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## BRANDS IN THE BODY AND THE SOUL: PERCEPTIONS ON NURSING ASSISTANCE TOMASTECTOMIZED PATIENTS

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### ABSTRACT

**Objective:** to identify the scientific evidence that the current literature shows about nursing care in the care of mastectomized patients. **Method:** This is an integrative review study with a qualitative approach and carried out by content and subject analysis. With the descriptors included in the VHL databases, respecting the inclusion and exclusion criteria, using 8 samples. **Results and Discussion:** After the election of the articles, the analysis of the samples was carried out, and afterwards the separation of the categories, are: Dimensions of care; Women's support network; and, Perception of the woman. **Final Considerations:** According to the literature, it has been identified that the patient undergoes several biopsychosocial challenges. This moment is marked by the readaptation that is troubled by the new image. The breast has a significant role in the self-esteem and femininity of the woman, the extirpation brings with it a weight that is surrounded by the fear of being rejected by the society, in this way it is necessary the commitment of the multiprofessional and interdisciplinary team to assist and carry out health education for both the patients and family members.

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### INTRODUCTION

Breast cancer is the most common type among women. Although not exclusive among women, due to the peculiarities of sex, it perceives an exponential difference and a high incidence between them, it is estimated that in 2014 57,120 new cases arose, being the most common cause of death by cancer in this group. Breast cancer has several forms of treatment including pharmacological ones that are characterized, for example, by chemotherapy, radiation therapy, and interventionists such as mastectomy (ALMEIDA NG, et al., 2016). Mastectomy is a type of surgery that

promotes the removal of the tumor in order to promote local control of the growth of malignant cells, and consequently causes mutilation in the breasts. Nevertheless, surgery has a negative impact on quality of life among those who have undergone mastectomy, since there is also a loss of body image, sexual life and changes in daily living habits (FARIA et al., 2016). For women, the breast plays an important role, whether for breastfeeding, or in the representation of sexuality and femininity. Facing the diagnosis of breast cancer has psychological, emotional and social implications for the woman, being sometimes linked to thoughts of death, since the treatment is associated with pain, suffering and in some cases,

extirpation (OLIVEIRA *et al.*, 2013). Observing this suffering that affects patients, it is understood that the participation of an interdisciplinary team is essential. Establishing bonds of trust with the patient is extremely important to improve clinical nursing care, thus promoting an enrichment of the care provided. (ALMEIDA *et al.*, 2016). It is relevant to understand the need for nurses to act in the face of the scientific and humanized care of these patients when facing this process, permeated with physical, emotional, social and spiritual meaning. Thus, the objective of the study is to identify the scientific evidence that the current literature brings about nursing care in the care of mastectomized patients. Given the above, the guiding question of this study is: What does the current literature bring about nursing care for mastectomized patients?

## METHODS

This study corresponds to an integrative literature review with a qualitative approach. For the search for journals, the databases of the Virtual Health Library (VHL) were used: Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF), Online Search and Analysis System of Medical Literature (MEDLINE) and Scientific Electronic Library Online (SciELO). The descriptors used to search the articles were: "Mastectomy", "Nursing Care", and "Women's Health", linked by the Boolean operator "AND", according to the classification of Health Sciences Descriptors (DeCS). As inclusion criteria, scientific articles published within the time limit of 05 years (2012 to 2017), fully available in Portuguese and English, were used and which answer the guiding question and reach the objective of the research. Exclusion criteria include repeated articles and literature review articles. In the initial search, 73 references were found, and when applying the inclusion criteria, 17 articles remained. Of this partial total, 9 were excluded because they did not meet the objectives proposed for this study. After refining with the exclusion criteria, 8 scientific articles remained to compose the sample, as described in Figure 1. There are several ways to analyze the data of a proposed research and one of them consists of content analysis, which describes the communication process, whether spoken or textual. This type of analysis makes it possible to overcome possible uncertainties arising from hypotheses, enriching the reading with an understanding of the meanings and needs to clarify the relationships through the statements (BARDIN L, 2011). A framework was developed by the researchers for a better understanding and exposure of the articles in the research sample. The table contains the year, the title of the articles, authors, journals, type of research, level of evidence and objectives of each journal. To verify the quality of the sample, the analysis by the Critical Appraisal Skills Program (CASP) Qualitative Checklist was used. The Checklist highlighted and synthesized relevant aspects of the results during the investigative reading, including also weaknesses found in the sample.

