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EXPERIENCES OF WOMEN WITH BREAST CANCER AND ACTIONS TO REDUCE STRESS

VIVÊNCIAS DE MULHERES COM CÂNCER DE MAMA E AÇÕES PARA MINIMIZAR O ESTRESSE EXPERIENCIAS DE MUJERES CON CÁNCER DE MAMA Y ACCIONES PARA REDUCIR EL ESTRÉS

Mariana Frohlich¹, Eliane Raquel Rieth Benetti², Eniva Miladi Fernandes Stumm³

ABSTRACT

Objective: apprehending the experiences of women with breast cancer, support group members, and actions taken to minimize stress. **Method:** a qualitative study with 10 women in a Center for High Complexity in Oncology. The data were produced in December 2012 to April 2013 through interviews and analyzed by content technique analysis. The research project was approved by the Research Ethics Committee, CAAE 10738212.6.0000.5350. **Results:** four categories emerged: << *The reactions and feelings before the diagnosis of breast cancer* >>; << *Perceptions, feelings and changes in the lifestyle after mastectomy* >>; << *Physical and emotional symptoms arising from chemotherapy and radiotherapy* >> and << >> *Actions to minimize stress*>>. **Conclusion:** the cancer experience causes suffering, so it is up to the nurse to be insightful and sensitive to apprehend experiences of these women, knowing that each one is unique and reacts differently. **Descriptors:** Nursing Care; Breast Neoplasms; Women's Health; Support Groups.

RESUMO

Objetivo: apreender vivências de mulheres com câncer de mama, integrantes de grupo de apoio e ações realizadas para minimizar o estresse. **Método:** estudo qualitativo, com 10 mulheres em um Centro de Alta Complexidade em Oncologia. Os dados foram produzidos em dezembro/2012 a abril/2013 por meio de entrevista, e analisados pela Técnica de Análise de conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 10738212.6.0000.5350. **Resultados:** quatro categorias emergiram: << *Reações e sentimentos diante do diagnóstico de câncer de mama* >>; << *Percepções, sentimentos e mudanças nos hábitos de vida após a mastectomia* >> ; << *Sintomas físicos e emocionais decorrentes da quimioterapia e da radioterapia* >> e << *Ações para minimizar o estresse* >>. **Conclusão:** vivenciar o câncer ocasiona sofrimento, assim cabe ao enfermeiro ser perspicaz e sensível para apreender vivências dessas mulheres, ciente de que cada uma é única e reage de maneira diferenciada. **Descritores:** Cuidados de Enfermagem; Neoplasias da Mama; Saúde da Mulher; Grupos de Apoio.

RESUMEN

Objetivo: apreender de las experiencias de las mujeres con cáncer de mama, los miembros del grupo de apoyo, y las medidas adoptadas para minimizar el estrés. **Método:** estudio cualitativo con 10 mujeres en un Centro de Alta Complejidad en Oncología. Los datos se produjeron en diciembre de 2012 a abril de 2013 a través de entrevistas y analizados por la técnica de análisis de contenido. El proyecto de investigación fue aprobado por el Comité de Ética de Investigación, CAAE 10738212.6.0000.5350. **Resultados:** emergieron cuatro categorías: << *Reacciones y sentimientos ante el diagnóstico de cáncer de mama* >>; << *Percepciones, sentimientos y cambios en el estilo de vida después de la mastectomía* >>; << *Síntomas físicos y emocionales derivados de la quimioterapia y la radioterapia* >> y << *Acciones para minimizar el estrés*>>. **Conclusión:** la experiencia del cáncer provoca sufrimiento, por lo que corresponde al enfermero ser perspicaz y sensible para apreender las experiencias de estas mujeres, a sabiendas de que cada uno es único y reacciona de manera diferente. **Descriptores:** Cuidados de Enfermería; Neoplasias de Mama; Salud de la Mujer; Grupos de Apoyo.

