I think of dying. Not at all. I really wanted to win. (Violet)

You need to take it. (Dahlia)

I was very sad [...] but at the same time I thought, if so many people went through this, I am one more [...] if it is quick it has a cure. (Petunia)

I did not cry, I did not cry ... God knows if I have to die. (Orchid)

At first I was afraid, at first it was difficult because we never know, it could be much more serious, I did not yet know the intensity of my illness. (Hortência)

DISCUSSION

With the discovery of cancer, a strong emotional reaction is immediately triggered, in the woman, because the socio-cultural

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context in which she is inserted has a great influence on her behaviors and attitudes. Throughout life, women establish their own beliefs about the disease. Uncertainties arise about the future since experiencing it may be a sign of death.¹²

Different shocking responses can be attributed to the diagnosis of breast cancer and treatments, depending on the value that the woman deposits in them. Humans are not fully prepared to lose the symbolism of healthy people. Therefore, when they learn that they carry with them a serious illness, feelings such as anguish, sadness, despair, loss and hopelessness are immediately manifested.¹³⁻⁴

From the discovery of the nodule in your breast to confirmation of the diagnosis, feelings of uncertainty and insecurity will be present in your life, and despair, after knowing that you have breast cancer, is even greater when this feeling is transmitted to the family.⁷

In the face of the discovery of breast cancer, the most relevant feelings were despair and denial, expressed by some women through crying.¹⁵ Still, the worst moment is when the diagnosis of breast cancer is presented, as a great impact is presented emotional state in the woman and in the family context, where the acceptance and denial of the disease can be manifested. Thus, adaptations are necessary to the new reality of life, which is extremely stressful to all members of the family.¹⁶

Breast cancer is an obstacle to humanity because it manifests itself unexpectedly in the life of the woman and the family.⁷ After being diagnosed, women who were mothers felt a greater concern about their children's future, believing that they would die briefly and that the children would remain without maternal presence. For them, this moment is one of great pain and anguish because they will not be able to experience the future of their children, they will not be around to direct them in the right way and, consequently, they will depend on the care of other people. This situation is classified by them as a loss, since there is a possibility that this future will not be experienced.¹⁶

Due to her concerns, the woman elaborates in thoughts the best way to report to the family the horrible disease, preparing psychologically before arriving at home. Even when she is suffering with her emotions, she always tries to play her role as the caregiver of the home.¹⁶ She still tries a way to ease the suffering of her relative so that the pains felt in the people close to her are smaller, for

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they are the people for whom she feels deep love.¹⁷

This new reality of the woman is experienced with the fear of death and uncertainties about the future, even without presenting imminent signs of the disease, but, from that moment on, she is a carrier of breast cancer. For some women, acceptance of the disease is extremely difficult even though the therapeutic methods have progressed with technological advancement.¹⁶

Faced with the possibility of early detection and treatment of neoplasia at the initial stage, many women do not admit to having to face the disease and still run the risk of dying. They still consider life as a gift from God, which enables human beings to grow personally and spiritually. However, the tribulation faced daily after the onset of the disease makes the fear of death constant, it is not known for sure what happens after death. It is still a matter for man to understand that, after death, a new life can begin.¹²

Upon receiving the medical diagnosis of an extremely serious illness, the feeling of fear is one of the immediate impacts.¹⁸ Society classifies cancer as a disease that causes suffering, pain and can lead to death. Breast cancer, in addition to these reactions, causes in women fear of mastectomy, a mutilation in the female body.¹⁹

A study of 14 women diagnosed with breast cancer who were undergoing treatment at a reference hospital in oncology in the city of Campina Grande / PB pointed out that the sadness manifested by the woman refers to the mastectomy, since it is related to the mutilation of an organ female. From that moment, your pattern of beauty will be changed.⁸

When faced with a difficulty, it is manifested the denial, common of the human being to present an "apparent defense" in certain situations. The woman is vulnerable after being diagnosed with breast cancer, so she can deny the disease indefinitely.¹⁵