## DISCUSSION

**Dimensions of Care:** Caring is a way to help women and their families in coping with the difficulties they encounter from the discovery of the disease to the post-surgical period that will be traumatic, so it is important to provide care aimed not only at a cure, but also at improving quality of life. With regard to

cancer, an interaction based on ethics, mutual respect and a relationship of trust, involving affection, must be involved, helping these women to break paradigms in relation to the disease and to overcome the difficulties of the situation experienced (CARVALHO CMS, *et al.*, 2016). Care has several dimensions, among which are the physical, psychological, social and spiritual aspects. Thus, professionals who deal with mastectomized patients must provide expanded and qualified assistance, since women, when submitted to breast mutilation, need comprehensive and humanized care, taking into account the particularities of each woman (ALMEIDA NG, *et al.*, 2015). The care of the physical / biological dimension is very important for all human beings, in which, once affected, this aspect can trigger significant psychological consequences. In this moment of fragility, patients need important information such as care for the drain, movement of the injured limb, hygiene with the surgical scar, etc. This care is centered on its technical aspect (GOZZO TO, *et al.*, 2012).

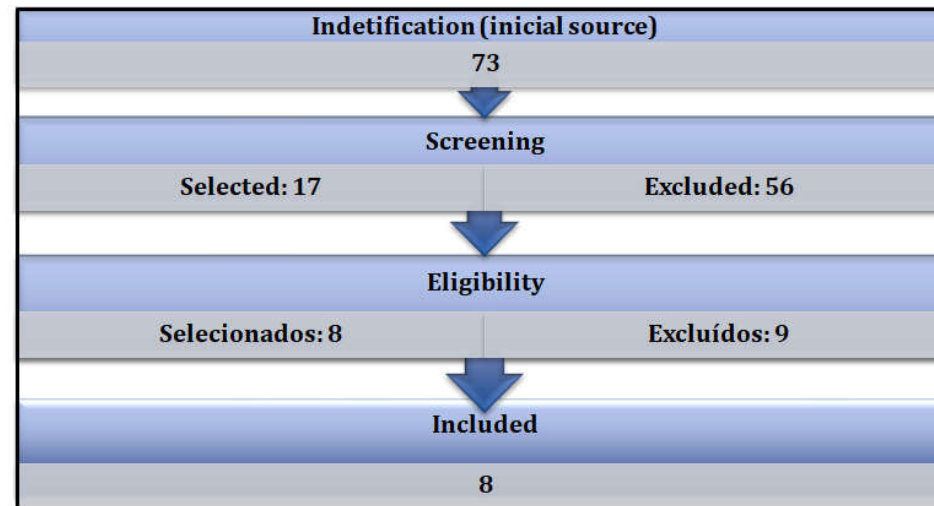
The professional when dealing with mastectomized patients must have a holistic look, focused not only on physical / biological care, but also emphasizing the importance of health education for the patient and her family, thus being able to provide information about the pathology, surgery, post-surgical, all dimensions of the meaning of mastectomy and the care that must be performed (LOPES MHBM, *et al.*, 2013). Ambrósio DCM and Santos MA (2015) reiterate that mastectomy causes changes in the routine of the whole family, significant changes occur where the restrictions caused by the surgery end up limiting this woman in her activities of daily living. Some patients better accept the condition of limiting home activities, because within the family context there is mobilization of cooperation and help. However, for other women, this physical restriction causes a negative regret, since the matriarchal role is not transferable. The diagnosis of breast cancer also has a psychological impact of great significance on the life of the woman and her family, this directly affects her lifestyle, considering that for the woman and society, the representativeness of the breast is related with femininity, with sexuality and motherhood (CARVALHO CMS, *et al.*, 2016).

