

## Câncer de mama: sentimentos e percepções das mulheres diante do diagnóstico

Breast cancer: feelings and perceptions of women before the diagnosis

Cáncer de mama: sentimientos y percepciones de las mujeres antes del diagnóstico

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## ABSTRACT

**Objective:** To know the feelings and perceptions of women on the diagnosis of breast cancer. **Methods:** This is a qualitative study in Oncology Clinic of a university hospital, close to 11 women with breast cancer and aged between 43 and 58 years. Data collection was conducted through semi-structured interviews between May and July 2015. The data were analyzed and interpreted according to content analysis. **Results:** After analyzing four categories emerged: waiting for diagnosis; feelings aroused after diagnosis; family support; live and pray after the diagnosis of breast cancer. **Conclusion:** The study showed that women were waiting for the diagnosis of cancer, but even saying be prepared for such a diagnosis, at the news felt harassed, received family support and also sought religious support to face the difficult time of cancer diagnosis breast cancer.

**Descriptors:** Women's health; Breast neoplasms; Diagnosis.

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## RESUMO

**Objetivo:** Conhecer os sentimentos e percepções das mulheres diante o diagnóstico de câncer de mama. **Métodos:** Trata-se de um estudo qualitativo, realizado no Ambulatório de Oncologia de um Hospital Universitário, junto à 11 mulheres com câncer de mama e idade entre 43 e 58 anos. A coleta de dados foi realizada por meio de entrevista semiestruturada, entre maio a julho de 2015. Os dados foram analisados e interpretados conforme a análise de conteúdo. Resultados: Após a análise emergiram quatro categorias: esperando pelo diagnóstico; sentimentos despertados após o diagnóstico; o apoio familiar; viver e orar após o diagnóstico de câncer de mama. **Conclusão:** O estudo mostrou que as mulheres já esperavam o diagnóstico de câncer, porém, mesmo dizendo estarem preparadas para tal diagnóstico, diante da notícia se sentiram aflitas, receberam apoio da família e também buscaram apoio religioso para enfrentar o difícil momento do diagnóstico do câncer de mama.

**Descritores:** Saúde da mulher; Neoplasias da mama; Diagnóstico.

## RESUMEN

**Objetivo:** Saber los sentimientos y percepciones de las mujeres sobre el diagnóstico de cáncer de mama. **Métodos:** Se trata de un estudio cualitativo en Oncología Clínica de un hospital universitario, cerca de 11 mujeres con cáncer de mama y con edades comprendidas entre 43 y 58 años. La recolección de datos se realizó a través de entrevistas semiestructuradas entre mayo y julio de 2015. Se analizaron e interpretado los datos de acuerdo con el análisis de contenido. **Resultados:** Tras el análisis de cuatro categorías surgieron: la espera para el diagnóstico; sentimientos despertaron después del diagnóstico; apoyo a la familia; vivir y orar después del diagnóstico de cáncer de mama. **Conclusión:** El estudio mostró que las mujeres que estaban esperando para el diagnóstico de cáncer, pero incluso diciendo estar preparado para tal diagnóstico, ante la noticia se sintió acosado, recibió el apoyo de la familia y también buscó apoyo religioso para enfrentar el difícil momento del diagnóstico de cáncer de mama.

**Descriptores:** Salud de la mujer; Neoplasias de la mama; Diagnóstico.

## INTRODUCTION

Breast cancer is the second most frequent in Brazil and in the world among women,<sup>1</sup> being considered an important public health problem.

The etiology is multifactorial and involves individual, environmental, reproductive, hormonal and genetic factors. The estimate for the year 2016 is 57,960 new cases of female breast cancer. It is the leading cause of death in women with 14 deaths per 100,000 in 2013, as the disease is still diagnosed in advanced stages<sup>2</sup> and the demand for health services may be late, leading to a worse prognosis.<sup>3</sup> Late diagnosis is associated with more aggressive approaches and the use of multiple therapeutic modalities that impair the quality of life.<sup>4</sup>

The treatment of breast cancer in more developed stages, with a larger tumor and involvement of axillary lymph nodes, is related to the shorter survival.<sup>5</sup> Thus, on the contrary, early diagnosis is associated with a greater possibility of cure and better survival.