Tranquility in the diagnosis of breast cancer, lack of knowledge about the disease and its consequences, the definition of the disease as if it were anything else without gravity, and the bargain of its life with God are determined by the acceptance and/or denial of the diagnosis.¹⁷

When faced with a serious illness such as breast cancer, the main goal is to achieve healing, regardless of the healing provided by medicine, thanks to technological advances or the grace of God. It is important to emphasize that, even believing that by faith it is possible to find healing and comfort to confront the

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disease, one should not abandon the treatment subsequently indicated by the doctors.²⁰

Faith and religiosity help considerably in confronting the diagnosis of breast cancer, bringing women peace so that they can live the days of life with more optimism. Women in this context, when supported by the family, in God and in their own courage, are more motivated to face the diagnosis, demonstrating themselves strong and warlike enough to immediately start cancer treatment.⁸

The impact generated by the disease is quite significant, causing the woman to underestimate that the best way to eliminate the malignant cells is the surgical procedures, which aim at the removal of the tumor and, consequently, the possibility of cure of the disease.²¹⁻²

Therapeutic methods have made significant progress since a few years ago only total mastectomy was performed and there are currently other methods such as chemotherapy and radiotherapy.²³⁻⁴ In addition to these, there is conservative breast surgery, which is a surgical procedure which causes less psychological sequelae in the woman, since only the tumor is removed, conserving the female breast.

CONCLUSION

The realization of this study made it possible to understand that when the woman receives a medical diagnosis of breast cancer, the woman experiences various feelings, since the disease is stigmatized as terrifying and can be easily associated with death, given that being healthy is the symbolism of society and therefore, there is no preparation to face a serious diagnosis such as cancer. Attitudes and confrontations from this moment also depend on the knowledge she has acquired throughout life on cancer.

The feelings experienced by women diagnosed with breast cancer were represented by despair, concern for the family, closeness and fear of death, sadness, denial, faith in healing and acceptance. The way to face this reality is totally dramatic. They will have to live with the "cancer ghost" for an indeterminate time, being that moment desperate, because they do not know about the future, there is no possibility to be sure how much time they can still live and enjoy the best of life. The woman may become more desperate when this feeling can be passed on to the family.

When they find themselves seriously ill, women who are mothers and care for the

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home express concern for their children. The concern is raised about the report of the disease to the children and about their future, because if death is near, the education aimed at them will be incomplete.

Cancer is an extremely life-threatening disease, being able to destroy it. It was observed that there was a feeling of being close to death, an instant governed by negative thoughts, such as fear and lack of preparation at the time of diagnosis and coping. With the shock of diagnosis, the denial of the disease is felt by women, not accepting their condition. In view of this, there is a need for professionals who provide assistance to women with breast cancer, especially those who work in Nursing, to identify the feelings they experience, promoting empowerment so that they can face the diagnosis and its treatment.

Some women did not feel sadness, despair and fear, were optimistic about the confirmation of breast cancer. In this way, they accepted the disease and believed that when they started the treatments, they would immediately be released.

It is necessary that the Nursing also be present during the confirmation of the diagnosis of breast cancer, helping in the promotion of comfort and emotional support, allowing the woman to come to believe in the success of the treatment and that their quality of life will be reestablished. Thus, it becomes necessary that the Nursing professionals act in a humanized way, with empathy, trying to soften the feelings they face.

