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The Nurse's Role in the Psychosocial Support for Women Diagnosed with Breast Cancer

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Abstract of thesis

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The purpose of the thesis was to describe the challenges faced by patients diagnosed with breast cancer in a nursing perspective, and to describe how nurses intervene for such patients. The aim is to provide a learning material for nursing students to ensure that the patient gets holistic nursing care where all needs of patient will be met. The research questions were: *What are the psychosocial challenges faced by breast cancer patients in Finland? How nurses intervene?*

Qualitative method was used to describe the role of the nurse in breast cancer patients. Interviews were held in the cancer policlinic at Kemi Hospital, a total 4 registered nurses were interviewed using open ended questions to solidify the results that were expected. The background of this thesis was gathered from e-library and books.

After analysis, results were that the psychosocial support consists in 4 main categories: Body – Anatomy changes and scars, Mind – Fear and future life, Social – Family, Working life – Physical limitations and implementing nursing intervention during the treatment period.

Key words: breast-cancer, nursing, psychosocial support.

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Soli Deo gloria…

CONTENTS

1. INTRODUCTION

Breast cancer incidence is nowadays the most common cancer affecting women and the second highest cause of mortality after lung cancer. It is estimated that a woman surviving to the age of 85 has 1/9 chance to develop breast cancer. (Ruchi Tandon 2011)

According to the latest news, which is monitoring differences in the lasting (how long) of life with cancer in Europe, most often the illness is being won by women in Finland and France. 73% of Finnish women manage to "overcome" breast cancer. (Eurocare, 2009)

A National registry maintains a nation-wide database on all cancer cases in Finland. Breast cancer among women in Finland is still number one, according to their statistics. The latest up-date noted at 2011 shows 4508 breast cancer cases in Finland overall in which 47 concerning Länsi-Pohja hospital district located in Kemi. It was dramatic to realize that first breast cancer cases were diagnosed in the patients in age group between 20-24 years old. (Finnish Cancer Registry, 2011)

But still the most affected by breast cancer age group in Finland varies between 60-64 years old. Breast cancer untreated ends with certain death within 3 to 4 years. It's a relief that 70% of Finnish women start the treatment in first stage of illness. This is a factor that increases the patients' chances on surviving and wining the cancer. It is true that as fast as possible diagnose made the better for the patient. Majority of breast tumors has a good quality tendency, 9 from 10 is of that kind. (Finnish Cancer Registry, 2011)

The purpose of the thesis is to describe the challenges faced by patients diagnosed with breast cancer in a nursing perspective, and to describe how nurses intervene for such patients. The aim is to provide a learning material for nursing students to ensure that the patient gets holistic nursing care where all needs of patient will be met.

Psychosocial nursing care of patient with breast cancer involves taking care of the whole person and that is why it is important for the nurse to give mental support as well teaching the patient in addition to other nursing interventions like, medication and basic care.

Nurses play a pivotal role in the psychosocial care of oncology patients throughout their journey. Nurses see patients at their worst and at their best; from diagnosis, through treatment, through to cure or palliative and end of life care, it is a long journey which is shared between patient and health care practitioner. There are two important issues in the delivery of psychosocial care to cancer patients: recognition of distress and the available mental health resources (Muriel, Hwang, Kornblith, Greer, Greenberg, Temel, Schapira, and Pirl. 2009)

2. BREAST CANCER IN WOMEN

2.1 Anatomy of the breast

The breast is a tissue overlying the chest muscles (pectoral). Women breast are made of specialized tissue to produce milk and in addiction fat tissue. The lobes are structures specialized in milk-producing and there are around 15-20 of them in each breast. Within the lobes are smaller structures called lobules, where milk is produced. From there when milk is produced it travels through tubes called ducts, and those connected to bigger tubes exiting the skin of the nipples. (Palastanga, Field, Soames 2006)

Connective tissue and ligaments provide support to the breast and give it its shape. Nerves provide sensation to the breast. The breast also contains blood vessels, lymph vessels, and lymph nodes. (Brooks 2007)

2.2. Breast Cancer symptoms and self-exam

Breast cancer symptoms can differ from woman to woman, therefore the best way of noticing the symptoms is very particular, most people who have breast cancer symptoms and signs will initially notice only one or two, and the presence of these symptoms and signs do not automatically diagnoses the breast cancer. (American Cancer Society 2014)

Symptoms are usually a lump in the breast or underarm that persists after menstrual cycle. Usually this is the first symptom of breast cancer; lumps that are associated with breast cancer are painless and they are usually seen in mammography before they are seen or felt, swelling in the armpit, pain or tenderness in breast, flattening or indentation on breast, changes in size, contour, texture, or temperature, changes in the nipple and nipple discharge. In an advanced stage of breast cancer the symptoms are: Bone pain, breast pain and discomfort, skin ulcers, swelling of the lymph nodes near armpits and weight loss.

(Komen 2014)

The exact causes of breast cancer is not exact, but researches has shown that woman with a certain risk factors are more likely to develop breast cancer. Studies have found the following risk facts: age, personal history of breast cancer, family history, certain breast change, gene, reproductive and menstrual history, race, radiation, breast density, obesity, lack of physical activity, alcohol intake. (Bellenir 2009)

Monthly breast self- examination should be done to detect any of symptoms described above; the exam includes visual inspection, which can be done with or without a mirror to note any changes in the breast shape or texture; and manual inspection in both standing and laying positions to note any unusual thicknesses or lumps. (Grobstein 2005)

2.3 Diagnosis

According to American Cancer Society (2014) breast cancer is sometimes found after symptoms appear, but many women with early breast cancer have no symptoms. Therefore screening tests are recommended before any symptoms develop. Screening tests (imaging tests) are used to diagnose/evaluate breast disease, mammograms is a x-ray of breast are used to look for breast disease in women who have no signs or symptoms of a breast problem, usually take 2 views each in different angle of each breast. (ACS 2014)

Magnetic resonance imaging (MRI) can be used along with mammograms for screening women who have a high risk of developing breast cancer, or it can be used to better examine suspicious areas found by a mammogram. MRI is also sometimes used for women who have been diagnosed with breast cancer to better determine the actual size of the cancer and to look for any other cancers in the breast. (ACS 2014)

