
COMMENTARY

Nursing Interventions and Factors Affecting Physical, Psychological and Social Adaptation of Women With Breast Cancer

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Abstract

Breast cancer and the associated physical problems may cause people to experience different psychological and social adaptation processes. Nursing interventions can affect physical, psychological and social adaptation in such women and help to prevent and overcome depression and anxiety. It should be stressed that both physical and psychosocial well-being enhance health and quality of life.

Key Words: Breast cancer patients - physical - psychological - well-being

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Introduction

Human beings are always in interaction with their environment and physically and psycho-socially adapt not only to the physical changes but also to the changes in the environment (Roy, 1973). Adaptation may be described as the change in behaviors or attitudes to carry out such living activities as meeting personal requirements and answering personal purposes, fulfilling one's responsibilities, coping with stressful situations, and maintaining inter-personal relations. Adaptation is enhanced to preserve the homeostatic balance against the factor threatening the organism in especially chronic diseases such as cancer (Roy, 1973). Although there are individual differences, the diseases such as cancer which threaten the life drastically, interrupt human life tragically almost all over the world. Experiences with cancer and physical problems may cause people to have different psychological and social adaptation processes (Badger et al., 2004).

The factors, having a role in adaptation of women to the breast cancer which affect many aspects of their life are the meaning attached to cancer and breast, socio-cultural status, age, body-image (Hilton, 1988; Arıkan, 2000), type of mastectomy (Cimprich, 1999) power to cope with the disease (Ferrel et al., 1998, Carver et al., 1998), social support for her, support from the husband (Walker, 1997; Kornblith et al., 2001), stage of cancer and expected life span, symptoms developing post-chemotherapy and radiotherapy, hope and hopelessness (Badger et al., 2004), and plans for the future (Breitbart et al., 2000) (Table 1).

Women may have positive and negative reactions and behaviors in the process of adaptation to breast cancer.

Negative Reactions and Behaviors:

She may not talk about the disease.

She may ignore it.

She may say that she does not think about the disease.

She may not accept it.

She may start smoking, drinking alcohol, taking medicine or she may increase the dosage if she has already started.

She may not observe the precautions to be taken with regard to nutrition and treatment.

She may blame other people.

She may get angry easily.

Positive Reactions and Behaviors:

She may be hopeful about the disease.

She may have positive thinking.

She may pray.

She may do exercises.

She may eat more vegetables and fruits instead of fatty food.

She may maintain positive behaviors such as complying with the given therapy, resting and participating in social activities.

She may do yoga and meditation.

Wearing a wig or a hat, preferring breast implants, choosing the right bras are important in women's having a good body perception.

Women may continue occupational therapies such as music, dance and drawing, may participate in the activities of associations for breast cancer and in support groups where she may feel psychologically relieved. (Australia National Breast Cancer Centre, 2001a, 2001b).

Problems and Stages

The patients with cancer have adaptation problems (57.2%) (Altus et al., 1995). The research conducted shows that the major problems are anxiety, depression, anger, uncertainty about the future, hopelessness, thoughts of suicide, social isolation, decrease in self-esteem, impairment in body-image, fear for losing femininity and female sexual dysfunction (Ward et al., 1992; Mock, 1993; Altu_ et al., 1995; Pelusi, 1997; Hordern, 2000; Australia National Breast Cancer Centre Source 2001; Holmberg et al., 2001; Landmark et al., 2001). 4 stages have been defined in adaptation of husbands and patients with breast cancer:

1. Diagnosis stage: The frequent reactions are shock and disbelieving. While coping with the trauma the diagnosis has created, the patient and her family have to get much information and make decisions related to treatment urgently. The level of stress is often high at this stage.

2. Post-Operational stage: Post-operational stage is significantly stressful. Coping with a loss, seeing the operated parts for the first time, changes in the roles in the family and in occupational roles are the characteristics of this stage.

3. Adjuvant therapy stage: It includes chemotherapy, radiotherapy, hormone therapy or the combination of these. The patient and her family are required to receive a considerable amount of information and make decision quickly as in the diagnosis stage. The patient and her family need a considerable amount of information and support at this stage. Most of the patients require symptom management at this stage. The possibility of recurrence of the disease may affect the patient and her family at this stage.

4. Recovery stage: The first feeling of recovery and the desire to live are frequent at this stage. Anxiety and hesitation are also common since the treatment ends at this stage.

Physical and emotional adaptation may change according to each one of these stages. Some stages may be more destructive and stressful than others (Hoskins and Haber 2000). To facilitate the adaptation to breast cancer, the nurses should take all factors which could affect the adaptation into consideration and start the appropriate interventions at an early stage (Kaçmaz, 2003; Öz et al., 2007; Kocaman et al., 2007).

Nursing Interventions in Ensuring Physical Adaptation

∑ The women should be informed about the changes in life style such as increasing the consumption of vegetable and fruits instead of fatty and starchy foods, eating the foods which will strengthen the immune system, abstaining from smoking, taking alcohol and eating frozen and ready foods; doing exercises and going walking; planning the time of sleep and rest; and doing yoga and meditation.

∑ Exercises and behaviors to prevent post-mastectomy lymph edema and lymphangitis should be taught.

∑ Consultancy should be provided on prevention and management of adverse effects of medical treatments such as chemotherapy, radiotherapy, hormone therapy.

∑ The women should be encouraged to continue their regular controls and treatments.