Before the diagnosis of breast cancer, the woman faces several situations. The impact of the news, can lead to

countless negative thoughts, by the possibility of a poor prognosis, depending on the stage at which the cancer was detected. In case of surgical treatment, there is a possibility of alteration of the body image and limitations caused as a result of the mastectomy.<sup>6</sup>

Changes in the body image can lead to changes in the sexual and marital life of the woman, which can affect sexual and social relations, as well as with herself, reflecting on her personal life and her self-esteem, which can trigger anxiety and depression symptoms.<sup>7</sup>

In the face of treatment, chemotherapy is considered the main source of pain, suffering, distress and decreased self-esteem, due to side effects such as nausea, vomiting, hair loss, among other changes, which may also be able to generate negative feelings.<sup>8</sup>

However, each patient experiences the experience of their diagnosis and of the psychosocial aspects involved in this process in an individual way.<sup>9</sup> In this context, there was concern about how the woman feels when receiving the diagnosis of breast cancer. Thus, this research aims to know the feelings and perceptions of women at the time of diagnosis of breast cancer.

## METHODS

It is a descriptive study, with a cross-sectional design and a qualitative approach. Qualitative research is understood as one involving subjective questions, which is not concerned with quantifying but rather with understanding and explaining the dynamics of social relations, that is, it works with the universe of meanings, motives, aspirations, beliefs, values and Attitudes, which can not be reduced to the operationalization of variables.<sup>10</sup>

The research was developed at the Oncology Outpatient Clinic of the Hospital Universitário Norte do Paraná (HUNPR), located in the city of Londrina-Pr. The population was composed of 11 women diagnosed with breast cancer.

Data collection was performed through a semi-structured interview, in a single moment, from May to July 2015.

The instrument used for data collection was a semi-structured form with socioeconomic information, obstetric gynecologist and the guiding question: "Tell me how it was when I was diagnosed with breast cancer?".

The inclusion criteria were: women aged between 18 and 59 years, diagnosed with breast cancer from June 2014 to February 2015 and attended at the Oncology Outpatient Clinic. Aiming for greater privacy, the interviews were conducted in an office of the Ambulatory itself with the door closed and the respondents identified with the letter "M" followed by increasing number, according to the order of the interview.

For the delimitation of the number of women, the data saturation method was used, which occurs when speech redundancy is initiated. It is a conceptual tool frequently used in reports of qualitative research in different areas in

the field of Health, among others, being used to establish or close the final size of a study sample, interrupting the capture of new components.<sup>11</sup>

The interviews were recorded and transcribed in full. For the analysis of the data we used a content analysis of Bardin,<sup>12</sup> which aims to obtain, through systematic procedures and objectives of description of the content of the messages, indicators that allow to produce inferences of the content of the communication of a text replicable to its social context.

Content analysis basically unfolds in three phases: pre-analysis; Exploitation of the material and treatment of results. The pre-analysis phase includes the organization of documents, floating reading, choice of reports, formulation of hypotheses and elaboration of indicators to support interpretation. The exploration phase of the material is to find clusters and associations that respond to the objective of the study, thus appearing the categories. Already, the treatment phase of the results covers the moment in which the inferences will be made and the interpretation of the results found.<sup>12</sup>

This study complied with the requirements proposed by Resolution 466/2012 of the National Health Council, which regulates the norms and guidelines regulating research involving human beings.<sup>13</sup> Thus, the Free and Informed Consent Form was obtained from all women. This study is a cut of the research entitled "Breast cancer: understanding the experience of the woman and the partner" and was approved by the Committee of Ethics in Research of the State University of Londrina, under CAAE no. 46547215.5.0000.5231.

## RESULTS AND DISCUSSION

### Characterization of women

The age varied between 43 and 58 years, being seven white women and four black women. Four had elementary education, three high school and four higher education. With regard to marital status, six were married, two separated and three widows. Family income ranged from one to eight minimum wages. Nine women reported that menarche occurred between 10 and 15 years and two before 10 years. As for the sexarca, ten women reported that it happened between 15 and 20 years and one over 20 years. Regarding the use of oral contraceptives, six reported use for up to 5 years, two for more than 10 years and three said they had never used. Ten had gestations, and six had between 01 and 03 children, four more than three children. Nine women breastfed their children for more than 6 months and one did not breastfeed. Eight women were already in the menopause stage and seven reported a family history of breast cancer of a mother or sister.

