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ASPECTS THAT MAY INFLUENCE ON THE QUALITY OF LIFE OF A MASTECTOMIZED WOMAN

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ABSTRACT
The breast removal can influence the dimensions of women's quality of life with breast cancer. This study aimed to uncover factors that influence the quality of life of mastectomized women. Descriptive study, with a qualitative approach, conducted with 21 women undergoing mastectomy surgery from June to September 2013, in a mastology clinic in Fortaleza/CE, Brazil, through semi-structured interviews. Two categories emerged from the content analysis: positive influence and negative influence on quality of life. Factors that positively influence emerged: family, social and professional support, financial condition and medical care; negatively: medical assistance, financial condition, unhealthy lifestyle habits, disease and fear of dying. One concludes that knowing factors that influence the quality of life of mastectomized women favors an improvement in care practices to strengthen specific actions, contributing to the quality of life of those women.

Keywords: Quality of Life. Women. Mastectomy..

INTRODUCTION

Chronic degenerative diseases reach more and more space in the health-disease process. Among them, there is breast cancer, of heterogeneous nature, which may affect behavioral aspects of affected women. One observes that disparity of the varied clinical and morphological manifestations, different genetic signatures and consequent therapeutic responses[1].

The epidemiological profile depicts the thematic discussion on the political agendas of the various levels of government. There is an estimate of 57,960 new cases of breast cancer per 100,000 women for the year 2016. It is the type of cancer with the highest morbidity and mortality among women worldwide. For its high mortality rate, it is considered a public health problem[2]. In 2030, there will be 27 million cases of cancer, 17 million deaths and 75 million people with the disease, and low and middle-income countries will be the most affected[1].

Among the aspects that influence the woman's life after the diagnosis of breast cancer, and during treatment, there are those ones that may affect personal, social and family relationships. With the breast removal, there is the difficulty to return to activities of daily living, to work, altered body image, psychological changes and others, which may present as positive or negative. The woman experiences moments of anguish, suffering and anxiety, especially because this is a stigmatizing disease[3].

Among the positive factors, there are the family support, acting through a shared and careful relationship, and the professional support, providing a directed care in order to achieve better quality of life to the mastectomized woman. Also in that area, there is

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the social support, offering emotional support and encouraging the fight against the disease[4].

Among the negative aspects, there are: unhealthy life habits, which were conducive to the development of breast cancer[2] and financial condition hampered by the absence of labor activity outside their home because of the treatment and fear of death due to aggressiveness of the disease[3].

The definition of treatment for breast cancer is individual and can be chemotherapy and/or surgery. The surgical treatment, in various forms, especially mastectomy, influences on women's lives, for example, depression, pain and consequent decline in the quality of life. It is evident that the treatment experience is potentially different for each woman. Thus, the nurse, in his/her care practice, may use the modification of the body and the sensations experienced as a field[5-6].

In this new scenario, breast removal makes women vulnerable and can impair their quality of life in certain way. Therefore, factors predisposing to cancer commit bodily dimensions in various domains: physical, psychological, social, spiritual and sexual. Therefore, the individual him/herself should assess his/her own quality of life, as it is individual, depends on values and beliefs, as well as on emotional and personal conditions, associates socioeconomic, cultural and spiritual factors, and also expectations, interests, life experiences and world circumstances. It relates to multidimensionality and subjectivity, since individual perceptions in the context of personal life, objectives and aspirations can change the way of living[7].

The most widely used definition of quality of life is from the World Health Organization Quality of Life, which interprets it as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns "[8:1405].

Therefore, living with quality requires the union of factors that contribute to a healthy life, according to the dimensions involving it. Thus, the anxiety of knowing the factors associated with this new way of living, whether positive or negative, arises. Because of the impact that each one has, one manifested the following question: what factors can influence the quality of life in mastectomized women, whether negative or positive?

Unveiling aspects related to the quality of life of mastectomized women contributes to scientific advances and consequent quality of care for women undergoing mastectomy. In turn, that contributes to the adequacy of care that focus on the development of practices to strengthen assistance, contributing, in this way, to women with breast cancer.

Therefore, it is appropriate to conduct the research, since it contributes to the process of nursing actions in care, benefiting the positive factors in order to minimize the negative ones. Moreover, the emergence of emotional changes (fear, guilt), physical (breast removal) and social (isolation and/or withdrawal from society) can influence on the quality of life of those women[9]. Thus, describing factors that may affect that population becomes important. Therefore, the objective of this study was to reveal factors that influence the quality of life of mastectomized women.