Breast Ultrasound, also known as sonography, uses sound waves to outline a part of the body. For this test, a small, microphone-like instrument called a transducer is placed on the skin (which is often first lubricated with ultrasound gel). It emits sound waves and picks up the echoes as they bounce off body tissues. The echoes are converted by a computer into a black and white image that is displayed on a computer screen. This test is painless and does not expose you to radiation. Ultrasound has become a valuable tool to use along with mammography because it is widely available and less expensive than other options, such as MRI. Ultrasound may be most helpful in women with very dense breasts. (Komen 2013)

Ductogram this test, also called a galactogram, sometimes helps determine the cause of nipple discharge. In this test a very thin plastic tube is placed into the opening of the duct in the nipple that the discharge is coming from. A small amount of contrast medium is injected, which outlines the shape of the duct on an x-ray image and shows if there is a mass inside the duct. (ACS 2014)

Nipple discharge exam some of the fluid may be collected and looked at under a microscope to see if any cancer cells are in it. Most nipple discharges or secretions are not cancer. Biopsy is done when mammograms, other imaging tests, or the physical exam finds a breast change (or abnormality) that is possibly cancer. A biopsy is the only way to tell if cancer is really present. Core needle biopsy is mostly used if a lump can be felt; a core needle biopsy can be done in a health care center. (Komen 2014)

2.4 Types of Breast Cancer

There are several types of cancer, some of them has very rare incidence and therefore not very known among people and will not be discussed further in this research, but the most common types are:

Ductal Carcinoma in Situ (DCIS) Non-invasive breast cancer, DCIS means that cells that lined the ducts have changed to look like cancer cells. The difference between DCIS and invasive cancer is that cells have not invaded the wall of the ducts to the surrounding tissue). It is also known as pre-cancer. About 1/5 of new breast cancer are DCIS and can be easily cured. (Komen 2013)

Lobular Carcinoma in Situ (LCIS) cells that look like cancer cells grow in the lobules, but do not grow through the walls of the lobules. Invasive Ductal Carcinoma (IDC) starts in milk ducts of the breast, breaks through the duct's wall and grows into the fat tissue. At this point metastasis may happen, spreading through lymphatic system and blood stream to other part of the body 8/10 of invasive breast cancer are IDC. Invasive Lobular Carcinoma (ILC) starts in the lobes (milk producing glands); it can spread to other parts of the body, incidence 1/10. (Cancer Research UK 2014)

2.5 Treatment of Breast Cancer

The main types of treatment for breast cancer are nowadays improving every year with a lot of researches and new techniques in preventing, diagnosing and treating breast cancer patients, mostly common treatments are listed down below.

Surgery is often needed to remove a breast tumor. Options for this include breast-conserving surgery and mastectomy. The breast can be reconstructed at the same time as surgery or later on. Surgery is also used to check the lymph nodes under the arm for cancer spread. (ACS 2014)

Breast- conserving surgery: type of surgery called as well partial or segmental mastectomy, whereas part of the affected breast tissue is removed depending the size, location and other factors, two most used procedures are, lumpectomy where the breast lump is removed and a surrounding margin of the tissue, and quadrantectomy, removing more tissues than lumpectomy, usually one-quarter of breast is removed. (Komen 2013)

Mastectomy is divided in 4 main surgeries: simple, skin-sparing, modified radical and radical mastectomies. Simple mastectomy: also called total mastectomy, the surgeon removes the entire breast, including the nipple, but does not remove underarm lymph nodes or muscle tissue from beneath the breast. Sometimes both breasts are removed (a double mastectomy), often as preventive surgery in women at very high risk for breast cancer. Most women, if they are hospitalized, can go home the next day. This is the most common type of mastectomy used to treat breast cancer. (ACS 2014)

Skin-sparing mastectomy**:** For some women considering immediate reconstruction, a skin-sparing mastectomy can be done. In this procedure, most of the skin over the breast (other than the nipple and areola) is left intact. This can work as well as a simple mastectomy. The amount of breast tissue removed is the same as with a simple mastectomy (ACS 2014)

When mastectomy is to be performed, the possibility of breast reconstruction is discussed with the patient. Breast reconstruction may be performed in association with the operation (immediate reconstruction), but usually it is done 1–2 years after mastectomy (delayed reconstruction).Either an abdominal or a dorsal flap is usually used in the reconstruction after mastectomy. (Huovinen 2014)

If breast cancer is managed by breast-conserving surgery, the operated breast can be shaped with plastic surgery techniques. If necessary, the other breast can be made smaller in order to achieve a symmetrical and well-proportioned result.

Modified radical mastectomy is simple mastectomy and removal of axillary (underarm) lymph nodes. Radical mastectomy in this extensive operation, the surgeon removes the entire breast, axillary lymph nodes, and the pectoral (chest wall) muscles under the breast. (ACS 2014)

Radiation therapy, also known as radiotherapy is a highly targeted and highly effective way to destroy cancer cells in the breast that may stick around after surgery. Radiation can reduce the risk of breast cancer recurrence by about 70%. Despite what many people fear, radiation therapy is relatively easy to tolerate and its side effects are limited to the treated area. (ACS 2014)

External Radiation also called radiation bean, is the most common type of radiation therapy given after lumpectomy and sometimes, mastectomy. Internal Radiation is a less common method of giving radiation. Methods typically use small pieces of radioactive material, called seeds, which are placed in the area around where the cancer was. The seeds emit radiation into the surrounding tissue. The area that's very close to the site of the original cancer is the area that is at highest risk of recurrence. (Breast Cancer Society 2012)

Intraoperative Radiation (IORT) while the underlying breast tissue is still exposed, a single, high dose of radiation is given directly to the area where the cancer was. Chemotherapy means using anti-cancer (cytotoxic) drugs to destroy cancer cells. The drugs work by disrupting the growth of cancer cells. The drugs circulate in the bloodstream around the body. (ACS 2014)

The drugs can't tell the difference between cancer cells and normal cells. Chemotherapy kills cells that are actively growing and dividing into new cells. Cancer cells do this much more often than normal cells, so they are more likely to be killed by the treatment. Cancer cells are not as good at repairing themselves as normal cells. Normal cells can usually repair any damage caused by chemotherapy. Chemotherapy before surgery can make a tumor smaller, therefore the surgery might have small proportions and if chemotherapy is needed after surgery there is a risk that cancer cells could have broken away from the breast tumor and spread to another part of the body. Chemotherapy can kill these cells and so reduces the risk of the cancer coming back. (Cancer Research UK 2014)

