

Coping Pattern of Women after Mastectomy

Thesis

*Submitted for Partial Fulfillment of Master Degree
in Nursing Sciences (Community Health Nursing)*

By

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2018**

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2018**



Acknowledgement

Thanks to Allah who have lightened my path to accomplish this work,

The few words I wrote here can never and can't adequately express the feelings of gratitude; I have for my supervisors and the persons who helped me to achieve this work. If I am to vote the heartiest thanks, it is to;

*I am deeply grateful to **Dr. Nadia Hamed Farahat**, Professor of Community Health Nursing, Faculty of Nursing, Ain Shams University, for her prompt and thought provoking responses to my questions and for allowing me the freedom to work independently yet keeping me focused on the task at hand, I greatly acknowledge her continuous encouragement and moral support. It was really an honor working under her wonderful supervision and for all her valuable efforts to produce this thesis. I cannot possibly convey words of my great appreciation for her great faithful effort in supervision during the progress of this work without her valuable instructions this work would never have been done.*

*It is with great pleasure, deep satisfaction and gratitude that I acknowledge the help of **Dr. Asmaa Talaat Mohamed**, Lecturer of Community Health Nursing, Faculty of Nursing, Ain Shams University, for her unlimited help, effort, support, guidance and for the time she devoted to me in this work. I would not have been able to start and continue this work without her help.*

My deepest gratitude and thanks to all patients that they let me collect the data.

Last but not least, my deepest gratitude and thanks to all my family members; my lovely mother, my lovely father, my lovely husband, my lovely babies, my brothers and my sister.

Fatma Yousef Shafek Ebeed

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LIST OF ABBREVIATIONS

<i>Abb.</i>	<i>Meaning</i>
ADLs	: Activities of daily living
ALND	: Axillary lymph node dissection
BSC	: Breast-conserving surgery
BSE	: Breast self-examination
CBE	: Clinical breast exam
DCIS	: Ductal Carcinoma In Situ
DNA	: Deoxyribonucleic acid
FNAC	: Fine needle aspiration and cytology
MRI	: Magnetic Resonance Imaging
NSAIDs	: Non-steroidal anti-inflammatory drugs
ROM	: Range of motion
TDLUs	: Terminal duct lobular units
TRAM	: Transverse rectus abdominis myocutaneous
TNM	: Tumor, nodes, and metastasis
BRCA-1	: Breast cancer susceptibility gene 1
BRCA-2	: Breast cancer susceptibility gene 2

Coping Pattern of Women after Mastectomy

Abstract

By

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Back ground: Breast cancer is the most common cancer among women worldwide and mastectomy is the most used treatment for breast cancer. **Aim:** Assessing coping pattern of women after mastectomy. **Setting:** Outpatient clinics in radiation and nuclear medicine center at Ain Shams University, Faculty of Medicine, Egypt. **Sample:** A Purposive sample of 160 women were recruited for this study. **Tools:** First tool: Self administered questionnaire to assess women's sociodemographic characteristics, knowledge, practices, needs and problems after mastectomy. Second tool: Coping Scale to assess women's coping pattern after mastectomy. **Results:** The mean age of women with mastectomy is 48 ± 6.6 years, there was 70.6% of women with mastectomy were had satisfactory level of knowledge. Also, 40.6% of women with mastectomy were had healthy practices and 65% of women with mastectomy had positive coping to mastectomy and 35% had negative coping pattern. **Conclusion:** There were significant relations between age, educational level, and employment status of studied sample and total level of coping. There was a highly statistical significant relation between level of knowledge among women with mastectomy and their level of coping. There was statistical significant relation between level of knowledge among women with mastectomy and their level of practices. There was a highly statistical significant relation between level of practices among women with mastectomy and their level of coping. **Recommendation:** Further research studies are needed for ongoing improvement health education from nurses to patients after mastectomy.

Keywords: Coping Pattern, Breast Cancer, Mastectomy.

Introduction

Most breast cancers begin either in the breast tissue made up of glands for milk production, called lobules, or in the ducts that connect the lobules to the nipple. The remainder of the breast is made up of fatty, connective, and lymphatic tissues. Breast cancer typically produces no symptoms when the tumor is small and most easily treated, which is why screening is important for early detection. The most common physical sign is a painless lump. Sometimes breast cancer spreads to underarm lymph nodes and causes a lump or swelling, even before the original breast tumor is large enough to be felt (**Wazir et al., 2016**).