METHODOLOGY

Descriptive study, of qualitative approach. Data were collected from June to September 2013 with 21 women that underwent mastectomy and treated at a mastology clinic located in the city of Fortaleza/CE, Brazil. In this service, about 100 surgical procedures are performed per year, that is, an average of eight to ten per month. Thus, one decided to approach women during their return to the service for surgery revision.

A room was requested in the clinic for the interviews in order to preserve the individuality and comfort. The interviews lasted about 30 minutes, in which a semi-structured guide was used to obtain sociodemographic data: marital status, place of birth, occupation, educational attainment, family income and time elapsed since the mastectomy surgery, as well as questions about the factors influencing the quality of life, whether positive or negative, explanation and enumeration of their degree of importance on quality of life.

The chosen method for analysis of the information was the Content Analysis, which is

one of the techniques that best fits the qualitative research, paying attention to the Thematic Analysis for it is the most intelligible and appropriate. The analysis developed in three stages: pre-analysis (transcription of the speeches, scrapbooks and collage on panel for easy viewing and organization of the material); material exploration (in order to sort and search for understanding core of the texts); and treatment of results and interpretation (analysis of categories, expressions or meaningful words, depending on the speech content)[10].

After identifying the meaning cores, it was possible to specify categories that emerged with the presented data. Inferences were exposed in the results, with subsequent interpretation of the findings, which were treated and analyzed based on the definition of quality of life presented by the Group World Health Organization Quality of Life[8].

The objective was a broader and more integrated approach, proposing a multifactorial nature and the quality of life associated with five dimensions: physical health, psychological health, level of independence, social relationships and environment.

The research is part of a larger project entitled "Quality of life in mastectomized women: space for clinical nursing care", approved with the opinions No. 310,165, by the Research Ethics Committee of the Maternity School Assis Chateaubriand, and No. 399,467 of the State University of Ceará.

Ethical aspects contemplated, as the study is in accordance with Resolution 466/2012 of the National Health Council[11]. The women were identified with letter "W", which means woman, followed by an Arabic number according to the chronological order of interviews. They signed the Informed Consent Form, as well as approved recording the speeches.

RESULTS AND DISCUSSION

Mastectomized women in the study were aged between 28 and 73 years (mean 51.3 years); in relation to marital status, 13 were married, two, widows, two, divorcees and four single. Among the 21 women, 11 were from inner Ceará. As for the occupation, nine were housewives, eight had various occupations, three were retired and one was unemployed. Regarding education, nine said they had not finished elementary school. The family income ranged from two to three minimum wages and the time elapsed since the mastectomy surgery ranged between eight and ten days.

In a study conducted with 37 women who underwent breast cancer surgery, the average age was 56.11 years; the average years of study without repeating any year was 6.24 years; more than half did not have stable union (54.1%); the average family income was three to four minimum wages; most of them worked prior to surgery (67.6%); and the time elapsed since the surgery was 31.7 months[12]. Another study[13] supports the results of this study, which identified how mastectomized women faced cancer and chemotherapy, revealing a mean age of 56 years, the predominant marital status was married, with educational attainment from illiterate to high school and housekeeping as the predominant occupation.

The surveyed mastectomized women had similar characteristics to the literature under discussion, since the average age was over 50, they were married, with low educational level, family income around up to two minimum wages, born in various locations, devoted themselves to household tasks and even had less than a month of mastectomy, which is recently experienced.

Factors that positively influence on quality of life

The interpretation of speech allowed pointing out, in this category, "family and social support", evidenced by five women, as observed in the following statements:

> That would be the part of having a good job, a good family (W1).

> Because she is helping me a lot, because no one from my family [...]. And she has no family relationship with me, she's been like that for a long time, she is supporting me a lot (W2).

> That God, my sons, my husband, they do everything for me. I can say I'm very lucky for my family. I think that matters a lot, right? (W15).

Social support introduces a strategy of emotional, instrumental and informational confrontation as a way to face the stressful situation produced by the disease, marked by its stigma[14]. By the time the woman stands before the disease, breast cancer, it implies a major impact on her life: they project to meet support, security, comfort and family help.

The social domain, present in aspects of quality of life, was also prevalent: 68.8% of respondents in a research on women's quality of life with breast and gynecologic cancer undergoing chemotherapy, but that element was seen as more preserved in relation to physical and psychological aspects[15].

There is evidence that social support acts as protection of human health. Family, friends and religion constitute the positive influence of the support network, as well as the support of the own group, grounded in the presence and support that such network provides during the stages involving the new condition of life(4).

Despite the family and social support, the "professional support" also appears in the category, referred to by a woman, and perceived as treatment provided by the health professional.

> When we get to the hospital and see the professionals serving in a soften way, with that concern, in a loving manner. That touches us, you know? For it is different from when we get a bas treatment. (W18).