Nurses play a pivotal role in the psychosocial care of oncology patients throughout their journey. Nurses see patients at their worst and at their best; from diagnosis, through treatment, through to cure or palliative and end of life care, it is a long journey which is shared between patient and health care practitioner. There are two important issues in the delivery of psychosocial care to cancer patients: recognition of distress and the available mental health resources (Muriel, Hwang, Kornblith, Greer, Greenberg, Temel, Schapira, and Pirl. 2009)

3. PSYCHOSOCIAL NURSING INTERVENTION

For nurses to provide effective cancer-control services to the patients and families they serve, they must be knowledgeable about the science and principles that guide the current understanding of cancer control. These principles must be applied to clinical practice consistently and interpreted to patients and families in understandable terms so they can make the best and most-informed choices possible about how to prevent and detect cancer early. For oncology nurses conducting and interpreting research about cancer-control issues, these conceptual considerations provide the framework for future oncology nursing research. Without a background and knowledge about these conceptual considerations and scientific principles, oncology nurses cannot develop effective programs for cancer control. (ACS 2013)

These psychosocial interventions are valuable adjuncts to physical treatment for individuals who have been diagnosed with cancer. It has been determined that 33% of individuals diagnosed with cancer experience severe psychological distress and up to 70% exhibit some degree of anxiety and depression. Relationships, work life, and sense of self are all impacted by a cancer diagnosis. (Raingruber 2011)

Excellent care must include interventions that focus on the informational and psychosocial needs of patients. Facilitating emotional expression helps to modulate distress and enhance coping abilities. Psychosocial interventions including therapeutic communication have been used with success to minimize stress, improve quality of life, treat depression, and support cancer patients throughout the course of their diagnosis and recovery. (Raingruber 2011)

Helping individuals cope with illness through personal interaction and empathy is the most basic level of support that all caregivers should provide. Providers can take several of the following steps to help individuals cope with “normal” levels of distress. Clarify diagnosis, treatment options and side effects and ensure that the patient understands the disease and her treatment options. Acknowledge that distress is normal and expected and inform patients that points of transition can increase distress. (National Comprehensive Cancer Network – Distress Management Guidelines, 2003)

Mobilize resources and direct patient to appropriate educational materials and local resources as well consider medication to manage symptoms (e.g., analgesics, hypnotics, anxiolytics), build trust and ensure continuity of care. Psychological and emotional support is often given in conjunction with providing education about breast cancer, the diagnosis and treatment as well the cancer experience that affects quality of life. (National Comprehensive Cancer Network - Distress Management Guidelines, 2003)

The support given provides confidence and therefore reducing the stress of illness giving the patient the possibility to think through and decide what kind of treatment options. Unfortunately the time of a physician specialist is tight and the extensive discussion of treatment and other options are given to the nurses and other care givers, mostly addressing to psychosocial concerns and aid in the shared decision-making process. Psycho-education is often a component of cognitive-behavioral interventions. Cognitive and behavioral interventions are among the most widely used for cancer patients, this theory is based that physical and mental symptoms are altered by the underlying of thoughts, feeling and behavior. (Hewitt and Holland 2004)

Psychotherapeutic approaches for women with breast cancer are focused on coping with cancer, but they permit dealing with issues from the past or present that affect the ability to deal with cancer. These approaches involve engaging the patient in a dialogue in which the therapist shows support and empathy, and often uses the range of clinical techniques including some education, cognitive, and psychodynamic components that represent supportive psychotherapy. Once the patient is diagnosed with the breast cancer nurses should be aware of what kind of cancer, therapy, interventions and support for patients. Crisis counseling is one of the bases of nurse's responsibility in education of patient with cancer. (Raingruber. 2011)

The focus in crisis is on quickly regaining equilibrium and normal coping ability. Cognitive techniques of problem-solving and restructuring the perception of the crisis may also be employed. The patient may express acute emotional distress, disbelief, anguish, terror, rage, envy, disinterest, or yearning for death. When expressed, these emotions tend to diminish and the illness can be faced more realistically. (Raingruber. 2011)

Group therapy, for example, is a good option for women that are fighting cancer, sharing experiences, fear, feelings with another breast cancer diagnosed patients is an effective way of psychosocial support but according to American Cancer Society (2013) group therapy can enhance quality of life but there are no scientific evidence that those supporting groups can extend the survival time of a patient with cancer. Preliminary research has shown that many support groups can enhance quality of life, although some do not. Available scientific evidence does not support claims that support groups can actually extend the survival time of people with cancer. (ACS 2013)

Spirituality is one of the topics that nurses tend to talk with diagnosed patients; studies have found that spirituality, religion, and prayer are very important to quality of life for some people who have been diagnosed with cancer. Research has not shown that spirituality and prayer can cure cancer or any other disease, but they may be a helpful addition to conventional medical care. (ACS 2014)

Guidance not only for patient that is diagnosed with cancer is important but as well to explain to the family and friends what is the pathophysiology of the breast cancer and all the therapy procedures and answer to possible questions that might come. It is well recognized that cancer affects partners and children of women with breast cancer and that psychosocial issues related to breast cancer are often best addressed within the context of the family. Family therapy is frequently the approach of choice when illness forces changes in family roles and contributes to conflict, at stages of advanced illness when patients are being cared for at home, family issues become more crucial and assistance to the family is a vital aspect of care (Veach, Nicholas and Barton 2013)

Sexual Counseling women with breast cancer often suffer the most from the sense of loss of femininity and may experience sexual problems to treatment side effects. Most studies paint a distressing picture of breast cancer's sexual impact: It makes women feel less attractive and reduces their libido and sexual satisfaction, seventy percent of women report sex problems after treatment, breast removal (mastectomy) makes women feel disfigured, which kills libido, but even breast-sparing lumpectomy leaves scars that may have similar

emotional impact, many studies show that breast cancer treatment causes “long-term” sexual harm. (Michael Castleman 2014)

Any cancer can impair sexuality. Diagnosis is traumatic and treatment side effects often include desire-killing fatigue, depression, hair loss, and nausea. But sex after breast cancer is particularly problematic because women’s breasts are so intimately connected with sexual attractiveness and erotic play. (Michael Castleman 2014)

4. IMPLEMENTATION OF THE STUDY

4.1 Purpose, aims and research question

The purpose of the thesis is to describe the challenges faced by patients diagnosed with breast cancer in a nursing perspective, and to describe how nurses intervene for such patients.
The aim is to provide a learning material for nursing students to ensure that the patient gets holistic nursing care where all needs of patient will be met.

