



Contents lists available at ScienceDirect

## European Journal of Oncology Nursing

journal homepage: [www.elsevier.com/locate/ejon](http://www.elsevier.com/locate/ejon)

# “I just have to move on”: Women's coping experiences and reflections following their first year after primary breast cancer surgery

Sigrunn Drageset <sup>a, b, \*</sup>, Torill Christine Lindstrøm <sup>c</sup>, Kjell Underlid <sup>d</sup>

<sup>a</sup> Faculty of Health and Social Sciences, Bergen University College, Inndalsveien 28, N-5063 Bergen, Norway

<sup>b</sup> Betanien University College, Vestlundveien 19, N-5145 Fyllingsdalen, Norway

<sup>c</sup> Faculty of Psychology, University of Bergen, Christies gt. 12, N-5020 Bergen, Norway

<sup>d</sup> Faculty of Health and Social Sciences, Bergen University College, Møllendalsveien 6, N-5009 Bergen, Norway

## ARTICLE INFO

## Article history:

Received 18 April 2015

Received in revised form

14 October 2015

Accepted 15 October 2015

## Keywords:

Breast cancer

Coping

Post-surgery

Healthcare professionals

Qualitative research

Interviews

Follow-up

## ABSTRACT

**Purpose:** The purpose of this qualitative follow-up study was to describe women's individual coping experiences and reflections following their first year after primary breast cancer surgery.

**Methods:** Using a qualitative descriptive design, we collected data through individual interviews with ten women at a Norwegian university hospital between August 2007 and April 2008. We employed Kvale's method of qualitative meaning condensation analysis.

**Results:** Themes identified were: existential concerns and finding meaning, ways of thinking and feeling about the disease, taking action, and returning to normal life. Most women experienced an increased appreciation of life and greater confidence in themselves, were more caring and compassionate towards others, and focused more on their life priorities. Their family and close relationships became more important. They accepted their situation and made the best of it. Positive thinking, physical activity, self-care, nature, hobbies and work helped. Generally, they were optimistic despite a fear of cancer recurrence and uncertainty about their future. The women wanted to return to a “normal” and healthy life by distancing themselves from both the cancer environment and information about cancer.

**Conclusion:** Uncertainty and anxiety about a potential future cancer relapse was a major undercurrent one year following surgery. Our findings emphasize the richness in these women's coping strategies, their different coping profiles and different needs, as well as some general adaptive strategies, which all fluctuated over time. Not all managed to cope equally well. Through awareness of these women's individual experiences and coping strategies, healthcare professionals can enhance these women's coping endeavours.

© 2015 Published by Elsevier Ltd.

## 1. Introduction

The estimated incidence of breast cancer worldwide is 1.7 million yearly and the five-year prevalence is 6.2 million. Both are increasing (World Health Organization, 2015). Considering the large number affected and that studies have reported that the women's coping is a crucial factor across the breast cancer trajectory (Silva et al., 2012; Stefanic et al., 2015), exploring the coping strategies adopted by these women is important.

Post-surgery, women with breast cancer must cope with both

physical and emotional reactions to the disease and its treatment (Ho et al., 2013; Hofso et al., 2013). Common emotional reactions recorded are: uncertainty (Garofalo et al., 2009; Hagen et al., 2014), anxiety and depression (Ho et al., 2013; Lewis et al., 2015; Saboonchi et al., 2014), and fear of recurrence (Kvale et al., 2015; Melchior et al., 2013). Women who had been diagnosed with breast cancer for a year reported greater uncertainty than those newly diagnosed (Hagen et al., 2014). These emotional reactions are often severe, and persist beyond completion of treatment (Jarrett et al., 2013; Saboonchi et al., 2014).

Coping strategies are commonly classified as “appraisal-focused coping”, “problem-focused coping”, and “emotion-focused coping” (Lazarus, 1999). People use these strategies to varying degrees depending on the type of stressor, personal factors and the context.

Several ways of coping are identified related to breast cancer

\* Corresponding author. Faculty of Health and Social Sciences, Bergen University College, Inndalsveien 28, N-5063 Bergen, Norway.

E-mail addresses: [sigrunn.drageset@hib.no](mailto:sigrunn.drageset@hib.no) (S. Drageset), [torill.lindstrom@psysp.uib.no](mailto:torill.lindstrom@psysp.uib.no) (T.C. Lindstrøm), [kjell.underlid@hib.no](mailto:kjell.underlid@hib.no) (K. Underlid).