Women use more strategies to cope with the stress caused by the diagnosis and treatment of breast cancer. They reaffirm the place that religion and spirituality occupy in life, and health professionals should recognize and value those beliefs, because findings suggest that they help patients cope with the stress of the illness and may serve as potential resources during treatment, helping in coping with stress. Thus, the professional support emerges as an important factor of health protection and recovery[16].

In this context, the professionals who provides care becomes important, since mastectomized women emphasize the difference experienced as a good feeling, which contributes positively to the quality of life.

In support networks, the professional must be able to meet the care perspective, satisfying the individual needs, if possible, in full mode. Such perspective is an indispensable factor for personal and motivational empowerment[4].

Therefore, one identifies the need to engage the nursing team in cancer care holistically and individually, so that care incorporates as a strengthening agent in support networks to mastectomized women.

There was also the "financial condition", present in the speeches of five respondents:

> Because, if you have better conditions, you'll take care of yourself, eat better, you have more to take care of yourself [...] (W3).

> It's being healthy, peaceful at home, living with love, comfort, in peace with health [...] I think that is, [...] living in peace with health, with no every-day bread missing (W6).

> [...] it would be great if we could eat better [...] (W7).

> [...] I believe is lacking money, because when a person lacks money, there is no good quality of life [...] (W9).

> [...] condition, always going to the doctor, right? Always undergoing a health checkup. (W11).

> [...] living well is like this, you have no difficulties, you can have things, buy food [...] (W16).

A research[7] with mastectomized women about self-image and changes in daily life has shown that physical condition and treatment denote some financial difficulty. During treatment, women experience physical and financial losses and necessary adjustments to changing circumstances.

Another mentioned factor was "medical care", referenced three times, or access to quality health care, which is also a positive influence factor. However, one perceives the relationship of the subunit with the financial condition, as follows:

> It's financial condition, right? It's for helping us being healthy [...] buying food, medicine, money to travel to the doctor [...] (W6).

> [...] we need health, medical care a lot [...] that is all good [...] (W4).

A study conducted in similar location and in order to know the impact of breast cancer in the life of the couple emphasized the relationship of financial difficulties with the cost of

treatment. Spouses revealed, after diagnosis, concern with financial difficulties due to the high cost associated with the disease[17].

The proximity between medical care and financial condition occurs because of the possibility of a faster access to health services, in view of the difficulties in the Unified Health System, which, in turn, hampers disease treatment.

Factors that negatively influence on quality of life

Despite positive report, as previously observed, from the context, "financial condition" is also a negative factor, said five times, and "unhealthy lifestyle", reported three times, showed negative correlation of interference in quality of life of the surveyed, as observed below:

> [...] having no healthy nutrition makes you more vulnerable to the disease [...] a sedentary person, right? That also brings a lot of bad things, obesity [...] (W1).
>
> It's because if you have better conditions, you care more for yourself. (W3).
>
> [...] it would be better if we could have time and conditions to eat, eat better [...] a lot of people don't have time, eat at restaurants, don't eat well [...] many people without conditions, right? You can't have a good nutrition (W7).
>
> [...] smoking and drinking are an objection, right? Positive is when you are healthy, you have a healthy nutrition. The negative ones are you doing all of this and also drinking and smoking (W11).
>
> Not like this, money is not the most important thing in life, but in terms, it is, when you have to buy medications, sick, if we don't have money at the moment to pay for transportation, how are we caring for ourselves? (W16). (Financial condition)

It is noteworthy that, in the same way, eating well and having financial conditions act simultaneously as factors that negatively contribute to the achievement of quality of life, because the lack of purchasing power makes it difficult, to some extent, to access better food and health services.

In the service offered by the Unified Health System, for barrier and demand issues, the waiting time for care and the surgery often does not favor the treatment. Thus, women face problems such as difficulty in scheduling consultations, inaccurate diagnosis, lack of information, among others, which, in turn, results in dismantling the network of such services[18].

The financial difficulty is also important, corroborating a finding to obtain better conditions for food, purchase of medicines, among others, as unfavorable financial conditions hamper the achievement of such benefits.

Therefore, there needs to be an expansion of service and better training of professionals who, through basic procedures such as clinical breast examination, allow the precocity of diagnosis, contributing to trace earlier the disease.

The "financial condition" allows better access to quality health care:

> For it is like this: if you have better conditions, you're going to care more for yourself, eat better, you can care for yourself better [...] (W3).
>
> [...] we need a lot the health, medical assistance, that is all good [...] (W4).
>
> It's financial condition, right? It's to help us to be healthy, buy food, medicine, Money to travel to go to the consultation [...] (W6).
>
> [...] living well is like this: you're not facing difficulties, you can have things, buy food [...] (W16).

