European Journal of Oncology Nursing 28 (2017) 77–85

Contents lists available at ScienceDirect

European Journal of Oncology Nursing

journal homepage: www.elsevier.com/locate/ejon

The process of accepting breast cancer among Chinese women: A grounded theory study

Shuang-Qin Chen, RN. MSN. [a], Jun-E. Liu, RN, PhD. [a, *], Zhi Li, RN. MSN. [a], Ya-Li Su, RN. [b]

[a] School of Nursing, Capital Medical University, You An Men, Beijing 100069, PR China
[b] Breast Department of General Surgery, Tiantan Hospital Affiliated to Capital Medical University, You An Men, Beijing 100069, PR China

ARTICLE INFO

Article history:
Received 7 October 2015
Received in revised form
26 February 2017
Accepted 18 March 2017

Keywords:
Breast cancer
The process of acceptance
Grounded theory

ABSTRACT

Purpose: To describe the process by which Chinese women accept living with breast cancer.
Methods: Individual interviews were conducted with 18 Chinese women who completed breast cancer treatment. Data were collected from September 2014 to January 2015 at a large tertiary teaching hospital in Beijing, China. In this grounded theory study, data were analyzed using constant comparative and coding analysis methods.
Results: In order to explain the process of accepting having breast cancer among women in China through the grounded theory study, a model that includes 5 axial categories was developed. Cognitive reconstruction emerged as the core category. The extent to which the women with breast cancer accepted having the disease was found to increase with the treatment stage and as their treatment stage progressed with time. The accepting process included five stages: non-acceptance, passive acceptance, willingness to accept, behavioral acceptance, and transcendence of acceptance.
Conclusions: Our study using grounded theory study develops a model describing the process by which women accept having breast cancer. The model provides some intervention opportunities at every point of the process.

1. Introduction

Breast cancer is one of the most common cancers in China with more than 1.6 million women are being diagnosed every year which accounts for 12.2% of all newly diagnosed cases worldwide (Fan et al., 2014). Although, breast cancer diagnosis and treatment have improved in recent years, the survival time of patients with breast cancer continues to increase. In the US, the five-year age-standardized relative survival (ASRS) for in situ and early invasive breast cancer carcinoma was 99%, whereas the ASRS for breast cancer localized lymphatic metastasis was 84%, and the total 10 and 15 years of survival rate reached 82% and 77%, respectively (American Cancer Society, 2012). In China, ASRS for breast cancer was ranging from 76% to 82% (Rengaswamy et al., 2010). Thus, the rehabilitation of women who survive breast cancer is receiving increasing attention.

Women with breast cancer are confronted with the side effects that come with diagnosis and treatment as well as the fear of other possible consequences that may develop secondary to cancer and of its possible recurrence (Coward and Kahn, 2004; Draper, 2006). Moreover, mastectomy patients are confronted with precipitous psychological and social changes and stresses following breast removal. To handle the changes and pressures, women must rely on their coping mechanisms (Livneh, 2000). Several studies have demonstrated that acceptance is one of the most frequently used coping strategies of cancer survivors and is highly associated with psychological well-being (Carver et al., 1993; Stanton et al., 2002; Elsheshtawy et al., 2014).

1.1. Definitions and ways of acceptance

Acceptance, particularly psychological acceptance, is a multi-faceted concept that has been defined in various ways (Lauwerier et al., 2015). Based on literature research as well as qualitative research, Dai (2013) suggested that acceptance is a developing process that carries emotional and behavioral responses and has both passive and positive states.

The definition of breast cancer acceptance has been influenced

* Corresponding author.
E-mail addresses: chensq99@126.com (S.-Q. Chen), liujune66@163.com (J.-E. Liu), lizhi9523@126.com (Z. Li), chbjlion@163.com (Y.-L. Su).

http://dx.doi.org/10.1016/j.ejon.2017.03.005
1462-3889/

by the views of Carver who along with colleagues (Carver et al., 1993) investigated the coping responses and distress levels of breast cancer patients; they demonstrated acceptance to be one of the most common types of coping reactions and that it can prospectively predict lower distress. Based on this view, other researchers began to derive definitions of breast cancer acceptance. Horgan et al. (2011) suggested that acceptance of breast cancer involves a condition of recognition and awareness by patients that they were indeed diagnosed with and are living with this disease (Horgan et al., 2011). Elsheshtawy defined acceptance as "compliance with the reality of a stressful situation, learning to live with it, accepting its implications and its irreversible course" (Elsheshtawy et al., 2014). However, these authors only described passive acceptance of breast cancer and did not consider acceptance as a process nor reflected on the positive aspects of acceptance (Dai, 2013). In this study, acceptance of breast cancer by patients includes the following components: being aware of the irreversible nature of breast cancer and that they will live with this disease; gradually confronting the stress and impacts of the breast cancer while struggling with the disease; and adapting to the disease and dealing with its adverse consequences.

