

Mechanisms used to face difficulties encountered following surgical treatment for breast cancer

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Qualitative studies report factors that may affect the quality of life (QoL) of patients after breast cancer treatment. These range from lack of information provided by healthcare professions, in relation to complications, which include lymphedema and inflammatory processes, to emotional problems including shock, fear, revulsion, frustration, a negative body image, anxiety and depression.^{1,2}

Another aspect that is stressed are the social sequelae that include changes in role, lack of social support, pain and aptitude. Pain is an important aspect for psychological and social morbidity resulting in a reduction of the QoL. It has been suggested that researchers should use psychological and social measures, together with the physiological parameters, to evaluate these patients.³ It is important to stress the necessity to evaluate functional losses among breast cancer survivors and to look for an appropriate form of rehabilitation.^{4,5}

Thus, rehabilitation programs for patients after breast cancer treatment show that this approach can improve the QoL by reducing their suffering.^{2,4} However, mechanisms used by patients to face the difficulties are generally not considered. The objective of the current study was to investigate mechanisms used by patients after breast cancer treatment to overcome difficulties that they encounter.

Method

Mechanisms used by 89 women to face the difficulties they encountered following mastectomies were evaluated. Participants were randomly selected from those who had undergone surgical treatment of breast cancer with axillary lymphadenectomy. The mean follow-up time was 4.5 years and the average age of the participants was 54.8 ± 11.7 years.

After identifying patients, the reasons for the study were explained and they were included in the study if they accepted to participate. The evaluation was made using a structured interview which investigated the mechanism used by patients to face difficulties after surgery including: religion, family, self-help, friends and the feeling of anger. Additionally, mechanisms not mentioned above but that were used by the women were assessed. Normal ethics considerations were complied with which included the approval of the Ethics Research Committee of Catanduva Medical School, Brazil (protocol number 37/05) and written patient consent. Percentages were utilized for statistical analysis.

Results

Religion was the main mechanism used to face the difficulties encountered following breast cancer treatment in this group of patients (Table I).

Table I: Mechanisms used to overcome difficulties encountered following the surgical treatment of breast cancer

<i>Leisure</i>	<i>absolute number</i>	<i>%</i>
Religion	63	70.8
Family	11	12.4
Self-help	3	3.4
Friends	1	1.1
Feeling of anger	1	1.1
Indifferent	10	11.2
Total	89	100

Discussion

Some aspects of the patients' lives may be neglected in the period following breast cancer treatment including the mechanisms that patients use to face the difficulties caused by the disease. Studies evaluating the QoL show that emotional

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alterations, including shock, fear, revulsion, frustration, a negative body image as well as anxiety and depression, negatively affect the lives of these patients.¹ Thus, it is essential to identify which mechanisms are used to surmount the challenges or to reduce their suffering taking into consideration aspects such as religion and culture. In this study, we attempted to stress these aspects and identified that religion is a great force that can help to transfer problems from the human to the divine domain. This is important because studies show that beliefs and participating in a religion can improve treatment.^{6,7} One study reported that practicing a familiar religion facilitates coping with disease.^{8,9} Thus, religious and spiritual faith seems to be an important tool in the recovery from disease and should be recognized and encouraged by professionals who assist these patients; this may help patients to return to their normal lives within the community. The second commonest mechanism was the family (12.4%); the family along with school and religion constitute an important foundation in the lives of people. In this study the family was identified as the second most common coping mechanism demonstrating a certain mistrust in this form of support. This fact may be attributed to a lack of information provided to family members in respect to facing diseases, specifically of the process of physical, psychological and social recovery, as this process requires specific care and guidance for returning to day-to-day activities. In most cases, this lack of family guidance (as it is negative) contributes to reactions that can lead to family instability and skepticism about the family as an institution. It is worth stressing that, when possible, family members should play a role in such a way as to contribute to the stability of the family through the manifestation of adaptive behavior thereby reestablishing recovery over the short term. Hence under some circumstances, family members need to be counseled on their roles.

Self-help, the third mechanism, was identified in only 3.4% of the cases; even so it is still important as patients use this mechanism to overcome their difficulties. Attempting to find support from friends was not a common practice in the patients of this study.

Conclusion

In general, patients do not expect to find help from others; religion is the most important mechanism used to face difficulties after surgery. The physical well-being, the mind,

religion and occupation are part of all phases of the lives of people so these aspects are important in the management of patients. Another feeling, detected in one patient, was anger at everything that was happening and this type of reaction requires support. Patients did not identify any of the aforementioned mechanisms in 11% of the cases showing a certain indifference when confronted with the problems. Perhaps psychological assistance may help to identify the cause that led to this indifference. In this study, religion is the main instrument used by patients to overcome difficulties following surgical breast cancer treatment.

References

1. Morgan PA, Franks PJ, Moffatt CJ. Health-related quality of life with lymphoedema: a review of the literature. *Int Wound J*. 2005 Mar;2(1):47-62.
2. Gordon LG, Battistutta D, Scuffham P, Tweeddale M, Newman B. The impact of rehabilitation support services on health-related quality of life for women with breast cancer. *Breast Cancer Res Treat*. 2005 Oct;93(3):217-26.
3. McWayne J, Heiney SP. Psychologic and social sequelae of secondary lymphedema: a review. *Cancer*. 2005 Aug 1;104(3):457-66.
4. Hayes S, Battistutta D, Newman B. Objective and subjective upper body function six months following diagnosis of breast cancer. *Breast Cancer Res Treat*. 2005 Nov;94(1):1-10.
5. Strauss-Blasche G, Gnad E, Ekmekcioglu C, Hladschik B, Marktl W. Combined inpatient rehabilitation and spa therapy for breast cancer patients: effects on quality of life and CA 15-3. *Cancer Nurs*. 2005 Sep-Oct;28(5):390-8.
6. Puchalski CM, Kilpatrick SD, McCullough ME, Larson DB. A systematic review of spiritual and religious variables in Palliative Medicine, *American Journal of Hospice and Palliative Care*, *Hospice Journal*, *Journal of Palliative Care*, and *Journal of Pain and Symptom Management*. *Palliat Support Care*. 2003 Mar;1(1):7-13.
7. Underwood SM, Powell RL. Religion and spirituality: influence on health/risk behavior and cancer screening behavior of African Americans. *ABNF J*. 2006 Jan-Feb;17(1):20-31.
8. Ka'opua LS. Developing a culturally responsive breast cancer screening promotion with Native Hawaiian women in churches. *Health Soc Work*. 2008 Aug;33(3):169-77.
9. Gall TL, Kristjansson E, Charbonneau C, Florack P. Longitudinal study on the role of spirituality in response to the diagnosis and treatment of breast cancer. *J Behav Med*. 2008 Nov 4. [Epub ahead of print]