(Al-Azri et al., 2013; Drageset et al., 2010; Kvillemo and Branstrom, 2014; Rotegard et al., 2012; Stefanic et al., 2015). Coping in response to breast cancer varies over time and across situations during the first year post-surgery (Geyer et al., 2015; Wang et al., 2014). According to Hervatin et al. (2012), emotional coping responses remained stable shortly after breast cancer surgery and 12 months later while cognitive coping showed considerable variability, primarily influenced by environmental factors. Problem-focused coping, particularly personal control, has been reported to correlate with lower distress, better adjustment to breast cancer and better physical function immediately post-surgery. One year later, problem-focused coping was associated with less distress but not with better adaptation to breast cancer or physical functioning (Heppner et al., 2009). Emotional-coping efforts of disengagement, denial, self-blame and helplessness/hopelessness correlate with increased distress and depression during and after treatment (Alcalar et al., 2012; Bussell and Naus, 2010). Disengagement forms of coping seem to be more maladaptive for women undergoing treatment for breast cancer than for women not treated (Kvillemo and Branstrom, 2014). Studies show that during and after breast-cancer treatment, a fighting spirit and acceptance correlate with lower depression and distress (Alcalar et al., 2012; Jensen et al., 2014), while acceptance and a positive reappraisal correlate with increased well-being and health (Kvillemo and Branstrom, 2014). Over time, a strong desire for control at four and eight months post-diagnosis was found to increase the likelihood of recurrence 20 years later (Astin et al., 2013). Problems with sleep deprivation, appetite disruptions and an inability to adequately use available medical care systems after diagnosis in depressed and helpless patients were related to increased risk of death and cancer recurrence five to ten years later (Watson et al., 2012).

How women cope with diagnosis and treatment impact on both their immediate emotional distress and well-being (Heppner et al., 2009; Kvillemo and Branstrom, 2014), and their long-term adjustment (Astin et al., 2013; Watson et al., 2012). Coping strategies vary both between women and over time post-surgery (Geyer et al., 2015; Hervatin et al., 2012). In contrast to quantitative research that focus on coping strategies, this study provides useful information about women's post-surgery perspectives regarding individual coping experiences and reflections. Such information on a detailed, subjective level is important if we are to facilitate psychological well-being across the cancer trajectory. The purpose of this follow-up study was to describe women's individual coping experiences and reflections following their first year after primary breast cancer surgery. To our knowledge no studies have been done with a similar aim and design.

## 2. Methods

A qualitative descriptive design was employed with data collected through individual interviews between August 2007 and April 2008. The participants could choose where to be interviewed; all chose the hospital setting. All interviews took place in a meeting room at the hospital at the time of the regular one-year follow-up examinations. The interviews lasted from 54 to 100 min. Based on our previous research (Drageset et al., 2011, 2012, 2010), we chose a semi-structured interview with four fixed questions: "How have you experienced the first year after surgery?", "How have you coped during this year after surgery?", "What gives you strength to move on?", "What are your thoughts about the future?" These questions were probed further. Non-verbal communication and the interview atmosphere were recorded immediately after each interview.

### 2.1. Recruitment and sample

Twenty-one women who had participated in our previous studies and had undergone primary breast cancer surgery at a Norwegian university hospital were invited to this follow-up study, 12 months post-surgery. Ten agreed to participate. For ethical reasons we had no access to information about those who declined, or the option to increase our sample by recruiting other women with breast cancer in similar situations. A good saturation was attained from these ten interviews, because the participants were open and reflective. All were Caucasian, had similar cultural backgrounds and came from one geographical area. Participants' ages ranged from 48 to 68 (mean: 56.8). Eight were married or cohabiting and two were divorced. Eight women lived with somebody (spouse/partner/children); nine had children. Four had completed lower secondary school education, three had completed upper secondary school and three held academic degrees. Eight were in full-time or part-time employment and two were retired. Three were on partial sick-leave. Stages of the disease at diagnosis were I–II. Of the ten participants, seven had undergone unilateral mastectomy, three lumpectomy, four both chemotherapy and radiotherapy, three radiotherapy and five were on hormonal therapy. Every participant's surgery was completed one year before the interviews, except reconstructive surgery. All participants had been invited to join a nurse-led support group at the hospital around the end of their treatment, in which six had participated.

### 2.2. Data analysis

The method of qualitative meaning condensation analysis was used (Kvale and Brinkmann, 2015). This form of qualitative content analysis, used to identify prominent themes and patterns among themes, is much used in health research and well-founded within phenomenology (Kvale and Brinkmann, 2015). The interviews were analysed in three steps: self-understanding, common-sense understanding and theoretical understanding. In step one, the transcribed interviews were read to acquire a sense of the whole. Meaning units were identified. Self-understanding emerged as the researchers condensed the women's statements according to the researchers' understanding. The second step involved re-reading the transcripts while focusing on the content of the meaningful units. Interpretations were discussed in order to achieve a common-sense understanding. The researchers searched for patterns and variations in the women's experiences. Kvale's first and second steps are integrated in "Findings". The third step, theoretical understanding, implied uncovering a deeper comprehension, where the relationships between the whole and the parts became clearer. That is found in "Discussion". The themes are discussed in light of Lazarus' (1999) theory of coping and other relevant theoretical concepts and research.

Guidelines were used to ensure trustworthiness (Kvale and Brinkmann, 2015). The interviews were conducted, audio-taped and transcribed verbatim by the first author. After each interview memos were written containing ideas and reflections for analysis. Data were analysed independently. To ensure consistency, the authors were continually in dialogue regarding the three steps of analysis. The meaningful units were discussed, and we assessed whether the intended focus was covered. Representative quotations from the transcribed text served as a reminder of the women's voices in relation to each theme.

### 2.3. Ethical considerations

The Regional Committee for Medical Research Ethics approved this study. The participants signed a consent and confidentiality

Download English Version:

<https://daneshyari.com/en/article/5868406>

Download Persian Version:

<https://daneshyari.com/article/5868406>

[Daneshyari.com](https://daneshyari.com)