The multidisciplinary team must deal with mastectomized patients so that they can act by giving pertinent attention to the psychological aspect, respecting the fears and anxieties faced by these women, thus being able to create a relationship of trust that will be able to offer full support and care in a humanized way, and therefore able to be assisted in all physical and psychological aspects (NASCIMENTO KTS, *et al.*, 2015). Silva LM *et al.* (2016) state that women experience a long journey that goes from denial to acceptance, generating a great psychological and emotional conflict, consequently causing an avalanche of fears, anxieties and insecurities regarding the disease and its paradigms. Experiencing breast cancer and its treatment brings a shock not only in the physical part, but also in the psychological aspect, the loss of the breast, the fear of death and even the loss of hair refer to the pain and suffering, and learn to deal with this phase is extremely necessary to favor recovery and a good prognosis. The social sphere is inseparable for the treatment of breast cancer, since these women are inserted in the social sphere and their roles are not canceled with the disease. Society's support provides a better prognosis for patients (CARVALHO CMS, *et al.*, 2016).

**Chart 1 - Articles according to title, authors, year of publication, journal, type of research, objective and evaluation of evidence. Brasília - DF, Brazil. 2020.**

Year	Title	Authors	Periodic	Research type	Critical appraisal skills programme	Evidence level	Objective
2016	Feelings of women diagnosed with breast cancer.	CARVALHO CMS, et al., 2016	Revista de enfermagem da UFPE	Exploratory, descriptive, qualitative study.	10	IV	Describe the feelings experienced by women diagnosed with breast cancer.
2016	Life trajectory of mastectomized women in the light of the collective subject's discourse.	SILVA MB, et al., 2016	Rev. De Pesquisa Cuidado é Fundamental	Exploratory-descriptive, qualitative study.	9	IV	Analyze the life trajectory of mastectomized women who are part of a self-help group.
2015	Feelings and sources of emotional support for women in preoperative mastectomy at a teaching hospital.	NASCIMENTO KTS, et al., 2015	Revista de enfermagem da UERJ	Descriptive research with a qualitative approach.	10	IV	Identify feelings regarding the diagnosis of cancer and mastectomy and sources of emotional support.
2015	Quality of life and nursing care in the perception of mastectomized women.	ALMEIDA NG, et al., 2015	Revista de enfermagem da UFSM	Qualitative, descriptive research.	10	IV	Describe the perception of mastectomized women about the nursing care received and their quality of life.
2015	Experience of young women with breast cancer and mastectomy.	ALMEIDA TG, et al., 2015	Rev. Escola Ana Nery de Enf	Qualitative phenomenological research	10	IV	Understand the experience of young women diagnosed with breast cancer and mastectomized.
2013	Nursing diagnosis in the post-operative period of mastectomy.	LOPES MHBM, et al., 2013	Rev. Escola Anna Nery de Enf	Descriptive and retrospective study.	10	IV	To verify the nursing diagnoses, with emphasis on the psychosocial and spiritual sphere, in the post-operative period of mastectomy in women.
2012	Information for the preparation of an educational manual for women with breast cancer.	GOZZO TO, et al., 2012	Rev. Escola Anna Nery de Enf	Prospective study.	10	III	Identify the information needed to prepare an educational manual to assist women in the preoperative period for the treatment of breast cancer.
2012	Meaning of family care for mastectomized women.	FERNANDES AFC, et al., 2012	Rev. Escola Anna Nery de Enf	Qualitative research.	10	IV	Understand the meaning of family care for mastectomized women.

Source: (NUNES KS, et al., 2020)



Source: (NUNES KS, et al., 2020)