Women interviewed about the quality of life showed in relation to mastectomized women who underwent reconstruction, better average scores regarding "physical health" and worse scores regarding psychological and social aspects. In relation to those who did not undergo reconstruction, all eight domains presented the lowest average scores: physical health, psychological aspects, social aspects, functioning capacity, pain, general health, vitality and mental health[19].

Nevertheless, data disagree with subjective relations, qualitative, not aiming at measuring the quality of life through indicators and numeric scales, but rather evaluating it through the individual's speeches, emphasizing the character of subjectivity, since each person experiences quality of life differently.

The feeling "fear of dying" and "disease"

were mentioned as negative influences:

> As you can see, I'm sick and can't do anything [...] (W5).

> [...] the bad thing is when you let the disease take over and don't se any future [...] (W12).

> It's the death, isn't it? Also, thank God, my sons, my husband, they do everything for me [...] (W15).

The feeling "fear of dying" was appointed in researches in which the diagnosis of breast cancer relates to negative feelings associated with the idea of dying, because of the uncertainty about the future, showing weakness in relation to fear. It is noteworthy, in research, that, beyond the fear of death, there is the fear of relapse, of not being present in the development of the children and the concern to pass on genes to their heirs[14,16-20].

Thus, it is clear, as stated in the reports, the feeling "fear of dying" and the state of health, that is, the disease, adversely impact on quality of life, especially the fear of what might happen along with the evolution of disease.

Based on the analysis of the speeches, it was possible to identify some aspects involving women after mastectomy surgery, with the possibility of understanding the factors that influence the quality of life.

FINAL CONSIDERATIONS

Unveiling factors that impact on quality of life of mastectomized women allows promoting better care practice provided by nurses, as it enables the engagement of care to women who underwent surgical mastectomy, strengthening more specific actions for the needs after surgery.

At last, it is possible to support further discussions on the theme. It is noteworthy that no woman reported the relationship between mastectomy and influence on quality of life, whether positive or negative. Such fact may not have been noticed, possibly due to the limitation of only a meeting for collection.

The findings may favor the visibility of care to mastectomized women in order to maintain the quality of life, favoring the provision of clinical care that contributes to the improvement of the health status of women after mastectomy.

ASPECTOS QUE PODEM INFLUENCIAR A QUALIDADE DE VIDA DA MULHER MASTECTOMIZADA

RESUMO

A retirada da mama pode influenciar nas dimensões da qualidade de vida da mulher com câncer de mama. Objetivou-se desvelar fatores que influenciam a qualidade de vida de mulheres mastectomizadas. Estudo descritivo de abordagem qualitativa, realizado com 21 mulheres submetidas à cirurgia de mastectomia, no período de junho a setembro de 2013, em um ambulatório de mastologia em Fortaleza/CE, Brasil, por meio de entrevistas semiestruturadas. Da análise de conteúdo emergiram duas categorias: Influência positiva e Influência negativa na qualidade de vida. Fatores que influenciam positivamente surgiram: apoio familiar, social e profissional, condição financeira e assistência médica; negativamente: assistência médica, condição financeira, hábitos de vida não saudáveis, doença e medo de morrer. Conclui-se que conhecer fatores que influenciam na qualidade de vida da mulher mastectomizada favorece uma melhora na prática do cuidado por fortalecer ações específicas, colaborando com a qualidade de vida dessas mulheres.

Palavras-chave: Qualidade de Vida. Mulheres. Mastectomia.

ASPECTOS QUE PUEDEN INFLUIR EN LA CALIDAD DE VIDA DE LA MUJER MASTECTOMIZADA

RESUMEN

La remoción de la mama puede influir en las dimensiones de la calidad de vida de la mujer con cáncer de mama. El objetivo del estudio fue aclarar los factores que influyen la calidad de vida de mujeres mastectomizadas. Estudio descriptivo de abordaje cualitativo, realizado con 21 mujeres sometidas a la cirugía de mastectomía, en el período de junio a septiembre de 2013, en un ambulatorio de mastología en Fortaleza/CE, Brasil, a través de entrevistas semiestructuradas. Del análisis de contenido surgieron dos categorías: Influencia positiva e Influencia negativa en la calidad de vida. Factores que influyen positivamente surgieron: apoyo familiar, social y profesional, condición financiera y atención médica; negativamente: atención médica, condición financiera, hábitos de vida no saludables, enfermedad y miedo de morir. Se concluye que conocer los factores que influyen en la calidad de

vida de la mujer mastectomizada favorece la mejora en la práctica del cuidado por fortalecer acciones específicas, colaborando con la calidad de vida de estas mujeres.

Palabras clave: Calidad de Vida. Mujeres. Mastectomía.

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