¹Egress nurse, Regional Northwest University of Rio Grande do Sul. Ijuí (RS), Brazil. Email: mariana.frohlich@bol.com.br; ²Nurse Specialist in Urgency, Emergency and Trauma and in Interdisciplinary Nephrology, Master in Nursing, Graduate Course in Nursing, Regional Northwest University of Rio Grande do Sul/UNIJUÍ. Ijuí (RS), Brazil. Email: elianeraquel@yahoo.com.br; ³Nurse. Master in Administration, PhD in Nursing, Federal University of São Paulo/UNIFESP. Lecturer, Regional Northwest University of Rio Grande do Sul/ UNIJUÍ. Ijuí (RS), Brazil. Email: eniva@unijui.edu.br

INTRODUCTION

Breast cancer comprises a heterogeneous group of diseases with distinct behaviors, as evidenced by clinical, morphologic features, genetic code and individual responses to various forms of treatment instituted and is responsible for the largest number of deaths among women.¹ In the United States it is estimated that, by 2013, 232.340 women will be diagnosed with breast cancer.²

In Brazil, it was estimated by 2012, 52.680 new cases of breast cancer, in Rio Grande do Sul, is the second most common cancer and the most common among women, accounting for 22% of new cases each year.³ The estimated new cases for the state was 4.610 and 980 in the capital Porto Alegre.³ In this context, during the academic background care to women with breast cancer led to reflections and the need for greater theoretical contribution, decisive elements for the definition of the object of this study.

In a study aimed to identify perceptions and feelings of women with breast cancer, the results show that the news of cancer is painfully experienced since the mastectomy means mutilation.⁴ In this context, women's participation in support groups, in a welcoming environment with exchange of experiences, with possibility to show their concerns and anxieties, provides improved acceptance of the disease, with confidence.⁴ in this sense , the literature indicates the importance of a support group in the rehabilitation of women with mastectomies, which provides space and listening speech, in which participants discuss issues related to treatment, and difficulties coping with breast cancer.⁵

Life changes are due to the diagnosis and mastectomy, for behold the feminine and emotional intimacy of women, coupled with the ignorance of the disease, which may be associated with death.⁶ Research that sought to reflect on stress and coping in perioperative women with cancer breast showed that when a woman is found with the disease emerge feelings of sadness, anxiety, fear and decreased self-esteem, before which it needs to draw up a new reality, a new concept of self.⁷ In this sense, it is considered important analyze situations experienced by women with breast cancer and that demand coping strategies.

In a study evaluating the relationship between coping strategies for women with breast cancer using tamoxifen and socio-demographic conditions, the authors found that the strategies adopted by women are

associated with socio-demographic and focus on the problem, in religion, in social and emotional support, the first two being the most used.⁸ This result shows the importance of the nurse knowing socio-demographic characteristics and experiences of these women, in order to provide personalized and humanized care.

It is important to have support networks to host the mastectomy woman to instrumentalize it to the process of resuming his duties in society and confrontation, both physical barrier as prejudices and stigmas.⁹ In these group activities can be developed as art workshops, informative lectures, master classes manual artifacts, wheels conversation, stretching sessions and debates with psychologist, among others. This physical space in order to help in the recovery and rehabilitation of women with breast cancer process can be turned into a full of possibilities for human social space transformations that lead to the well - being of the group.¹⁰

In a study that aimed to assess anxiety in women with mastectomies and examine the relationship with socioeconomic and clinical variables, demonstrated that women who were included in a rehabilitation program showed lower levels of anxiety, which justifies early entry into support groups.¹¹ Meanwhile, the nursing care provided to women with breast cancer requires professionals to have technical and scientific skill, know the situations experienced by them as well as the actions against the face of stress. For this, the trust and bond between professional and patient is necessary for the care and effective treatment.

OBJECTIVE

- Apprehending experiences of women with breast cancer, members of a support group and actions taken to minimize stress.