Nursing Interventions in Ensuring Psychological Adaptation

∑ The women and their kith and kin's perceptions and emotional reactions towards the breast cancer and their loss should be discovered and they should be encouraged to change their attitudes and the value they attach to cancer.

∑ The women should be encouraged to make plans for the future.

∑ The women and their kith and kin should be encouraged in terms of positive thinking.

∑ Such environments as support groups where all family members could express their feelings should be provided.

∑ Problem-solving skills of the women and families should be improved.

∑ Consultancy should continue, uncertainties should be dispelled and support should be provided for coping in each phase of diagnosis and treatment.

∑ Support should be given in each phase of loss and mourning (such as shock, disbelieving, denial, anger, bargaining, guiltiness and accepting).

∑ Help should be given for abstract concepts such as change in body-image, decrease in sexual activity and loss of sexual desire, social isolation, anxiety, fear, depression, phantom pain; it should be ensured that they have information about breast reconstruction and new items such as alopecia wig, hat, scarf and breast implant, artificial breast especially for the new body.

∑ Sexual problems which may emerge between the spouses should be detected and communication between them should be encouraged.

∑ Hobbies should be defined and they should be directed to occupational therapies.

∑ Beliefs and moral values should be defined and supported.

Nursing Interventions in Ensuring Social Adaptation

The level of social support already provided should be determined and increased.

∑ The factors to be effective in the burden on family should be determined and precautions should be taken to relieve the burden.

∑ It should be ensured that women continue their normal life as much as possible in their own natural environment (Australia National Breast Cancer Centre Source, 2001a,2001b).

To sum up, the nurse supports the adaptation of the woman with breast cancer without damaging her physical, psychological and social integrity, and puts her skills into action in order to ensure the patient's adaptation. As a result of this, nurses can alleviate or prevent the women's

depression and anxiety and quality of life can be enhanced.

Factors Affecting Adaptation processes?

Σ Meaning attached to cancer and breast.

Σ Socio-cultural status.

Σ Age of the patient. If the woman considers that the cancer is a fatal, painful disease which makes one dependent on other people with the effect of her socio-cultural status and fears that she will lose her female identity, life, job, social role, freedom, existing order in her family and her sexuality when she loses her breast, her physical and psychological problems affect her adaptation process negatively (Hilton, 1988). Young women attach more value to their body, beauty and sexuality. Thus, it may be harder for young women to cope with the breast cancer and to undergo an adaptation process (Dow and Lafferty, 2000).

Σ Breast cancer and the feeling of uncertainty. Psychosocial adaptation problems and negative emotions emerge when the cancer diagnosis creates uncertainty for woman and affects her emotions negatively. It is stated that this has an inverse relation with the woman's ability to be hopeful, to cope with the disease, and the quality of her life (Wong and Bramwell, 1992).

Σ Type of mastectomy. Compared to the woman who has undergone a conservative breast cancer surgery, the woman who loses all of her breast has more serious psychological problems and the level of impairment in her body-image is especially more serious (Cimprich, 1999).

Σ Stage of cancer and expected life span.

Σ The level of emerging threat.

Σ High level of adverse effects of radiotherapy and chemotherapy. The patient may suffer from adverse effects such as nausea, vomiting, anorexia, fatigue, lymph edema, hair loss, anemia, infection during the process of breast cancer treatment. Depression pathogenesis may be seen according to stage of disease, severity of these symptoms and when they are not managed well. The women, in whom these problems are severe, have a lower level of quality of life and have less interaction with their environment, and their adaptation process is affected negatively (Badger et al., 2004)

Σ Body-image. In the treatment process, mourning stage may start more quickly in the woman who has such problems as loss of breast, alopecia, lymph edema, fatigue and paleness which affect the body-image negatively. This stage may be replaced by efforts to adapt, the desire to fight with the disease and hope a few weeks later. However, sometimes these symptoms may be more severe and may last longer or they may be so severe that they do not let the woman to rally from the disease. Then, it becomes difficult for the patients to adapt to life, the meaning attached to the life changes and it becomes impossible to think anything other than the disease.

Feeling ashamed because of the changes in the body due to loss of the breast, having social withdrawal and decreasing self-esteem may make women's adaptation harder. There is a significant relation especially between psycho-social adaptation, body-image and sexual activity

(Hilton, 1988).

Σ Power to cope with the disease.

Σ Plans for the future.

Σ Hope or hopelessness. One of the most important factors accelerating adaptation process of the patients with breast cancer is their coping behaviors. Especially psychological adaptation is related to power of coping during the period of disease (Annette et al., 2000). Physical and psychological wellness, symptom control, body-image, quality of life, sufficient social support enhance the patients' power to cope with the disease (Ferrel et al., 1998; Carver et al., 1998). It is known that the wish to die is greater in those patients whose level of hopelessness and depression is high (Breitbart et al., 2000). Accepting the disease, getting the required information and psychological support and new hopes with the treatment may alleviate these concerns although they do not eradicate them completely. If the patients can adapt to the breast cancer in time, their concerns, doubts, fears may decrease and daily life may be more enjoyable (Annette et al., 2000).

Σ Support from husband.

Σ Social support. High level of social support for patients with breast cancer facilitates adaptation to the disease and increases the level of coping with the disease emotionally (Kornblith et al., 2001). Especially the support from the husbands alleviates depression, anxiety and the fear from the recurrence of the cancer (Walker, 1997).

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