Breast cancer topic was of my interest due to realization that in our school English programme there were no thesis done on this topic and having some personal experiences of a relative suffering this type of cancer I has interest to know more about how such patients can be supported by a nurse.

Holistic nursing care involved taking care of the whole person and that is why it important for the nurse to give psychosocial support in addition to other nursing interventions like, medication and basic care.

The interview questions were in different categories, each category has a main subject and under that subject to make sure that information can be gathered more clearly according to these categories. The research questions for this thesis were:

What are the psychosocial challenges faced by breast cancer patients in Finland? How nurses intervene?

4.2 Collection of data

Qualitative method was used to find out the role of the nurse in breast cancer patients and according to Kumar (2005), qualitative research is an approach that is used if the purpose of the study is primary to describe a situation, phenomenon, problem or event; the information is gathered through the use of variables measured on nominal or ordinal scales and if analysis is done to establish the variation in the situation, phenomenon or problem without quantifying it. (Kumar 2005)

Qualitative research is characterized by its aims, which relate to understanding some aspect of social life, and its methods which in general generate words, rather than numbers as data for analysis (Brikci & Green 2007)

Theme interview is one of the qualitative data collection methods. In this method using open ended questions according topics beforehand and these topics will help to guide the interview process so that main points were in focus. (Appendix 2)

The permission of interviews (see appendix 3) were given by the Lapland University of Applied Sciences, under the Nursing Education commissioner Eija Jumisko. Once the permission was guaranteed, the papers were sent to the head nurse of Kemi Hospital, Maritta Rissanen and permission (see appendix 4) was granted on the 18.09.2014.

A total of 4 registered nurses, working at cancer policlinic were interviewed, the interviews took place on 03rd and 07th October 2014, and nurses had working experience from 1 up to 13 years. The criteria for participation in interview were that nurses should be working in oncology area and as well voluntarily and consented.

The interviews were conducted in Finnish language in a very peaceful and quiet room in the cancer policlinic, interviews were tape-recorded. The interview enabled a structure for a fluent guided discussion, enabling the interviewer to steer the discussion when the focus slips away from the researched subject or when the researcher wants to deepen or clarify concept. Through interviews the researcher can utilize participants' facial expressions, tone and other gestures which give more information about the topic discussed rather than use of a simple questionnaire.

The author preferred open ended question interviews for that research because when conducing an interview, the interviewee may come with many ideas, with a short period of time comparing to questionnaires that may lead to short answers. As Hirsijärvi & Hurme (2008, 23.) explain, there might not be enough space and time to fill in the questionnaires. The questions might also be very straight-forward and require limited answers but with interviews it gives opportunity to ask open ended questions which responses could lead to more probing to get more information.
(Hirsijärvi & Hurme 2008, 23).

4.3 Data Analysis

As Moule & Goodman (2009) explain, this method of analysis is said to be a research method that systematically describes and quantifies research phenomena (Moule and Goodman 2009, 343).

Data analysis will be according to the findings of this research questions in an association method, for instance, using the results, modelling the data and implementing it in my results to useful information. Qualitative data analysis is views as continuous. Data is selected, simplified from the initial field notes. This process involves analysis, and data displayed or organised to allow conclusion drawing. (Moule and Goodman 2009, p.345)

To collect data for this research the author the author had to listen repeatedly the recordings, at first trying to understand in a general form the main ideas and its relevance to the research. Assuming that in the initial stage of analysis has a significant interaction between the researcher and the material of analysis. Analysing carefully the data collected to answer the question of this research.

Content analysis involves reducing data exploration and data processing. Data proceeding includes coding that basically involves organizing data into categories. Content analysis is a tool used to determine the presence of certain words within a text. Researcher analyses and quantifies the presence, meaning and the relationship of words and ideas and then makes logical scientific inference about the message carried in that research. (Moule & Goodman 2009, 343)

The same process was used, grouping same ideas and selecting key words to form subcategories and coming up with main category to represent the ideas in which findings were found.

Analysis of any research refers to the interpretations of data. The author of this research used content data analysis due to its suitability in localizing the different themes from the primary and secondary data. (Moule and Goodman 2009, 343).

When the data was collected it was recorded and stored, the author had to listen to the data repeatedly and tried to get familiar with what the interviewees had said. The recorded interviews were transcribed as exact copy of what was heard on the tape. The answers were later coded according to their respective themes. The author listened to all of the answers from every interviewee and wrote down different issues that came up and then compare all the different result to the same question. All the answers for the similar questions were coded and placed in one table as raw data. One example of how the data was analyzed can be found in Appendix (see appendix 1).

5. RESULTS

5. 1 Psychosocial challenges

The results of this research had as the objective to answer the question: *What are the psychosocial challenges faced by breast cancer patients in Finland and how nurses intervene?*

The obtained interviews allowed the identification of a rage of situations lived by patients after the diagnosis of breast cancer. The main categories were: 1. Body: Modification after breast cancer surgery, 2. Mind: the recurrence of same thoughts and feelings experienced in their own health condition, 3. Social: The conflict experienced in both family and a wide social group. 4. Working life: related to the experiences through the changes during treatment and related to production capacity.

BODY	**Anatomy changes and scars**
MIND	**Fear and future life**
SOCIAL	**Family**
WORKING LIFE	**Physical limitations**

Anatomy changes and scars after surgery

The most frequent situation the might distress women after the surgery is the after effect, for instance the loss of the breast (s) were mentioned in all the interviews. In this study, the interviewed nurses were told to specifically talk about women that went through the surgical procedure that breast (s) was partially or totally removed. The scientific literature relates the loss of a body part is experienced; the psychic condition of a being is seized and activating a painful process of mourning. The scar after the surgical procedure reminds the women of their permanent loss. In addition, the psychological and cultural meaning for this feminine part strengthens the trauma. The breast itself is related to sensuality, sexuality and maternity therefore is related to the intimacy of the women in many personal meanings.

