Effect of Educational Guidelines on Self-Efficacy and Meeting Health Needs of Women Undergoing Modified Radical Mastectomy

Thesis

Submitted for Partial Fulfillment of the Requirement of the Doctorate Degree in Nursing Science

(Medical-Surgical Nursing)

By

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ABSTRACT

Assessment of the health needs for breast cancer women is a critical step in providing high quality of care and meeting their needs satisfaction. **Aim:** This study aims to evaluate the effect of educational guidelines on self-efficacy and meeting health needs of women undergoing modified radical mastectomy. **Methods:** A quasi experimental research design was utilized for the conduction of this study. This study was conducted in the Surgical Departments and Out Patients' Clinics at El - Demerdash Surgical Hospital& Radiotherapy and Nuclear Medicine Department, affiliated to Ain Shams University. **Sample:** A purposive sample of 60 women from the above mentioned settings. **Tools:** 1) A structure interview questionnaire sheet for the studied women to assess their needs (Pre /Post and follow up tests), 2) An observation checklist to evaluate practices of the studied women (pre/post and follow up tests). 3) Psychometric assessment (numerical pain scale) to determine their pain level (pre/post assessment) and 4) The General Self-Efficacy Scale. **Results:** This study revealed a statistically significant improvement post educational guidelines regarding women's needs (physical, psychological, social, spiritual & educational), self efficacy and practices levels. **Conclusion:** It can be concluded that, the educational guidelines had a positive effect on meeting health needs and improving self efficacy level added to practices level. **Recommendations:** Further research studies are needed to focus on measuring QOL for the studied women longitudinally.

Key words: Modified radical mastectomy, educational guidelines, self efficacy, women needs

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List of Abbreviations

Abb.	Full term
ACS	American cancer society
AIs	Aromatase Inhibitors
AJCC	American Joint Committee on Cancer
BC	Breast cancer
BMI	Body mass index
BP	Blood pressure
BSE	Breast self-examination
CBE	Clinical breast exam
ER	Estrogen receptors
FDG	Fluorodeoxyglucose
HER2	Human epidermal growth factor receptor 2
HRT	Hormone replacement therapy
IV	Intra venous
MRI	Magnetic resonance imaging
PARP	Poly ADP ribose polymerase
PCA	Patient-controlled analgesia
PET	Positron emission tomography
PR	Progesterone receptors
ROM	Range of motion
SE	Self efficacy
SERDs	Selective estrogen receptor down regulators
SERMs	Selective estrogen receptor modulators
SLT	Social Learning Theory

INTRODUCTION

Breast cancer is the most commonly diagnosed cancer in women across the world. It is estimated that 1 out of every 8 women will develop breast cancer at some point in their lives and the second leading cause of death among women with lung cancer. Nearly 1.7 million new breast cancer case were diagnosed in 2012. The incidence and mortality rates between females vary among countries but are steadily rising worldwide. The median age at diagnosis is one decade younger than in countries of Europe and North America, added to most patients are premenopausal ***(Ferlay, Soerjomataram and Ervik, 2014).***

In Egypt, breast cancer is estimated to be the most common cancer among females accounting for 37.7% of their total with 12, 621 new cases in 2008. It is also the leading cause of cancer-related mortality accounting for 29.1% of their total with 6546 deaths. The incidence to mortality ratio is poor (1.9:1). According to statistical department at El – Demerdash surgical Hospital in Cairo (2015), the number of breast cancer cases were approximately 150 through this year ***(Zeen Eldin, Ramadan, Gaber & Taha, 2013 & Matthews et al., 2016).***

The modified radical mastectomy is a practice in which the entire breast is removed, including the skin, areola, nipple, and most axillary lymph nodes; the pectoralis major muscle is spared ***(Kuwajerwala, 2015).*** Breast cancer result in

considerable distress, it propels women into a time of uncertainty that brings fear and affecting the physical, psychological, social and spiritual health. On the other hand, time elapsed since diagnosis is a significant predictor of unmet needs. Therefore, evaluating women's needs is important to offer timely and effective interventions ***(Park & Hwang, 2012).***

A need can be defined as an internal directional force that determines how people seek out or respond to situations in the environment. It is a lack of something that is necessary for well-being and motivates behavior. Needs assessment differs from other assessment constructs in that it directly identifies patients with higher levels of need and suggests specific interventions for them. It provides direct index of what patients perceive they need help with and also measures the perceived efficacy of a health services by its users ***(Büchi, Halfens, Üller and Dassen, 2013)***.