Some researchers have suggested that acceptance of breast cancer occurs in a variety of ways. Taleghani et al. (2006) suggested that accepting having breast cancer is one of the coping strategies in newly diagnosed Iranian women. Active and passive forms of acceptance to the disease were observed. Active acceptance was found to involve patients fighting breast cancer actively with motivations such as love of their children, and being patient and willing to tolerate the disease. Whereas passive acceptance of the disease was found to occur when the women are trying to be satisfied with their present condition and to think perhaps that something worse could have happened. Hack and Degner (2004) found that women who passively accepted the disease were at significant risk of poor long-term psychological adjustment. The authors pointed out that passive/resigned acceptance is distinct from active acceptance, with the latter form addressing an acknowledgment and recognition condition by the patient to the disease without tapping into the experience of losing control or being hopeless or helpless; such acceptance may help the patient to psychologically adapt to his cancer diagnosis. Passive acceptance by the patient may lead to inadequate adaptation to the difficulties associated with cancer diagnosis.

1.2. Acceptance of breast cancer by women

Acceptance as a salient aspect of the psychological well-being of breast cancer survivors has potential clinical implications. Using a longitudinal design, Stanton and colleagues (Stanton et al., 2002) tested 70 women with breast cancer for their ability to apply situation-specific coping strategies and whether keeping up a stable hopeful attitude would predict how well they adjusted; these women were studied from soon after diagnosis through the first year. Acceptance as one coping strategy was measured using the acceptance subscale of the COPE, a 60-item inventory. The results revealed that acceptance is the most frequent coping approach endorsed by cancer patients. In fact, active acceptance at diagnosis predicted a positive adjustment with time. Moreover, Taleghani interviewed 19 Iranian women that were newly diagnosed with breast cancer to explore how they were able to cope with their new diagnosis. The main observation of this qualitative study was their acceptance of having the disease (Taleghani et al., 2006). Roussi et al. (2007) investigated the coping efforts and levels of distress of 72 Greek women soon after being diagnosed with breast cancer, on the day before surgery, three days after surgery, and three months later. Acceptance as one of the coping strategies was measured using the acceptance subscale of the COPE (in particular, 30 items of the COPE). Acceptance was observed here to be negatively related to distress at all three time points (Roussi et al., 2007). Using a ground theory study, Horgan and colleagues explored the process by which 20 patients with breast cancer underwent positive psychological changes following their diagnosis; in this study, the acceptance by the women of having breast cancer appeared to be a prerequisite for their ability to effectively manage their illness (Horgan et al., 2011). Elsheshtawy et al. (2014) carried out a cross-sectional study to explore the strategies used by female patients with breast cancer to cope with stress. The study included 56 such patients diagnosed with operable breast cancer, and the study was carried out before surgery. Acceptance as one of the coping dimensions was measured using the Brief COPE scale. Acceptance was found to be one of the helpful coping strategies that a large proportion of the patients used (Elsheshtawy et al., 2014). In a previous clinical trial, self-presentation themes were categorized in 97 breast cancer patients at their first consultation. Acceptance-based coping was found to be one theme of coping psychologically with the disease and predicted less psychological distress and depression (Jensen et al., 2014).

Acceptance as a helpful coping mechanism for women diagnosed with breast cancer has been emphasized by many researchers. However, these previous studies did not provide an in-depth understanding of acceptance of this disease, and the process by which such acceptance occurs thus remains poorly understood. In the current study, we aimed to explore the process of accepting having breast cancer for female breast cancer patients.

2. Methods

2.1. Aim

The aim of this study was to explore the process by which women in China accept having breast cancer.

2.2. Design

A grounded theory study design was used, with individual semi-structured interviews as the tool for collecting data.

2.3. Participants

The 18 Chinese women recruited for the study met the following criteria: (1) patients were at least 18 years of age, (2) patients were diagnosed definitively with breast cancer by a histopathological examination, (3) patients had undergone breast cancer surgery, (4) patients had completed treatment and were less than 5 years since diagnosis, and (5) patients had no history of mental disorders.

Women who had received breast cancer treatment and who were attending routine follow-up appointments and met the inclusion criteria were asked by the attending physician or the ward head-nurse whether they would agree to participate in this research. Women who indicated interest were introduced to the researcher. Nonetheless, in order to develop better concepts and clarify the properties and dimensions (Khankeh et al., 2015), the research team selected patients based on theoretical sampling (a strategy to develop a substantive theory that rely on the emergence and then saturation of concepts, categories, and subcategories (Corbin and Strauss, 1990)). The sample size was determined by theoretical data saturation.