> *"Most of our patients don't like looking in the mirror or touching the scar after the surgery, they are sometimes not ready for the physical changes in their bodies and their self-stem is low".*

Post-traumatic stress disorder (PTSD) is a common sign of patients after surgery, because after the tumour is removed not only the image of the body changes but as well her self-image. Patients that are in an active sexual age would be worried handling the situation of having sex with their partners after the breast removal. Women in this situation usually feel embarrassed for any kind of sexual encounters to avoid any kind of unexpected situation causing them to remember their condition.

> *"The biggest problem faced by women who have undergone a mastectomy is the fear of showing their bodies. They imagine the rejection in their partners or sometimes they do see the rejection and sex becomes a real problem"*

Fears and future life

All the 4 interviewees mentioned the fear as one of the most common challenges faced by women after the diagnosis and surgery, adjusting to life after having breast cancer can be a long and arduous road. The moment of diagnosis and through the treatment, the patients are in constant crisis mode, it is a standard way of facing and going through the daily life and along with that the vulnerability and sense of control loss.

"Women continue to live with uncertainty felling and fear after treatment "- Am I finally cancer free? Will it ever come back"? They often ask"

Surgery and therapies (chemo and radio), are difficult part of the treatment therefore women become emotionally and physically tired. The well-being of women during the therapies is important for general health improvement, but along with chemotherapy and radiotherapy come many side effects that strike women. Even though the therapy time can be determined, it doesn't mean that the side effects will automatically stop, sometimes they last longer. Having a life threatening experience usually pushes people into a place of meditation and introspection.

The fear of disease to come again is common, but even patients diagnosed with advanced tumors may have longer survival and not die because of breast cancer. Many patients are concerned about any symptoms that appear because they think might be the return of the disease. The signs and symptoms that indicate the return are: unexplained weight loss, lumps on the side of the operated breast or the other breast, lumps in the armpit, lumps in the neck, shortness of breath, persistent localized bone pain, headache persistent onset, persistent shortness of breath and abdominal pain mainly on the right side. But even in the presence of symptoms does not mean the return of the disease. To handle all the fears involved with the disease a multidisciplinary team is essential, so that patients feel supported by a competent and committed to their treatment and their rehabilitation team.

"The hospital is starting a group therapy for those women treated here in LPKS, the meeting will be held in the cancer policlinic to give the support necessary for women facing cancer and finding help with other women with same diagnosis"

When diagnosed patients have a common thought, the future, is something that might bring a feeling of vulnerability, lack of power and control. Once the surgery is done and the physician gives the options of treatments and the severity of the cancer, for example, the cancer can be sometimes very aggressive or it became metastatic and the treatment is not that effective, if this woman has a family and a certain age, the future become uncertain and living with a death sentence is not easy for a woman with many responsibilities.

Interviewees mentioned that in those cases they are mostly worried in what comes next for them, and for their families once they face death.

Family

The family members have a big role in the acceptance and supporting women once they are diagnosed, most of the relatives receive the diagnosis as something very negative and in fear. Sometimes they even see cancer as a sickness that has no healing, associated with death. In oncology the patient and the family are treated as a unit, for the main goal is to encourage, maintaining the autonomy, independency and interdependency.

> *"Despite all the questions, anxieties, shame and other psychological and physical repercussions experienced, women considered the presence and affection of the children and / or important companions for physical recovery and emotional rehabilitation."*

The family affection enables the woman to keep some stability to fight the disease. Therefore, meeting their emotional needs, achieves better acceptance and behavioral guidance.

In this sense, no one lives in complete isolation, without being influenced by environment they live in and the people that surround it. Furthermore, understanding that the family is a system interconnected and that each of its members has influence on each other, and the illness of one of the members, in this case the mother / wife has reflections on the behavior and emotional state and even of other biological.

Facing the illness of the mother / wife, parents and children, in the process, seek to review their stances and attitudes, modifying in some way to support those who need them. Thus, the situation experienced shows up as a way to bring the family around a common goal: the welfare of the mother / wife. The family system is destabilized in the face of severe disease affecting one of its members, the consequences of surgical treatment that result in amputation of the breast and chemotherapy, developing mechanisms to reorganize itself and it reaches stability.

On the other hand, this same situation experienced by other families has a distinct impact. The movements to overcome the difficulties of treatment are ineffective against family conflicts established (and that may be potentiated). Given the experience, cannot stabilize, if they disrupt further and eventually break the family system.

Physical limitation

While some studies report that treatment chemotherapy does not interfere with daily activities, was observed in the present research the removal of almost half of the patients in working age most with gainful employment. This fact is of great importance, considering that these women not only failed to contribute to the family income, but also represented a significant socioeconomic cost to the country. There is no scientific evidence that changes in diet and physical exercise improve psychological and physical performance of cancer patients.

However, to stay on the job aids treatment, and recovering the healing process. Most patients needed to move away from activities as a result of treatment, and even women who did not withdraw from activities, showed an inability to perform their activities during treatment. There are big efforts to remain employed or the last case scenario is retirement because of weakness and fatigue caused by the disease.

Women who have turned away from their activities had more advanced stage, demonstrating that the more advanced the disease, the harder it is to balance work and treatment, probably due to more aggressive and / or duration of chemotherapy.

> *"The physical and psychological symptoms such as fatigue, pain, sleep disturbances, fear of recurrence of the disease, and have been described by women during and after treatment"*

Chemotherapy decreases performance of a sizable fraction of women with breast cancer undergoing chemotherapy. A more advanced stage of cancer was positively associated with withdrawal from these activities probably due to side effects such as fatigue and nausea.

5.2 Nursing Interventions

The performance of the nursing staff towards patients with breast cancer as well as improve knowledge about the disease in general is fundamental to guide patients throughout the whole treatment process. It is known that this disease is the leading cause of cancer mortality among women and is also one of the most feared types of cancer, both for its psychological impact, as the existing fear of the disease, as well to the lack of knowledge about the disease.

