

Family facing breast cancer diagnosis under the woman's viewpoint

Família diante do diagnóstico de câncer de mama sob o olhar da mulher

Familia antes del diagnóstico de cáncer de mama en de mirada de la mujer

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ABSTRACT

Objective: The study's goal has been to gain further understanding about the role and perception of the family before the diagnosis of breast cancer under the woman's viewpoint. **Methods:** It is a descriptive study with a qualitative approach, which was carried out in the oncology clinic from a university hospital. The study has had 11 participating women that were diagnosed bearing breast cancer and also within the age group from 43 to 58 years old. Data collection was performed through semi-structured interviews in the period from May to July 2015. The data were analyzed and interpreted according to content analysis. **Results:** After the analysis three categories emerged, as follows: the breast cancer diagnosis impact; companion in the diagnosis; the family as the principal support source. **Conclusion:** Considering the woman's viewpoint, the cancer appearance had great impact to her family, and also provoked countless feelings. Nonetheless, the family involvement provided proved to be a source of support and comfort from the follow-up to receiving the diagnosis.

Descriptors: Women's health, breast neoplasms, diagnosis, family.

RESUMO

Objetivo: Compreender o papel e a percepção da família diante do diagnóstico de câncer de mama sob o olhar da mulher. **Método:** Estudo qualitativo, realizado no Ambulatório de Oncologia de um Hospital Universitário, do qual participaram 11 mulheres com câncer de mama, com idade entre 43 e 58 anos. A coleta de dados foi realizada por meio de entrevista semiestruturada, no período de maio a julho de 2015. Os dados foram analisados e interpretados conforme a análise de conteúdo. **Resultados:** Após a análise emergiram três

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categorías: o impacto do diagnóstico de câncer de mama, a companhia no diagnóstico e a família como principal fonte de apoio. **Conclusão:** Para a mulher o aparecimento do câncer impactou a sua família e despertou inúmeros sentimentos. Contudo, o envolvimento familiar disponibilizado a ela desde o acompanhamento para receber o diagnóstico mostrou-se como fonte de apoio e conforto.

Descritores: Saúde da Mulher, Neoplasias da Mama, Diagnóstico, Família.

RESUMEN

Objetivo: Entender el papel y la percepción de la familia antes del diagnóstico de cáncer de mama bajo la mirada de las mujeres. **Método:** Estudio cualitativo realizado en la Clínica de Oncología del Hospital de la Universidad, a la que asistieron 11 mujeres con cáncer de mama, de 43 años y 58 años. La recolección de datos se realizó a través de entrevistas semiestructuradas, de mayo a julio de 2015. Se analizaron e interpretado los datos de acuerdo con el análisis de contenido. **Resultados:** Tras el análisis surgieron tres categorías: el impacto del diagnóstico de cáncer de mama, el diagnóstico de la empresa, la familia como la fuente principal de apoyo. **Conclusión:** Para las mujeres, la aparición del cáncer dio lugar a su familia un gran impacto y se agitó muchos sentimientos. Sin embargo, la participación familiar puesta a su disposición desde el monitoreo de recibir el diagnóstico demostró ser una fuente de apoyo y comodidad.

Descriptores: Salud de la Mujer, Neoplasias de la Mama, El Diagnóstico, La Familia.

INTRODUCTION

Breast cancer is an important public health problem because it is the second most frequent type of cancer in the population and the most common among women. The etiology of breast cancer is multifactorial and involves individual factors, such as the following: age, early menarche, late menopause, radiation exposure, first pregnancy after 30 years and no pregnancy, hormones (hormone replacement therapy), genetic (family history), and lifestyle (obesity, regular alcohol intake, sedentary lifestyle).^{1,2}

In 2016, the estimate was approximately 596,000 new cases of cancer, where about 57,960 were of female breast cancer. It is the leading cause of death in women, with 14 deaths per 100,000 women in 2013.¹ Even with the technological advances that enable prevention, early detection and treatment for cancer, the stigma of the disease is still strong, reinforced by mortality.³