When analyzing the interviews, it was possible to identify four categories: "Waiting for diagnosis", "Feelings aroused after diagnosis", "Family support" and "Living and praying after breast cancer diagnosis".

### Waiting for diagnosis

Some women were already expecting the positive diagnosis of breast cancer due to the existence of breast cancer in the family or by the perception of the breast nodule.

*I was prepared, I knew that my family was predisposed to have cancer, if it was not for that I would not be able to ... In the consultation with the doctor he said: "Look, lady, you know, right? It has a lump. "And explained all that situation to me. I accepted of course. (M1)*

Women were aware of the risk of developing the disease because they already had cases in the family, and family history was a risk factor. Studies indicate that the risk increases twice if first-degree relatives (women) had breast cancer. The risk also increases if the mother was affected by breast cancer before age 60. The risk increases four to six times if breast cancer occurred in two first-degree relatives.<sup>1</sup>

*It did not shock me, I already expected, by the size when I put my hand. So it did not shake my psychological. (M3)*

*I was calm, I did not despair, because I had already felt, discovered in the self-examination, right (M9)*

The knowledge of the body associated with the understanding of what can be considered normal and healthy, allows the woman to identify the changes in her breast, and thus to seek a health service for an evaluation.<sup>14</sup>

### Feelings aroused after diagnosis

Even with the expectation of a positive diagnosis and somehow prepared for it, the women reported that it was a moment of surprise and apprehension.

*Even though we're prepared, we end up taking a thump. (M1)*

*I knew I was going to be positive, then by the time they gave me the diagnosis I was scared, we think only of death, right, who died, who suffered, who you saw passing pain, who lost the breast, who lost hair, and I was seeing my mother in that process all over there. (M6)*

*Then I got desperate [...] I thought it was the end for me, I started to get nervous and I started to cry. (M2)*

Before the positive result the woman can present feelings that oscillate between indifference and intense fear,<sup>15</sup> which may be able to lead to the perception of death and insecurity. In addition, the news of the disease is related to the feelings

of despair, sadness, panic, anguish and crying, often referred to as the worst moment of their lives.<sup>16</sup>

These feelings are seen as normal because they are related to the fear of the unknown, since many women have never experienced similar moments in life.<sup>17</sup> In this context, the health professional must be sensitized to understand these feelings, and thus, offer assistance Unique and humanized for this woman.

Upon receiving the diagnosis of breast cancer, the woman also starts to worry about how the disease will reach her family nucleus.

*My children went into desperation and cried, but I told them that cancer does not kill, it has a treatment, but I needed everyone to be well, otherwise I would not be able to. (M8)*

*I was a bit scared and worried about my daughter who was very young and pregnant. I felt that my husband was suffering with me and I did not want that for him. (M10)*

Some women expressed in their speeches a quick acceptance of the disease, described that they do not allow themselves to be demoted to the diagnosis, understanding that to remain to live in the same way would help them in the recovery. Acceptance of one's own experience of illness is paramount in overcoming obstacles, as it encourages collaboration.<sup>14</sup>

*Since I had experienced this with my mother, I think it was easier for me. I said "now I'm going to do what I have to do, I'll do the exams and I'll do the treatment". (M5)*

*I prepared myself and I did not believe I would suffer. I always believed that what appears in our lives we have to face. If it is a disease in the body has the doctor, but we have to do our part. (M8)*

*She asked if I wanted to take only the lump or the breast. I chose to remove all the breast and a month later I was already doing the surgery. (M9)*

However, coping attitudes can range from passive acceptance / conformism to active acceptance, in which the woman struggles with the disease, not giving herself to it.<sup>18</sup>

In addition, the process of illness demands reorganization of the woman, due to the disorganization that the impact of the disease causes on her life and the life of the family members who experience this moment.<sup>19</sup> The illness of a family member causes changes in their dynamics.<sup>15</sup>