Nursing, as well as the entire healthcare team, has an essential role in the treatment of breast cancer, it is extremely important some care, among which we can mention: the explanation to the patient about the disease and its treatment options, the promotion of self-care, emotional support, pain relief, treatment of complications, and every incentive and courage that the patient needs to face cancer and its possible consequences.

Thus, it is concluded that nursing has a wide engagement with the patient with breast cancer and this research is considered of fundamental importance, because the theoretical foundation is especially necessary for a technical-scientific and humanized performance of nursing teams in care to these patients.

After the initial impact of the news of a diagnosis of breast cancer, it is fundamental that the patient knows she is not alone, that there are many sources of help for treating a wound that is not only physical, but also psychological. In Finland, the breast cancer treatment is extremely helpful and not only in the medical care, meaning that women will have full support of physical and as well psychological support.

The care and guidance of women with breast cancer starts already once the diagnosed is made, meaning that women went through biopsy and/or mastectomy procedure, the nurses has in this time to guide the patient, according to the process, length and types of treatments, the pathology, surgical procedures, healing process, side effects of treatments, possible breast implant and living as normal as possible and teach how to cope the disease.

It is essential to inform the woman that there are other features, such as bra and external breast prostheses. The mutilation of the breast has a meaning for women, regardless of age, and requires care and attention to this organ, which reflects life, food, warmth and pleasure.

Thus, the importance of information about the disease, treatment and its consequences are critical. This information and guidance given by health professionals, communications media and people who have experienced the disease, the causes of breast cancer, aspects related to prevention, treatment and its implications for women's lives are considered essential to reduce anxiety and fear facing the diagnosis and treatment.

Nursing care should include measures to prevent or minimize the distress reported by the women after diagnosis of breast cancer and subsequent treatment, and that includes the mobilization of social support available, the emphasis on psychosocial issues and the provision of information to women, to facilitate effective coping with the disease and surgical procedure, restoring a sense of normalcy and physical independence.

The preoperative visits to the policlinic are important and should be characterized by a significant presence of the nurse, which is understood by emotional support, presence and attention, so characteristic aspects of the art of nursing care introduced by Florence Nightingale. This attitude aims to avoid the fully mechanized and fragmented care, as well as the emergence of both physical and psychic complications.

Moreover, these professionals must in preoperative recognize the needs, wishes and desires felt by women, so that when analyzing them, can be traced a plan of care individualized and effective, where nurses supported this method can adopt strategies systemized care, time-saving and high efficiency in the recovery of these women.

The postoperative period is marked by ambivalence; in that case there is the relief of having survived the surgery and the hope of being cured. But there is also the fear of recurrence, to face the pain and healing, to face the permanent possibility of a mutilated body and also concerns with femininity and with the reactions of the partner in front of mastectomy.

The first major difficulty being faced by women after mastectomy, is its own acceptance, how to look in the mirror and accept that their body is different, that is culturally femininity. The identification of mutilation is by perception of body asymmetry and the visibility of the surgery, which for many, is an aggressive time to their self-image.

The nurse staff in LPKS had informed that it is important for the women to understand and feel their "new bodies"; usually they recommend touching the scars once it is healed and also looking in front of the mirror and face the "problem" so it can be a natural process of self-image acceptance.

At this time, in addition to professional performance which critical to recovery of these women, the support received by the family and friends, since the changes occurred after treatment of the disease are significant and transformative. There is need for support from people close as spouse, children, and friends, finally, someone who can help them in this process.

Thus, the rehabilitation of women undergoing surgery for breast cancer requires a comprehensive support, involving both the family as a multidisciplinary care, which is of great importance the role of nursing. In this process of rehabilitation the woman should receive information about the care after surgery, guidance on the different stages of recovery, care of upper extremity, exercises to regain functional capacity of the arm and shoulder, plus information on other treatments such as chemotherapy, radiotherapy and hormone therapy.

To achieve this rehabilitation, it is necessary to develop the nursing staff educational activities that help patients and their caregivers to acquire knowledge and skills on the various aspects of self-care. A new project has been started in LPKS to improve the psychological support for their breast cancer patients having once a month a support group meeting with the women and the nurses to talk, expose their fears and receive guidance for the process of treatment. (LPKS 2014)

Nursing plays a fundamental role in the work done in these groups, it is the nurse's role to teach self-care; valuing the individual as being unique with your fears and doubts to promote individual growth from the acceptance of the individual as a unique and singular, giving encouragement and support.

Furthermore, it was observed that the patients wanted to share their doubts with the nurses, their sorrows, their hopelessness and also their anguish. And in that share the patients waited to receive the necessary support to face their new condition.

The loss of the breast essential for female identity part, resulting in a negative change in body image which causes an immediate physical and psychological repercussion and builds a traumatic event for most women, and the consequent loss in quality of life, recreational and sexual satisfaction. In addition to surgery, chemotherapy side-effects that are visible indicators of the disease, such as alopecia and weight gain.

The woman can then feel strange, express feelings of shame, embarrassment, have difficulty relating to her husband, feeling sexually repulsive and move to avoid sexual contacts. A very common fear found for mastectomy women is not to be more sexually attractive. Such conflicts can be resolved from the moment the woman recognizes and accepts this new image, this is where nursing interventions are necessary to improve the self-image of these women and understand that the process will end and there are many possibilities and show the options of treatment.

These women need support from a health professional to care for them more carefully, clarifying their doubts and anxieties, providing better quality of life and enhancing their self-esteem so that they can overcome the treatment safely and achieve the desired cure.

The nurse guidance and support is very important to help a woman in the bio-psycho-social aspects. It is very important to be familiarized with individual patient, their history, their doubts, anxieties and uncertainties, so that together - nurse, women, family, in short, all involved in treatment can develop a job recovery self-esteem, developing the will to live and plotting new goals of life.

Nurses can also answer questions regarding disease, treatments and their effects so the fears and anxieties always aiming to improve the decisions.

Physical limitation is a challenge for women going through treatment and the nurse is responsible to help and guide, understanding the disease and the treatments give the nurse more autonomy and understanding of how to help the women. For instance, the patient might have some side-effects from chemotherapy, or pain after the mastectomy, sometimes there is not enough movement, the nurse has to inform the doctor, physiotherapist and work in a team to improve the holistic care of this patient.