METHOD

This is a qualitative study involving ten women with breast cancer, assisted in a general hospital, philanthropic, size IV, of the Northwest State of Rio Grande do Sul, participating in a support group at the Center for High Complexity in Oncology (CACON) of this institution.

This is an open group for women with breast cancer, regardless of stage of treatment, in which the researcher was inserted for five months in order to meet their members and invite them to join the study after submission of the draft research and meet the inclusion criteria: women diagnosed

with breast cancer, participants of the support group of CACON and older than 18 years old.

The data were generated through semi-structured interviews with the following questions: << Tell me how it was for you to experience breast cancer, from diagnosis? >> and >> << What actions do you do to minimize the stress experienced, ie, to feel better? >> In the interview, observation was used with journaling and field form with demographic and clinical data of women, namely: age, marital status, education, profession, children who reside, time since diagnosis, treatment modalities (chemotherapy, radiotherapy, hormone therapy, surgery, breast implant) and treatment time.

The interviews were conducted according to the preference of women, one in CACON held in a private room and the other in their respective homes, in the period from December 2012 to April 2013, after reading and signing the informed consent form (ICF) in two ways. The interviews were recorded, transcribed and analyzed according to content analysis: pre-analysis, material exploration, processing and interpretation of results.¹²

There were observed all the ethical aspects involving research with human beings, as Resolution 196-96 of the Ministry of health.¹³ The research project proceeded and was approved by the Research Ethics Committee of the Regional University of the Northwest of the State of Rio Grande do Sul (UNIJUI), under Opinion Embodied n. 169,935 (CAAE 10738212.6.0000.5350), December 20th, 2012.

RESULTADOS E DISCUSSÃO

Ten women participated in the study, aged 42-73 years old, eight married, one widow and one divorced. Four women have three children; three have two sons and three, a son. Seven women living with husband and children, one with her husband and two live alone. Regarding education, two attended complete high school, four, full high education, and four did not finish elementary school. Regarding occupation, one is home, five are teachers, three domestic and one trader.

Two women were diagnosed with breast cancer in 2009, four in 2011 and four in 2012. Four of them underwent mastectomy and underwent chemotherapy (CT), three mastectomy, chemotherapy and radiotherapy (RD) and three underwent mastectomy. Four of them have completed their chemotherapy and radiotherapy and are on maintenance treatment using Herceptim, or Anastro-

Tamoxifen for five years and six remain in QT or RD.

The quest to apprehend the immersed content in the speech of women resulted in of four structuring content resulted in four categories of analysis that were about: reactions and feelings before the diagnosis of breast cancer, perceptions, feelings and changes in lifestyle after mastectomy; physical symptoms and emotional arising from chemotherapy and radiotherapy and actions to minimize stress.

♦ Reactions and feelings before the diagnosis of breast cancer

In dialogue with women was noticed that, concomitant with the discovery of breast cancer, many feelings emerged, resulting from the suffering experienced by them, such as despair, sadness, panic, distress and crying, now translated for them as the worst of their lives. The fragments of speeches of E4 and E7 made explicit that:

The day I was diagnosed I panicked [...] missed me, did not know where I was, I had to stop, think to follow the correct path. I despaired; I cried a lot (E4).

It was the worst moment of my life was the day that most suffered [...] I was devastated (E7).

The surveyed also mentioned feelings of inadequacy, that life was over for them, concern for the family if there were death and unanswered question: why me? They linked the cancer to death and suffered for it, recognize that it is a cultural issue that permeates their lives, but difficult to cope. In dialogue with women identified the suffering they experienced.

When I was diagnosed my world fell [...] even though I should not question God 'Why me? Or why me? ', I questioned yes; it was very difficult (E3).

I despaired, I was very nervous, just cried [...] the word cancer is strong, we always think of death (E5).