## Family support

The family emerges as the main source of support for women during diagnosis and oncological treatment, offering psychosocial support, as the following report:

*My father was together and he could understand everything that was happening, because at the time you get lost right? (M6)*

In the face of cancer, the family organizes itself to maintain a favorable environment for the woman when she is in the treatment phase, thus promoting protection to the woman, offering physical and emotional comfort, besides the help in the daily tasks and the care with the children, while they are being treated.<sup>20,21</sup>

One study demonstrated that the presence of the family constitutes empathy, since it is attentive to the needs and limitations of the patient.<sup>22</sup>

The support of the companion also appeared as being very important in this delicate moment.

*My husband managed to get there after the doctor had spoken, but he was always on my side, he always supported me and gave me strength, so that also makes the "thing" easier, right? My family was very much like this, it was a blessing. (M5)*

The support of the companion was identified in this study as of great relevance, since it provides support in times of weakness, making the experience of the disease more enjoyable,<sup>23</sup> the complicity and support of the companion help in coping with the disease.<sup>24</sup>

## Live and pray after the diagnosis of breast cancer

The woman finds in the children, in God and in herself, the strength and courage necessary to seek treatment and consequently the cure. Religious faith promotes hope, balance and empowerment, favoring the struggle for life and serenity to accept the disease.

*I'm evangelical, I always had God in my heart, I was prepared for whatever happened. Whatever happened, even if I died, I already knew that God had everything planned for me. (M1)*

*God is fundamental, ours is not my imagination, it is my refuge. (M4)*

*I'm a very Catholic person, I asked God, I saw that I had to deal with it, I did not have to abandon everything. (M2)*

*I prayed that God would not abandon me and that he would allow me to live to see my granddaughter grow up. I had a lot of faith and believed in my healing. (M10)*

*I got strength first in God. (M3)*

It should be remembered that faith is a feeling based on our culture and ends up being indispensable for coping with the disease.<sup>25</sup> Spirituality is also considered a support and support factor in difficult situations,<sup>16</sup> exerting a positive influence on health.<sup>26,27</sup>

Faced with the speeches, it is clear that faith helps the woman with breast cancer to cope with the stress of the disease and keep alive the hope of healing.

*Since I had already done this to my mother, I think God does things so well for us [...] so I think it's easier for me too. (M5)*

*I said, "If you have to remove both tits, then take it off since I'm fine," what we want is to live, I'm still young, I want to be called grandma yet, right? (M7)*

*I have a lot of faith in God, it was like a voice saying to me, "Make sure you're not alone." But you can not be suffering, or become a victim because it will not help at all. (M8)*

A study of women with advanced cervical cancer diagnostics found that religiosity and spirituality were used as an instrument of support and comfort,<sup>27</sup> indicating that faith helps patients cope with the stress of the disease.

In general, all interviewees in this study reported having sought religious support, which suggests a positive way of coping with the disease, because it is important that the patient does not surrender and always choose the option of believing in recovery, using all the resources Available to help overcome cancer.

## CONCLUSIONS

With this research it was possible to know the feelings and perceptions of women in the diagnosis of breast cancer.

Before the diagnosis of breast cancer, the women presented feelings of surprise and apprehension. Although some have reported that they were expecting the diagnosis because they had a case in the family or because of the perception of the lump itself, even though they were prepared for such a diagnosis, they felt distressed because cancer is a disease that deconstructs the person who is passing through problem.

The will to live and the hope of cure were evident and were shown to be fundamental for the confrontation of breast cancer.

The involvement and family support provided to the woman in the diagnosis of breast cancer were favorable to the coping of the disease and adherence to the treatment.

Faced with the diagnosis of breast cancer, the woman seeks to believe in something greater than the disease itself in order to be able to move forward. All women interviewed reported having sought spiritual support during the diagnosis period.

There was no reference from women about participation in support groups, environment considered positive in receiving and offering emotional support, exchange experiences.

The need for further studies on the subject is evident, involving the professional nurse in a humanized care practice that favors the coping of cancer.

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