6. CONCLUSION

Nurses should never forget that they should act with respect to human life and, recognizing the differences and expressions of each human being. It is up to nursing and other health professions (medicine, physiotherapy, psychology) building works that focus attention on the patient and their needs. Scientific evidence is fundamental, but cannot be separated from reflection, contact with the patient, the service development and sensibility.

It is noticed that the nurses use expertise here in Finland, specific scientific knowledge of clinical oncology, but also empathy to understand what human experiences with the client or family in the cancer policlinic.

Since this research has its goal as a study material, the author understood that the system in Finland to help women with breast cancer is effective and helpful, but in the other hand the prevention methods are still in development, the author took as responsibility to bring to those who read this research the importance of self-monitoring as primary care.

Another focus of the perception of care according to the interviewed was humanized care. The care is based on a universal humanistic value such as kindness, respect, affection. Humanization stands out in the healthcare space, as a movement that favors the adoption of individualized with new ways of acting and producing care practices, assistance and customer relationship health. This humanization was perceived as welcoming and psychological support, according to records of the speeches.

Breast cancer is one of the leading causes of death for female patients according to ACS (2013), followed by lung cancer. It is a disease which is essential monitoring by a multidisciplinary team, since the consequences are both physical and psychological. The nurse is essential to coordinate the prevention, diagnosis and treatment of women with breast cancer. An important strategy for prevention is health education, which is to inform the public about the problem and discuss ways of dealing with it. The nurse can advise and participate in health education at the clinic, home visits, public places and schools. The

diagnosis includes several actions, such as mammographic screening, self-breast examination and clinical examination performed by trained professionals, and nurses can be one of them. He or she can use the nursing consultation to facilitate the diagnosis and monitoring of treatment, contributing to a good quality of life of women.

Nursing care in oncology enables intervention at several levels: primary prevention and secondary prevention; in cancer treatment; rehabilitation; and in advanced disease. Accordingly, nursing care in oncology has evolved focusing on the patient, family and community, for education, providing psychosocial support, enabling the recommended therapy, selecting and managing interventions that reduce the side effects of the proposed therapy, participating rehabilitation and providing comfort and care.

Educating the patient and family is an integral and fundamental part of cancer treatment. The nursing professional has an important place near the customer on a day-to-day basis, unlike other professionals in multidisciplinary therapeutic team, it is he/she who evaluates the patient, performs procedures forwards the possible treatment problems. Being professional that is often recognized as the main link between members of the healthcare team. From this perspective, it is essential to reflect on nursing practice towards technological and human knowledge about client's specific needs and the challenges to perform a good nursing job.

The nurse must be ready to support the patient and her family for a variety of psychosocial crises. The achievement of desired goals involves a realistic offer support to clients undergoing treatment, care models and use the nursing process as a basis for such treatment. (Appendix5)

Taking care of the cancer patient involves not only knowledge about the disease, but to deal with the feelings of others as with his own emotions toward the disease, with or without the possibility of cure.

7. DISCUSSION

Nowadays people are always in a rush and there is not enough time to stop, and to take care of ourselves, and when talking about breast cancer, time is an extremely important tool to trace the future of the patient which is diagnosed with cancer.

The research had a very good receptivity by teachers, supervisors and hospital staff in the cancer policlinic due to the importance of preventive care to avoid more complications. The interviews were done in a very quiet place and the nurses interviewed were very communicative and willing to help me, understanding my language understanding level and speaking slowly so the collection and analysis of the data would have a better outcome.

As my first interview held in Finnish, I was very nervous at first to go to a different place and talk to people that I never talked before, but the background of this research gave me a strong foundation in that topic and I had already some of the topics that came as answers to me in the interviews and the nurses were so kind and found of my work, so it became a very easy and relaxed interview.

Therefore, the research was done in qualitative method. This approach helped to get reliable results that could be compared.

At first, the research challenge in this study was translation of questions into Finnish language. However, it was sorted out with the help of Finnish teacher and the other nursing staff.

When I came out with this research, as a personal experience, having in my family many cases of breast cancer, it was very nice for me to see the nurses work, because in my perception as a family member of a woman that had breast cancer I always saw things from the patient side, now I understand how important the work of a nurse here in Finland is, and how the nurses are an extremely helpful part of the treatment.

In a time strict period that I had to finish this research, I had very good guidance of my teachers supervisors and as well a good support from my friends and positive attitude which made this thesis to be done in a very good and positive way, in my understanding after all, it seems that all this work and the time given to this research will be used by many other students for instance in guidance during classes in Lapland UAS as well to other universities and people that are interested and helping further researches, surely gives me a good feeling that all this work was not in vain.

In addition to this work, I would like to suggest for Lapland University of Applied Sciences, in order to make this thesis work have some significance for my personal life and as a student, to implement this work using our school and students to be part of a project once a year, to bring awareness for women in Kemi-Tornio- Rovaniemi regions about breast cancer, for instance, together with the subject Nursing of Women, to have a day program in school or hospital to talk about breast cancer and how many problem can be avoided only with prevention and showing to women in that region the crucial significance of a possible early breast cancer diagnosis. For the international group a similar project can be implemented, where English speaking students would do the same guidance to foreigner women in that region.

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9. APPENDIX

Appendix 1

Raw data	Subcategories	Upper categories	Main Category
"The patient gets scared when they see the scars." *"Sometimes when the patient needs to use different clothes that expose the breast, they feel sad"* *"Women usually lose the sense of femininity once the breast is removed and the scar is the reminder that they have lost part of their body and sexuality."* *"We usually ask the patient to touch the scar and look themselves in the mirror, so the acceptance starts to happen."* *"They think they are ugly"* *"Sometimes physiotherapy is necessary after recovery, because the body anatomy has changed and need to be treated and as well oedema treatment".*	Scar appearance Body changes with surgery Arm mobility and oedema after care	Scars Body image Anatomy Mobility	**Anatomy changes and scar after surgery**

Appendix 2

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Lapland University of Applied Sciences

Open questions for interview:

1. What is your experience caring for breast cancer patients?
2. What are the psychological challenges the patient faces after diagnosis?
3. What are the social challenges the patient faces after diagnosis?
4. How can a nurse help in those areas: social, spiritual, sexual and guidance (education)

Appendix 3

LAPIN AMK
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THESIS COMMISSION AGREEMENT

This agreement shall apply only to thesis projects which are not completed in a project with external non-UAS funding.