After the diagnosis confirmation, there are several transformations in the woman and in her family that can have repercussions provoking conflicts, insecurities, anguishes and fears.⁴ The diagnosis, as well as the whole disease process, both are experienced by the woman and her family as a moment of Intense anxiety and suffering.⁵

Given this context, there arose the concern to understand how the woman perceives the participation of her family in the diagnosis of breast cancer. Therefore, the study's goal has been to gain further understanding about the role and perception of the family before the diagnosis of breast cancer under the woman's viewpoint.

METHODS

This is a descriptive research with a qualitative approach, which was carried out from May to July 2015, in the Oncology Ambulatory from the *Hospital Universitário Norte do Paraná*, located in the city of Londrina in Paraná State.

The inclusion criteria were women within the age group from 18 to 59 years old, diagnosed with breast cancer from June 2014 to February 2015 and assisted at the ambulatory abovementioned.

The study participants were 11 women, determined by data saturation. The data collection was performed through a single interview, which was recorded and transcribed in its entirety, shortly after its accomplishment, associating gestures, voice intonation, facial expressions and other details of the encounter that helped to perceive the experience lived by the participating women.

The analysis of the interviews was through Bardin, who aimed to produce inferences of the content of the communication of a text replicate to its social context. This type of content analysis basically unfolds in three phases, as follows: pre-analysis; material exploration; and result handling.⁶

The first phase, the pre-analysis, includes the organization of documents, floating reading, choice of reports, formulation of hypotheses and elaboration of indicators to support interpretation. The second one, material exploration, is to find clusters and associations that respond to the objective of the study, thus, the categories. And the last, the result handling covers the moment in which the inferences will be made and the interpretation of the results found.⁶

This study complied with the requirements proposed by the Resolution No. 466/2012 from the National Health Council, which provides for norms and guidelines regulating research involving human beings.⁷ Thus, the Free and Informed Consent Form was signed by all participating women. In order to have greater privacy, the interviews were carried out in an office of the ambulatory with the door closed and the women identified with the letter "W" followed by an increasing number, according to the order of the interview. This research is derived from the research entitled "Breast cancer: understanding the experience of the woman and the companion" and was approved by the Research Ethics Committee from the *Universidade Estadual de Londrina/UEL*, under the Certificate of Presentation for Ethical Assessment No. 46547215.5.0000.5231.

RESULTS AND DISCUSSION

By analyzing the interviews it was possible to identify the following three categories: the breast cancer diagnosis impact; companion in the diagnosis; the family as the principal support source.

The breast cancer diagnosis impact

Faced with the positive result of the woman's cancer, the relatives presented feelings of despair, suffering, crying and even sickness.

When they gave me the result, my sister was with me and she started to feel sick. (W7)

Then my sister arrived and she cried more than I did, I said that the only person that could cry was I. But, I was not crying. (W5)

In the following report, it is explicit that the family members became more destabilized than the women that received the diagnosis.

I sat with my children and they went into despair and cried. I told them that cancer does not kill, it has treatment, but I need everyone to be well, otherwise I would not be able to. (W8)

Companion in the diagnosis

At the time of the disease diagnosis the women were always accompanied by the presence of a relative.

My father was together when I got the news, he was able to understand everything that was happening, because at the time you get lost right. (W6)

My sister-in-law was together, she went with me in all the consultations, the results of the examinations, after the surgery, she went with me to the oncologist. (W1)

Wow, they've been with me all the time, my mother, my father, my sister who is always with me at all times and even she accompanies me on the exams and what I need, she was always willing and always gave a way follow me. (W4)

The family's concerns to accompany the woman at the time of diagnosis were always surrounded by doubts, fears and worries. It was very evident, since all the women reported that a relative accompanied them at that time.

The family as the principal support source

The family emerges as the main source of support for women during cancer diagnosis and treatment.