**Figure 1. Graphical representation of the route for composing the final sample**

Farias LMA *et al.* (2015) confirms that due to the lack of knowledge about the pathology, cancer is seen as an overwhelming and deadly disease. Faced by many with prejudice (masked by piety) in view of the unpreparedness of society or social groups in which the affected woman is inserted, allied with the fragile moment that the same experiences, the carrier of the pathology ends up opting for a departure from social life. As a strategy for coping with the disease, the social integration of the patient is necessary and whenever possible, encouraged, such as support groups and self-help. Ambrósio DMC and Santos MA (2015) say that the importance of having support in all areas for women with breast cancer is fundamental, and society comes with an important means of support for readaptation and coping in this phase helping to minimize the repercussions arising from the diagnosis. Patients suffering from breast cancer can develop a depressive state for fear of death, where they often abandon treatment out of hopelessness. Believing that there is a greater force on which the patient can lean brings motivation to confront the pathology, thus, spirituality and faith are benevolent resources that bring hope and encouragement, providing a better coping for the treatment and its prognosis (ALMEIDA TG, *et al.*, 2015). In accordance with the above, Azevedo *et al.* (2016) confirms that spirituality provides hope to the mastectomized patient, giving strength, being an important foundation and providing motivation to face the entire pathological process. Soratto MT *et al.* (2016) reiterates that faith is a significant means to counter negative feelings, bearing in mind that when having hope, the patient usually feels capable of overcoming the adversities of the disease and treatment, thus providing a sense of well-being. Nurses are the direct caregivers of patients, they spend most of their time at the bedside and for this reason it is necessary that these professionals are prepared to guide these women in this new phase of life, investigating and discussing their difficulties with the client, respecting their education level, providing and preventing undesirable consequences in the post-surgery (LOPES MHBM, *et al.*, 2013).

**Support network for women:** In view of the difficulties encountered during the process of diagnosis and treatment of cancer, it is necessary and extremely important a basic source, a support where these women can follow more firmly. This support comes from family, friends, spirituality, that is, everything that is around the patient's routine (NASCIMENTO KTS, *et al.*, 2015). When faced with a diagnosis of breast cancer, she experiences moments of great fear and doubts, thus experiencing an extremely troubled and distressing phase where she needs to be protected and welcomed by those who compose her social network, so that they can stimulate her. It is in coping with the disease and consequently in the traumas that surround its treatment (CARVALHO CMS, *et al.*, 2016). Understanding the importance of family inclusion is necessary, and this support from the family can and should be seen as a form of treatment. When they feel cared for and supported by their relatives, these patients, even when faced with something that threatens life and their image, manage to have a better quality of life in addition to being able to deal more efficiently with feelings and emotions with regard to disease and its consequences (CARVALHO CMS, *et al.*, 2016). Regarding the support network in this phase of physical and emotional fragility, the family is one of the main pillars. When faced with an extremely overwhelming and exhausting disease, having family support is extremely powerful in all areas. The support regarding the disease brings comfort and hope, however, there

is also the issue of unpreparedness and lack of knowledge of these family members (ALMEIDA TG, *et al.*, 2015). The family, despite being a strong factor for coping with mastectomies, are people who are sometimes lay and unaware of the particularities of the disease, that is, they are unprepared to deal with this situation, and this brings numerous difficulties for family care, potentiating the idea of the patient's losses. This factor is a great indication that the strengthening of the need to educate the family for an important reason, so that these people can help them and promote a good prognosis (FERNANDES AFC, *et al.*, 2012). Religion is also seen as one of the main sources of support for these sick women because it provides greater confidence and empowerment so that suffering, pain and the mutilated image can be supported and overcome with greater will and less trauma. This confidence often exceeds those placed on health professionals, surgical and pharmacological treatments. The bond with faith provides a vigorous mentality with healing, which strengthens and encourages the encouragement of this difficult moment (CARVALHO CMS, *et al.*, 2016). Conde CR *et al.* (2016) corroborate that breast cancer is a pathology feared and feared by every woman, so being diagnosed brings innumerable dilemmas and fears with regard to continuing and facing the disease and its consequences, being extremely necessary a support network through the suffering and fear that surround the disease, spirituality comes with one of the main pillars for coping where they start to think about a future with hope in healing. Accordingly, Canieles IM *et al.* (2014) says that when facing breast cancer, women experience a long and painful process and this shakes their family structure, which seeks to cling to faith as a form of support, placing their hope not only in science, but also in depositing their fears and weaknesses in a greater being.