Commissioner	Name (e.g., company) Lapland UAS, Nursing education Contact information (contact person, phone number, email address) E. Junnila, 050-3109363, eija.junnila@lapinamk.fi		
	Topic of thesis Role of the nurse in the psychosocial support for women diagnosed with breast cancer → educational material		
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	Terms of this commission agreement		
Supervision	The Supervisor shall supervise the thesis project on behalf of the UAS and shall provide instruction and advice required for the project. The UAS and the Supervisor are not responsible for consultation in the thesis project.		
Documentation	UAS thesis projects are public. A written report of the thesis project shall be compiled in accordance with the UAS's thesis project guidelines. One bound copy of the thesis shall be delivered to the UAS library or published as an electronic version in the Theseus online library. Both hardcopy and electronic versions of the thesis shall be archived at the UAS.		
Rights	The copyright to the thesis shall be held by the Author. The Commissioner shall receive a parallel copyright to the results of the thesis project upon its completion. The UAS shall have a permanent right to utilise the results in its own teaching and RDI activity. The parties to this agreement may agree on other rights concerning the results of the thesis project, but in such a manner that the right of the UAS granted by this paragraph remains in effect.		
Inventions	If the Author contributes to an invention which is patented, he or she shall be named as one of the inventors. Possible compensation for an invention shall be agreed on separately in accordance with the policy of the UAS's or Commissioner's invention guidelines. Publication or utilisation of the thesis or its part shall not endanger patent or utility model protection of said thesis or its part.		
Liabilities	The results of the thesis project shall be delivered as is. ~~Neither the Author nor the UAS guarantees the results nor is liable for their applicability to the Commissioner's needs.~~ The parties to this agreement shall be liable to each other for immediate damage caused by any breach of this agreement. Materialisation of liability shall require a breach of agreement caused by intentional or aggravated carelessness.		
Further agreed			
Confidentiality	Supervisors and Authors of theses shall be obligated to maintain secrecy regarding confidential matters which come up during the thesis project. The Commissioner shall verify that the thesis to be published does not contain confidential material. If necessary, the Commissioner shall use a separate confidentiality agreement.		
	This agreement has been executed in three (3) identical counterparts, one (1) for each party to the agreement. This agreement is based on the thesis plan approved by the UAS and shall become effective immediately upon being signed.		
	Place and date	**Signature**	
Commissioner	Kemi 29.9.2014	E. Junnila	
Author	Lucas de Faria		
Lapland UAS			

Appendix 4

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OPINNÄYTETYÖN TUTKIMUSLUPAHAKEMUS

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Opinnäytetyön ohjaaja(t)	Nimi Satu Rainto ja Anja Mikkola	Oppiarvo ja ammatti lehtori	
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Toimeksiantaja	Toimeksiantaja ~~Lapin amk /Hyvinvointipalveluiden osaamisala~~		
	Yhteystiedot Koulutusvastaava Eija Jumisko		
Päiväys ja allekirjoitus	Paikka ja päiväämäärä Kemi, 18/9/2014	Allekirjoitus	
Luvan myöntäminen	☑ Tutkimuslupa myönnetään	☐ Tutkimuslupa evätään	
	Perustelut		
Päiväys ja allekirjoitus	Paikka ja päivämäärä Kemi, 18/9/2014	Allekirjoitus	
Myöntämisen ehdot	Myöntämisen ehdot ☒ Hakijan tulee toimittaa valmis raportti ja tarvittaessa tutkimuksen tulokset suullisesti ☒ Hakija vastaa kustannuksista itse, ellei toisin sovita ☐ Muu ehto		
Päätöksestä	☒ opinnäytetyön hakijalle/ hakijoille ☒ ohjaaville opettajille ☒ yksiköille, jota luvan		

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OPINNÄYTETYÖN TUTKIMUSLUPAHAKEMUS

Tarvittaessa opinnäytetyön raholtus, raholttajat ja budjetti	Opinnäytetyön tekijä vastaa itse kustannuksista, joita ovat mm. paperikulut.	
Päiväys ja allekirjoitus	Paikka ja päivämäärä Kemi 18/ 9/2014	Allekirjoitus

X Liitteenä hyväksytty opinnäytetyösuunnitelma (tarvittaessa)

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OPINNÄYTETYÖN TUTKIMUSLUPAHAKEMUS

Opinnäytetyösuunnitelman tiivistelmä

Tutkinto, johon tutkimus sisältyy	Sairaanhoitaja
Opinnäytetyön tekijät tekijä(t)	Lucas de Faria
Opinnäytetyön nimi	Role of the nurse in the psychosocial support for women with breast cancer
Opinnäytetyön tausta	
Opinnäytetyön tavoite, tarkoitus ja mahdolliset tutkimus-ongelmat	The purpose of the thesis is to find out the challenges faced by patients diagnosed with breast cancer in a nursing perspective, and to find out how nurses intervene for such patients. The aim is to provide a learning material for nursing students to ensure that the patient gets holistic nursing care where all needs of patient will be met. Breast cancer topic was of my interest due to realization that in our school English programme there were no thesis done on this topic and having some personal experiences of a relative suffering this type of cancer I has interest to know more about how such patients can be supported by a nurse.
Opinnäytetyön alustava aikataulu	Opinnäytetyön suunnitelma 8-9/2014 Haastattelut 9/2014 Analysointi ja loppuraportin kirjoittaminen 10-11/2014.

Appendix 5

Nursing Process	Actions	EBP	Actions
Assessment	Collects patient data	**Asking the question**	Clearly identifies specific patient problems/needs
Diagnosis	Analyzes assessment data and determines nursing diagnosis	**Searching for evidence**	Collects information relevant to the patient's identified problems/needs
Outcome Identification	Develop and prioritize patient-centered goals and measurable outcomes	**Summarizing the evidence**	Organizes literature for review
Planning	Develops a plan of care	**Analyzing the evidence**	Critically appraises the published literature
Implementation	Initiates the interventions identified in the plan of care	**Applying the evidence to practice**	Integrates evidence with clinical expertise and patient's unique needs
Evaluation	Evaluates the patient's progress toward attainment of outcomes	**Evaluating the effectiveness**	Evaluates the effectiveness of the integration of evidence