Any persistent change in the breast should be evaluated by a physician as soon as possible. About one-third of postmenopausal breast cancers are thought to be caused by behavioral factors that are modifiable, such as postmenopausal obesity, physical inactivity, use of combined estrogen and progestin menopausal hormones, alcohol consumption, and not breastfeeding. Many risk factors affect lifetime exposure of breast tissue to hormones (early menarche, late menopause, obesity, and hormone use) (**Chen et al., 2016**).

Mastectomy is a way of treating breast cancer by removing the entire breast through surgery. It's often done when a woman cannot be treated with breast-conserving surgery (lumpectomy), which spares most of the breast. It can also be done if a woman chooses mastectomy over breast-conserving surgery for personal reasons. Women at very high risk of getting a second cancer sometimes have a double mastectomy, the removal of both breasts (**Agarwal et al., 2014**).

Swelling or heaviness of the breast in the first few weeks after surgery, sometimes clear or pink-stained fluid can collect under the skin as a swelling (seroma). Women with mastectomy may also develop bruising, which will slowly fade, although sometimes a hard, tense bruise can form (haematoma). If either a seroma or a haematoma does develop, it can be uncomfortable and give Women with mastectomy a heavy feeling (**Smith et al., 2017**).

Coping pattern refers to the thoughts and actions individuals use to deal with a threatening situation. Coping pattern help women with mastectomy to maintain a positive self-concept and psychological and spiritual integrity. Expressing emotions gave positive relief for women with mastectomy (**Lautner et al., 2015**).

The role of community health nurse teach about wound care; instruct women with mastectomy signs of infection: fever, redness at surgical site or purulent drainage. Protect arm from injury and infection; Encourage women with mastectomy to verbalize feelings about effects of surgery on ability to perform roles. Encourage family (especially husband) to provide positive input (e.g., feelings of being loved and needed) **(Kummerow et al., 2015).**

Provide effective cancer-control services to the women with mastectomy and families they serve, they must be knowledgeable about the science and principles that guide the current understanding of cancer control. The community health nurse has an important role in helping the women with mastectomy learn or regain highly effective coping pattern **(Tung et al., 2016).**

Significant of the study:

In Egypt, as in many other parts of the world, breast cancer is the most common type of cancers: it accounts for approximately 38% of reported malignancies among Egyptian women (**Ibrahim & Nazmi, 2016**).

The incidence of breast cancer is steadily increasing with a tendency to occur in younger age groups and with advanced stages that majority of women undergo modified radical mastectomy. Surgical treatment of breast cancer is typically the first line of treatment for women suffering from breast cancer. 80% to 90% of breast cancers are operable (**Beare & Myers, 2016**).

Aim of the Study

To assess coping pattern of women after mastectomy through:

1. Assessing women' knowledge regarding breast cancer and mastectomy.
2. Assessing women' practices regarding mastectomy.
3. Assessing women' mastectomy regarding to their needs, and problems.

Research Questions:

1. What's the women' knowledge regarding breast cancer and mastectomy?
2. What's the women' reported practices regarding mastectomy?
3. Is there a relation between women' socio demographic with their coping pattern?
4. Is there relation between women' knowledge with their coping pattern?
5. Is there a relation between women' knowledge and practices with their coping pattern?
6. Is there a relation between women' practices with their coping pattern?

Part I: Women's Health

Women's health is the effect of gender on disease and health that encompasses a broad range of biological and psychosocial issues. The general practice management of women's health involves a holistic women centred approach to the physical, mental and emotional health of women, their families, and their relationships. Women's health needs to be understood in the context of their psychosocial and cultural environment. Women's general health and wellness There is credible information available to women not only on such problems as eating disorders, stress, alcoholism, addictions, and depression, but also on basic topics such as good nutrition, heart health, and exercise **(Biddlecom et al., 2015)**.

Often treated as simply women's reproductive health, many groups argue for a broader definition pertaining to the overall health of women, better expressed as "The health of women". These differences are further exacerbated in developing countries where women, whose health includes both their risks and experiences, are further disadvantaged. Although women in industrialized countries have narrowed the gender gap in life expectancy and now live longer than men, in many areas of health they experience earlier and more severe disease with poorer outcomes **(Blum et al., 2015)**.