Another source of collaboration for treatment that is equally significant is the self-help groups, where women with the same adversity get together to prosper and thus express their feelings. The exchange of experiences and experienced situations favor an environment of mutual solidarity, where they can be exactly what they are, without judgments or tortuous and pious looks. These meetings are surrounded by an interaction that allows a more welcoming support, which contributes to a better quality of life and social integration (SILVA MB, *et al.*, 2016). According to Farias LMA *et al.*, (2015), in view of the pathological process, the importance of a support network is evidenced, since breast cancer and its treatment bring numerous physical and psychological complications and in this sense the participation of these women in these groups encourage them to cope and this exchange of experiences has great benefits for rehabilitation. The meetings with the group stimulate a relationship of trust not only with each other, but also with the multidisciplinary team that assists them, thus they can express feelings and emotions experienced in relation to the disease, its treatment and psychosocial and biological conflicts. For Almeida DR and Gonçalves (2015) creating a link encourages coping and provides encouragement and a change in lifestyle. Having a space to exchange experiences with people who live or have experienced the same situation enhances the confrontation with the disease in a mutual way. Negative and undesirable effects exist and countless times inevitable in this pathology. The professional nurse must provide humanized care / assistance that should be focused on actions that promote the least traumatic rehabilitation possible. Emotional support should be offered to the patient, which can be a simple gesture

such as offering a word of support until clarifying doubts or educating about the importance of self-care (ALMEIDA NG, *et al.*, 2016). The professionals involved in the healing and readaptation process are essential, since they are also educators. In addition, with a multiprofessional team, the treatment of these women is enriched, this is due to each professional contributing guidance, encouragement and encouragement with humanized practices. Those involved must act by supporting and encouraging the patient in all areas, uniting the patient and family to optimize the necessary support (NASCIMENTO KTS, *et al.*, 2015).

### Perception of Women

The diagnosis of this disease brings great regret to the lives of those affected. This disease causes fear of death and mastectomy, the latter is well feared due to the physical aspect, that once the breast is removed, the woman is outside the standards of beauty defined by society. When experiencing the pathology, the woman goes through a long process from diagnosis to treatment. The way in which each patient faces this moment is very particular (ALMEIDA TG, *et al.*, 2015). After feelings like fear, distress and nervousness caused by the disease, reorganizing yourself mentally, physically and emotionally after surgery is not an easy task for any woman, where her role as mother, wife, provider and worker is affected, what remains is to rise again using the means of acceptance and the inner strength to be able to proceed and be a victor. In the midst of a stressful process, redefining relationships is important and for many religiosity and spirituality are intensified (SILVA MB, *et al.*, 2016). Self-image is something very significant in people's lives, and having this mutilated body image causes negative feelings, in addition to hair and breast loss, there may still be changes in diet, weight loss, lack of appetite, and these consequent symptoms of treatment only reinforce this low self-esteem that the pathology brings. The acceptance of a new image in front of the mirror and before society is not always easy, however, it needs to be worked on with them and their families so that these damages come to be seen as means for the much sought after cure. That is, these women need to see these physical defects as a bridge that connects the bad moment from diagnosis to post-treatment (ALMEIDA TG, *et al.*, 2015). Mastectomy with regard to sexuality brings feelings of fear and uncertainty to the woman who lives in a society where appearance and appreciation for body image are exorbitant and exacerbated. When being forced to do and perform the mastectomy, she feels incomplete, damaged. There are cases in which the husband leaves his wife out of ignorance in not accepting the physical and emotional conditions that this woman presents, or in other cases the woman herself distances herself and leaves the sexual life out of shame and not accepting her own body and physical appearance, it is evident then that the family structure and support are able to bring comfort and help in the emotional and psychological strengthening for good resilience (NASCIMENTO KTS, *et al.*, 2015). For both women and society, hair and breast are physical characteristics considered important beauty standards. This relevance is intensified since their physique is part of how they see themselves, their femininity and sexuality. Due to alopecia and breast removal, the self-image of the woman affected by breast cancer can be seriously influenced, bringing feelings of deep sadness and difficulties to overcome, being an extensive journey until its acceptance (ALMEIDA TG, *et al.*, 2015).

### Final Considerations

According to the current literature, we identified that mastectomized women go through several biopsychosocial challenges to overcome this phase of life, this moment is marked by the readaptation that is troubled due to the new image of an extirpated woman who breaks standards of beauty imposed by society, and post-surgical limitations that influence the daily lives of these women. During this process, greater commitment from the entire multidisciplinary and interdisciplinary team is necessary to be able to assist and carry out health education for both patients and their families. Even with all the difficulties in adapting, the family, society, support groups and faith are the main pillars to help the patient to overcome her prognosis and reach full fulfillment.

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