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REFERENCES

1. Silva PA, Riul SS. Câncer de mama: fatores de risco e detecção precoce. Rev bras enferm [Internet]. 2011 Dec [cited 2017 Aug 18];64(6):1016-21. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672011000600005&lng=en. <http://dx.doi.org/10.1590/S0034-71672011000600005>.
2. Instituto Nacional do Câncer José Alencar Gomes da Silva (BR). Tipos de câncer. Falando sobre o câncer de mama [Internet]. Rio de Janeiro: INCA; 2013 [cited 2017 Aug 18]. Available from: <http://www2.inca.gov.br/wps/wcm/connect/tiposdecancer/site/home/mama>

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3. Instituto Nacional de Câncer José Alencar Gomes da Silva (BR). Coordenação de Prevenção e Vigilância. Estimativa 2016: incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA; 2015 [cited 2017 Aug 18]. Available from: <http://www.inca.gov.br/estimativa/2016/estimativa-2016-v11.pdf>
4. Gomes NS, Riul SS. Avaliação da autoestima de mulheres submetidas à cirurgia oncológica mamária. Texto Contexto Enferm [Internet]. 2013 [cited 2017 Aug 18];22(2):509-16. Available from: <http://www.scielo.br/pdf/tce/v22n2/v22n2a29.pdf>
5. Renck VR, Barros F, Domingues MR, Gonzalez MC, Sclowitz ML, Caputo EL, et al. Equity in access to breast cancer screening in a mobile mammography program in southern Rio Grande do Sul State, Brazil. Cad Saúde Pública [Internet]. 2014 Jan [cited 2017 Aug 18];30(1):88-96. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2014000100088&lng=en. <http://dx.doi.org/10.1590/0102-311X00017113>.
6. Majewski JM, Lopes AD, Davoglio T, Leite JC. Quality of life of women recovering from breast cancer after being subjected to mastectomies compared to those who had conservative surgery: a review of the literature. Ciênc saúde coletiva [Internet]. 2012 Mar [cited 2017 Aug 18];17(3):707-16. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232012000300017&lng=en. <http://dx.doi.org/10.1590/S1413-81232012000300017>
7. Gontijo IBR, Ferreira CB. Feelings of young women facing diagnosis of female breast cancer. Revista Ciência & Saúde [Internet]. 2014 Jan/Apr [cited 2017 Aug 17];7(1):2-10. Available from: <http://revistaseletronicas.pucrs.br/ojs/index.php/faenfi/article/view/15488/11073>
8. Ramos WSR, Sousa FS, Santos TR, Junior WRS, França ISX, Figueiredo GCAL. Feelings experienced by women with breast cancer. J Health Sci Inst [Internet]. 2012 [cited 2017 Aug 18];30(3):241-8. Available from: https://www.unip.br/comunicacao/publicacoes/ics/edicoes/2012/03_jul-set/V30_n3_2012_p241a248.pdf
9. Gomes NS, Silva SR. Women's quality of life after breast cancer surgery. Rev Enferm UERJ [Internet]. 2017 [cited 2017 Aug 18];24(3):e7634. Available from: <http://www.facenf.uerj.br/v24n3/v24n3a11.pdf>. <http://dx.doi.org/10.12957/reuerj.2016.7634>

Barros AES, Conde CR, Lemos TMR et al.

10. Bardin L. Análise de conteúdo. Lisboa (PT): Edições 70; 2010.

11. Thiry-Cherques HR. Saturação em pesquisa qualitativa: Estimativa empírica de dimensionamento. Revista PMK [Internet]. 2009 [cited 2017 Aug 18];3(4):20-7. Available from:

http://www.revistapmkt.com.br/Portals/9/Edicoes/Revista_PMKT_003_02.pdf

12. Junqueira LCU, Vieira EM, Giami A, Santos MAD. Analysis on nurses' communication relating to sexuality to patients in the context of breast cancer care. Interface (Botucatu) [Internet]. 2013 Mar [cited 2017 Aug 18];17(44):89-101. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832013000100008&lng=en.
<http://dx.doi.org/10.1590/S1414-32832013000100008>.