With the news had the feeling that I had fallen into a hole and never going back [...] I would die [...] I grew up knowing that cancer kills, you drop, loses ground, it's horrible. Hidden crying every night, no one sees (E8).

The world was over for me [...] thinking how would my daughter and her husband [...] was the end of the most terrifying week of my life [...] had a feeling he would die (E9).

In research aimed at understanding the meaning of the diagnosis of breast cancer for women, the authors point out that it is not prepared to lose the identity and report to unanswerable questions and uncertainties that

Frohlich M, Benetti ERR, Stumm EMF.

Experiences of women with breast cancer...

must be addressed with the disease.¹⁴ Therefore the breast cancer is a cause of great fear, the high rate of mortality and mutilation of instability and crises that may occur, demonstrated by fear, frustration, conflict and insecurity.¹⁴ In this context, breast cancer, despite medical advances in the methods of diagnosis and treatment, is still seen as a 'death sentence' for most of the women affected by the disease.¹⁵

In dialogue with one of the researched was not observed negative feelings about the diagnosis, she did not feel upset at some point, which managed to maintain optimism and self-esteem, as described in his speech.

No I shook myself sometime when receiving a diagnosis of breast cancer, my family was concerned, but I never suffered [...] even stayed one night without sleep (E1).

In this context, a study that examined behavioral responses of women during treatment for breast cancer and who used the Roy Adaptation Model, showed that patients undergoing the same situation may have different answers.¹⁶ The authors note that depends on the personality and experience of each one, and that human beings have adaptive capacity in the face of disease situations.¹⁶

The fragments of the surveyed lines, combined with the dialogue that had with them and the positioning of the authors, shows that the woman before the diagnosis of breast cancer reacts differently and it depends on their values, culture, personality, among other respects, however, these reactions have an impact in addressing the situation.

♦ Perceptions, feelings and changes in lifestyle after mastectomy

In contact with the surveyed group meetings, it was revealed mixed feelings attributed to surgery, including mutilation, fear of facing reality, amputation as well as acceptance of the new condition as possible cure, shown in the statements below.

A woman who takes the breast strap a piece [...] When I look in the mirror, I see a crippled [...] it took me days to look at me, did not dare (E2).

Imagined something horrible without the breast, but it was not so much on the outside is not ugly, it was not so bad (E5).

I did not suffer, nor I shook myself for running out of the breast, I went to the beach and wore a bikini [...] took me a while to look at me, but it was quiet (E6).

After mastectomy wanted to be alone, isolated myself, cried a lot [...] I had depression, but my husband helped me a lot (E8).

After about 20 days I looked, but did not cry, do not bother, and do not put the prosthesis and bra or use filler (E9).

I felt mutilated, reaches the more feminine side of women. Look at me without breast was awful [...] (E10).

In this context, mastectomy, even when accompanied by breast reconstruction can be experienced in a traumatic way for the woman, because she considers mastectomy mutilation.¹⁷ Experiencing breast cancer changes the feelings of women, an apprenticeship occurs to reorganize your life not to lose control of the situation, and it is evident that the woman deposits in surgery the possibility of healing and hope that, after performing the same, you do not need to worry.¹⁸

It was found that women after mastectomy modified their lifestyle habits, which may have contributed to a sedentary lifestyle and weight gain, among other factors, such as the use of corticosteroids. They mentioned that they can no longer perform daily activities as they did before, attribute this to the removal of lymph nodes, with limited movement in the arm. These are aspects were highlighted in the speeches of E1, E4 and E6.

I changed a bit after I discovered breast cancer, got fat, I had to stop going to the gym and walk while doing the treatment (E1).

I was limited in the arm, has activities that I cannot do for the rest of my life, I cannot cut anything, sweep, I have a lot of pain in the arm, not regained sensitivity; whole arm hurts and swells (E4).

I shiver, freezes the arm activities that did not do more ... gained weight and was unable to return to my weight, nor do physical activity (E6).