My son helped me a lot, because he was always with me? I got through all this, my son always supporting me by attending. (W1)

The intimate partner support also appeared to be very important at this delicate time.

My husband was always by my side, always supported me, gave me strength, so this also made the "thing" easier, right, my family was very much like that, it was a blessing. (W5)

DISCUSSION

Cancer causes feelings of desperation, suffering, crying and even sickness of the family members by the pain and suffering of the woman.⁸

These feelings are considered normal and also associated to the fear of the unknown, since many relatives had never experienced moments like these before.⁹

The family needs to express their emotions, their fears, their anguish, their cancer doubts, and feelings that are difficult to understand at the moment.¹⁰

It is evident that the family feels vulnerable after the news of the diagnosis, because it is a very shocking moment, tense, covered with uncertainties and can lead to a painful process in the life of the family.¹¹

The discovery of the disease causes changes in the whole family environment, influencing everyone that feels touched by the news of the diagnosis of cancer, in this way, all the family members mobilize to support, protect, strengthen, care for and accompany the woman while facing the cancer.¹²

The presence of the companion is extremely important, since they can share the experience of the illness and the treatment, offering support and comfort to the feelings experienced by the women.¹³

It was noticed from the statements that the family was very important offering psychosocial support, organizing themselves to maintain an environment conducive to treatment, favoring the protection of the woman through physical and emotional comfort, helping the treatment phase.^{14,15} The presence of the family is based on harmony, since it includes the weaknesses and needs of the woman.¹⁶

The companion's help and dedication is also a facilitating factor for overcoming the disease.¹⁷

Under the women's viewpoint, the family offers social support, being defined as any physical, emotional, material or informational assistance offered by people or groups of people with whom they are in contact and that results in positive effects, through that support they feel strengthened to face the disease and the treatment without discouraging, then making the whole process less traumatic.⁴

CONCLUSIONS

Regarding the woman's viewpoint, the onset of breast cancer had a major impact on her family, arousing innumerable feelings, such as despair, suffering, crying and even sickness.

Nevertheless, the family involvement provided to her since the follow-up to receive the diagnosis of breast cancer proved to be extremely important, offering support and comfort in the face of the moment.

Understanding the family's perception about breast cancer, even from the point of view of fragile women, is important for the health team to plan appropriate actions and orientate them according to their needs, since this perception is not always verified, because most of the time the woman is the foundation of the family.

It is important to highlight the need for further studies involving health professionals in family support and counseling in order to plan effective support actions, along with understanding and coping by the family members.