13. Inocenti A, Santos MA, Loyola EAC, Magalhães PAP, Panobianco MS. Impact of the effects of the reconstructive surgery in the life of women with breast cancer. Texto Contexto Enferm [Internet]. 2016 [cited 2017 May 31];25(2):e4520014. Available from:
http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072016000200302&lng=en.
<http://dx.doi.org/10.1590/0104-07072016004520014>

14. Rocha JFD, Cruz PKR, Vieira MA, Costa FM, Lima CA. Mastectomy: scars in female sexuality. J Nurs UFPE on line [Internet]. 2016 [cited 2017 Aug 17];10(5):4255-63. Available from:

http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/8320/pdf_11399

15. Almeida TG, Comassetto I, Alves KMC, Santos AAP, Silva JMO, Trezza MCSF. Experience of young women with breast cancer and mastectomized. Esc Anna Nery [Internet]. 2015 Sept [cited 2017 Aug 18];19(3):432-8. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-81452015000300432&lng=en.
<http://dx.doi.org/10.5935/1414-8145.20150057>

16. Salci MA, Sales CA, Marcon SS. Women's feelings upon receiving a cancer diagnosis. Rev. Enferm. UERJ. [Internet]. 2009 Jan/Mar [cited 2017 Aug 18];17(1):46-51. Available from:

<http://www.facenf.uerj.br/v17n1/v17n1a09.pdf>

17. Rosa LM, Radünz V. Meaning of breast cancer as perceived by women: from symptom to treatment. Rev Enferm UERJ [Internet]. 2012 Oct/Dec [cited 2017 Aug 18];20(4):445-50. Available from:

Feelings experienced by women when receiving...

<http://www.facenf.uerj.br/v20n4/v20n4a06.pdf>

18. Farinhas GV, Wendling MI, Dellazzana-Zanon LL. Impacto psicológico do diagnóstico de câncer na família: um estudo de caso a partir da percepção do cuidador. Pensando Fam [Internet]. 2013 Dec [cited 2017 Aug 18];17(2):111-29. Available from:

<http://pepsic.bvsalud.org/pdf/penf/v17n2/v17n2a09.pdf>

19. Bittencourt JFV, Netto IF, Ferraz LM. Mulheres Mastectomizadas: estratégias para o enfrentamento da nova realidade. Vita et Sanitas [Internet]. 2014 [cited 2017 Aug 18];8(1):19-38. Available from:

<http://www.fug.edu.br/revista/index.php/VitaetSanitas/article/view/27/20>

20. Moraes ML, Silva L. Psicologia & Espiritualidade. Porto Alegre: EDIPUCRS; 2016.

21. Pereira D, Braga AAM. A mastectomia e a ressignificação do corpo no feminino. Revista Psicologia, Diversidade e Saúde [Internet]. 2016 [cited 2017 Aug 18];5(1):47-64. Available from:

<https://www5.bahiana.edu.br/index.php/psicologia/article/view/601>

22. Glassey R, Ives A, Saunders C, Musiello T. Decision making, psychological wellbeing and psychosocial outcomes for high risk women who choose to undergo bilateral prophylactic mastectomy: a review of the literature. Breast [Internet]. 2016 [cited 2017 Aug 17];28:130-35. Available from:

[http://www.thebreastonline.com/article/S0960-9776\(16\)30071-6/pdf](http://www.thebreastonline.com/article/S0960-9776(16)30071-6/pdf)

23. Martins ARB, Ouro TAD, Neri M. Compartilhando vivências: contribuição de um grupo de Apoio para mulheres com câncer de mama. Rev SBPH [Internet]. 2015 June [cited 2017 Aug 18];18(1):131-51. Available from:
http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582015000100007&lng=pt.

24. Erpolat OP, Akmansu M, Dinc SC, Akkan K, Bora H. The evaluation of the feasibility of carotid sparing intensity modulated radiation therapy technique for comprehensive breast irradiation. Physica Medica [Internet]. 2017 [cited 2017 Aug 17];36:60-5. Available from:
[http://www.physicamedica.com/article/S1120-1797\(17\)30008-X/fulltext](http://www.physicamedica.com/article/S1120-1797(17)30008-X/fulltext)

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