Women treated for breast cancer are affected physiologically, psychologically and socially by the negative way, so it is important for such women to assess their needs for improving the quality and value of the care for them. These needs include: Physical (function limitations including pain, muscle weakness, fatigue, breast and axillary scar tightness, numbness and lymphedema). Psychological (Alteration in body image, pain, fear of recurrence body image disruption, sexual dysfunction and treatment-related anxiety) ***(Timby & Smith, 2010).***

Social needs include (increase social activities, work adjustment, positive coping and social support). Spiritual (satisfaction, increase religious activities and motivation). Educational (information about breast cancer, treatment and prognosis, mastectomy surgery, wound care, breast self examination, arm exercises, chemoradiotherapy and it's side effects, activities of daily living, body image changes and follow up visits) ***(Spittler, 2011 & Carver, 2013).***

Self-efficacy is the confidence to produce desired effects by one's own actions. In one study on breast cancer survivors, self-efficacy is defined as one's confidence in the ability to manage symptoms and emotions related to having breast cancer, including the ability to ask for help, knowing how and when to report symptoms and doing what is important after breast cancer treatments are completed. Providing education, encouragement and referrals to support groups can help increase self-efficacy which decrease fear and anxiety ***(Ziner & Sledge, 2012).***

Women education is the nurse's responsibility to help them to identify the learning needs and resources that will restore and maintain an optimal level of functioning. It is extremely important today in a health care environment that demands cost-effective measures. In shorter hospital stays, patients are being discharged to the home or other health care settings in more critical condition than ever before, so patient education considered from a hallmark of quality nursing care ***(DeLaune & Ladner, 2011).***

Nurses play a fundamental role in the psychosocial care of breast cancer women throughout their treatment journey. They see women at their worst and best from diagnosis, through treatment, cure or palliative and end of life care. There are two vital issues in the delivery of psychosocial care to those women: recognition of distress and the available mental health resources ***(Faria, 2014 and Corry, Clarke, While, & Lalor, 2013).***

Significance of the study

Breast cancer now occupies position number one in all countries of the Arab world. Its incidence is increasing in the developing world due to increased life expectancy, urbanization and adoption of western lifestyles. It remains a major cause of morbidity and mortality for women worldwide. Diagnosis and treatment of breast cancer are stressful events that result in a wide range of physical, psychological, social and spiritual effects which influence the women's needs and self efficacy. Significant deteriorations in quality of life have been observed among those women ***(Abd El-kader & El-Sebaee, 2013).***

Researchers have begun to pay attention to the needs of women with breast cancer during the treatment period considering the large number of them. Moreover, as a result of inadequate understanding of women needs, both healthcare costs and unnecessary suffering increase. Hence, needs assessment are required to guide care planning.

AIM OF THE STUDY

This study was aimed to evaluate the effect of educational guidelines on self efficacy and meeting health needs of women undergoing modified radical mastectomy. It was achieved through the following:

- Assessment of the self efficacy of women undergoing modified radical mastectomy.
- Assessment of the health needs of women undergoing modified radical mastectomy.
- Develop and implement educational guidelines for mastectomy women and evaluate its' effect on self efficacy and meeting their health needs.

Research Hypothesis:

- The current study hypothesized that, the educational guidelines will have a positive effect on improving the self efficacy, added to meeting the health needs of women undergoing modified radical mastectomy.

REVIEW OF LITERATURE

Anatomy and Physiology of the Breast

The breast lies between the second and the sixth ribs, it contain glandular and ductal tissue, all along with fibrous tissue which binds the lobes together and fatty tissue in and between the lobes. These paired mammary glands are situated between the second and sixth ribs over the pectoralis major muscle from the sternum to the midaxillary line. An area of breast tissue called the tail of spence extend into the axilla. Cooper's ligaments, which are fascial bands maintain the breast on the chest wall. Each breast consists of 12 to 20 cone-shaped lobes that are made up of lobules containing clusters of acini, small structures ending in a duct. All of the ducts in each lobule drain into an ampulla which then opens onto the nipple after narrowing. About 85% of the breast is fat ***(Smeltzer & Bare, 2013)***.

The main function of the breast is to produce, store and release milk to feed a baby. Milk is produced in lobules throughout the breast when they are stimulated by hormones in a woman's body after giving birth. The ducts carry the milk to the nipple. Milk passes from the nipple to the baby during breast-feeding ***(Rosenberg, 2014 & Findik, 2015).***

Breast cancer is an uncontrolled growth of cells which begin in the breast tissue, it classified as noninvasive or invasive. Cancer in the ducts or lobules called noninvasive