As the limitations of women after mastectomy, it was shown that occurs limitations and difficulties of performing exercises with the ipsilateral limb mastectomy breast, and that the right care is not taken arm edema or lymphedema, which increases the difficulties may occur in carrying out routine tasks of women, and thus it will take longer to resume their daily activities.¹⁹

Weight gain, cited by surveyed, occurs in patients with breast cancer and postmenopausal early stage during QT due to chemotherapeutic agents used for the reduction of physical activity, and that there is an increase in food intake related to attempt to reduce nausea, a side effect of QT.²⁰

Four of the study participants expressed desire to perform breast reconstruction and one of them already made. The rationale of

this procedure is to minimize negative feelings triggered after breast removal and regain self-esteem, as evidenced in the statements of E3, E6, E9 and E10:

Wanted to do the reconstruction at the same time, did not want to see me without the breast, feel mutilated, great pain that most women face (E3).

I want breast reconstruction, even if you feel pain, will I feel happy (E6).

I've wanted to be wearing the prosthesis, but I'm not embarrassed than seeing me without mama, do not try to hide or disguise (E9).

So you can reconstruct the breast [...] back to who I was (E10).

Breast reconstruction aims to improve the quality of life and self-esteem of women after mastectomy, because surgery carries dissatisfaction with the aesthetics and produces negative effects on body image and sexual life of women.²¹ It is evident that women who underwent reconstructive breast surgery demonstrate increased social interaction, job satisfaction and lower frequency of depression.²¹

Among the feelings reported by surveyed after mastectomy, include those related to changes in self-esteem and self-image. It is considered that the nurse has an important role, in order to help them in the coping process. The creation of an area of therapeutic listening by the multidisciplinary team can be important and they contribute to confront the disease and treatment with less suffering and more possibilities for healing.

♦ Physical and emotional symptoms arising from chemotherapy and radiotherapy

Chemotherapy involves physiological changes that impact on women's lives and that manifest themselves through physical and emotional symptoms. In this context, women reported symptoms that differ, some show that was not so bad, that went well during treatment and others describe it as a very difficult process.

Chemotherapy was terrible, mouth and throat dried up, had to suck on ice, could not smell anything and weakness in the body. Could not deliver me, joined forces to not be discouraged knew depended solely on me ... was a shock to learn that I would be bald (E3).

I got depressed during chemotherapy, I thought I would die [...] hair loss shook me, cried a lot [...] I felt ugly (E4).

After four days of chemotherapy, made me sick, could not eat, fainted [...] when I lost my hair did not feel bad, I thought the hair would grow back healthy and not (E8).

I had fatigue, anxiety and fear, had no sickness, cooked and cleaned the house. With hair loss I felt like a 100 years old, very badly, I cried a lot (E9).

The radiotherapy burned my skin; I lost feeling in the whole region of the breast [...] when I lost my hair, lost my identity (E10).

The side effects of chemotherapy, radiotherapy and hormone therapy interfere with everyday woman in body image and sexual life. The main symptoms are nausea, vomiting, fatigue, cognitive dysfunction, alopecia, weight gain and pallor.¹⁷ mastectomy for some women hair loss brings more suffering than mastectomy because it is a cultural issue women have long hair and beautiful, a fact that complicates their own acceptance and also the society.^{19,22}

It is shown in the statements of the surveyed chemotherapy and radiotherapy was a difficult phase, as evidenced by the physical and emotional symptoms. It was noticed, in dialogue with them, that the treatment is experienced differently by each of them. In this context, it is important for nurses to be perceptive and sensitive to perceive and experience these reactions, aware that every woman reacts differently to the treatment from that, develop a care plan that meets your needs.