REFERENCES

1. Brasil. Instituto Nacional de Câncer José Alencar Gomes da Silva. Coordenação de Prevenção e Vigilância. Estimativa 2016: incidência de câncer no Brasil [internet]. Rio de Janeiro: INCA; 2015 [acesso em 29 jul 2015]. Disponível em: <http://www.inca.gov.br/estimativa/2014/tabelaestados.asp?UF=BR>
2. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Controle dos cânceres do colo do útero e da mama. 2. ed. Brasília: Editora do Ministério da Saúde; 2013 [acesso em 17 fev 2015]. Disponível em: http://bvsmms.saude.gov.br/bvs/publicacoes/controle_canceres_colo_uterio_2013.pdf
3. Sousa ATO, França JRF, Nóbrega MML, Fernandes MGM, Costa SFG. Palliative care: a conceptual analysis. *Online Braz J Nurs*. [internet] 2010 [acesso em 20 maio 2016]; 9(2). Disponível em: <http://www.objnursing.uff.br/index.php/nursing/article/view/j.1676-4285.2010.2947>
4. Dantas MAS, Silva DA, Pinho TAM, Torquato IMB, Assis WD, Santos SR. Estratégias de enfrentamento familiar do diagnóstico de leucemia: aspectos sociais e religiosos. *Rev Enferm UFPE On Line* [internet] 2015 [acesso em 20 maio 2016]; 9(1):137-42. Disponível em: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/5525/pdf_6894
5. Hoffmann FS, Müller MC, Rubin R. A mulher com câncer de mama: apoio social e espiritualidade. *Psic Saúde* 2006; 14(2):143-50.
6. Bardin L. Análise de conteúdo. 3. ed. Lisboa: Edições 70; 2004.
7. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Resolução nº 466, de 12 de dezembro de 2012. Brasília: Ministério da Saúde; 2012.
8. Ribeiro AL, Almeida CSL, Reticena KO, Maia MRG, Sales CA. A Enfermagem no cuidado paliativo domiciliar: o olhar do familiar do doente com câncer. *Rev Rene*. [internet] 2014 [acesso em 21 nov 2016]; 15(3):499-507. Disponível em: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/1668/pdf>
9. Nascimento KTS, Fonseca LCT, Andrade SSC, Leite KNS, Costa TF, Oliveira SHS. Sentimentos e fontes de apoio emocional de mulheres em pré-operatório de mastectomia em um hospital-escola. *Rev Enferm UERJ* [internet] 2015 [acesso em 20 maio 2016]; 23(1):108-14. Disponível em: <http://www.e-publicacoes.uerj.br/index.php/enfermagemuernj/article/view/15598>
10. Azevedo RF, Lopes RLM. Concepção de corpo em Merleau-Ponty e mulheres mastectomizadas. *Rev Bras Enferm*. [internet] 2010 [acesso em 5 fev 2015]; 63:1067-70. Disponível em: <http://www.scielo.br/pdf/reben/v63n6/31.pdf>
11. Nascimento NA, Castro DS, Amorim MHC, Bicudo SDS. Estratégias de enfrentamento de familiares de mulheres acometidas por câncer de mama. *Cienc Cuid Saúde*. [internet] 2011 [acesso em 22 out 2016]; 10(4):789-94. Disponível em: <http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/18324/pdf>
12. Salci MA, Marcon SS. Enfrentamento do câncer em família. *Texto Contexto Enferm*. [internet] 2011 [acesso em 4 set 2015]; 20(esp):178-86. Disponível em: <http://www.scielo.br/pdf/tce/v20nspe/v20nspea23.pdf>
13. Barreto TS, Amorim RC. A família frente ao adoecer e ao tratamento de um familiar com câncer. *Rev Enferm UERJ* [internet] 2010 [acesso em 22 out 2016]; 18(3):462-7. Disponível em: <http://www.facenf.uerj.br/v18n3/v18n3a22.pdf>
14. Karkow MC, Perline NMOG, Stamm B, Camponogara S, Terra MG, Viero V. Experiência de famílias frente à revelação do diagnóstico de câncer em um de seus integrantes. *Rev Min Enferm*. [internet] 2015 [acesso em 2 mar 2016]; 19(3):741-51. Disponível em: <http://www.reme.org.br/artigo/detalhes/1036>
15. Pereira CM, Pinto BK, Muniz RM, Cardoso DH, Wexel WP. O adoecer e sobreviver ao câncer de mama: a vivência da mulher mastectomizada. *J Res: Fundam Care Online* [internet] 2013 [acesso em 15 mar 2016]; 5(2):3837-46. Disponível em: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2003/pdf_789
16. Santos MCL, Sousa FS, Alves PC, Bonfim IM, Fernandes AFC. Comunicação terapêutica no cuidado pré-operatório de mastectomia. *Rev Bras Enferm*. [internet] 2010 [acesso em 5 fev 2015]; 63(4):675-8. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672010000400027
17. Santos LR, Tavares GB, Reis PED. Análise das respostas comportamentais ao câncer de mama utilizando o modelo adaptativo de Roy. *Esc Anna Nery* [internet] 2012 [acesso em 15 mar 2016]; 16(3):459-65. Disponível em: <http://www.scielo.br/pdf/ean/v16n3/05.pdf>

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