♦ Actions to minimize stress

Women, when questioned about the actions to alleviate the stress experienced, if reported physical activity, healthy lifestyles, participation in a support group, psychological, family, friends and social support. They report that after treatment occurred reframing of their values and their lives after experiencing breast cancer, (re) started living and initiated activities previously not held for lack of time. E1 and E3 realized that just worked and did not worry about health:

Today after the end of treatment do physical activity every day, play volleyball, track, take care of the supply [...] help at home, at school children and church, like to get involved (E1).

I started doing yoga, weight training, walking, dancing, everything you always wanted but never had time. I read many books and films eye (E3).

In a study that aimed to know the feelings of women undergoing chemotherapy on changes in body image, they showed, the surviving breast cancer, now have greater care of yourself, adopt another lifestyle, healthy lifestyles, food adequate exercise and practice.²⁴

The appearance of breast cancer on women's lives featured a remarkable event which triggered a series of changes. Moreover, there were triggered existential issues, changes in concepts and values, either in personality or in relation to people and family. For women the disease represented a second chance to rethink life and acquire new values, such as E3, E5 and E9 explicit.

I learned to appreciate more the little things, have patience, be less anxious, live today, seek to be happy and do pleasurable things [...] we re-apprehend to live, I realized that kept me strong, thinking about positive things or would grow worse [...] I chose to be happy (E3).

I had to get sick to realize many things [...] I just wanted to work [...] (E5). I learned to appreciate, reflect, put yourself in people (E9).

In a study aimed at understanding the relationship of breast cancer and treatment have in the (re) development of the body image of women process showed that they undergo reflections and questions about his life and the future, with consequent changes in their way of living.¹⁷

In an attempt to minimize stress women sought support groups, greater contact with family, friends, social life and professional help. To remain strong and confident, one sought support in God. These actions taken are described below:

Sought the support group for women with breast cancer [...] help me, I feel good, each of her experiences (E1).

The psychologist made me very well when I'm there I cannot wait to spend (E2). The key was my family and friends (E3).

I love going to the support group, talk to different people, you discover new things, at first laughed and cried together now comforted those entering (E6).

I love to join the group, you get questions, share difficulties, good things [...] go out performed (E8).

Clung to God and the church, this was the way to get back up (E9).

I always tried to be around people, so I was unable to overcome this stage (E10).

It is understood that the support groups allow patients to share experiences and 'revenue sharing' to cope with the stressors related to treatment, minimizing side effects of chemotherapy, cope with symptoms, such as nausea, fatigue, hair loss, and strengthen physical and mentally.²³

As for stress, faith is a source of support for coping with cancer and to support the challenges caused by the different treatments.²⁴ Knowing the actions against

women should be a concern of professional support, to provide holistic care and is through active listening of women and their families who recognize their feelings and experiences related to the process experienced.¹⁶

Immersed in the analysis of the speeches of the researched content, we identified that they sought to participate in support groups, sought help from professionals of psychology, faith in a Higher Being, support from friends and family to minimize stress. The women in the study acknowledged that the fact of having breast cancer contributed to positive changes in their lives, in care of itself in pleasurable activities, as well as knowledge of the damage that stress can cause.

FINAL REMARKS

The care for women with breast cancer constitutes a challenge to the health care team, and should be performed in an integrated and participatory manner. In this context, it is the nurse to be insightful and sensitive to apprehend experiences of assisted women, aware that each one is unique and also reacts differently.

The share of searches in a support group helped to expand knowledge and adopt positive attitudes, aiming at coping with cancer. The integration of the researcher in this group afforded knowing them, create bond and interact with healthcare professionals. It is considered that it is in the search for a space like this occurring socialization, exchange of experiences, which favors the self and helps these women in coping with the situation.

The fact of experiencing breast cancer causes suffering, but also contributes positively in the lives of each one of them, since that time they have the opportunity to reflect, rethink and change aspects of life.

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Corresponding Address

Mariana Fröhlich
Travessa Eliseu Menegon, 10
Bairro Centro
CEP: 98700-000 – Ijuí (RS), Brazil