



The stressors and vulnerabilities of young single childless women with breast cancer: A qualitative study



Roslyn Corney^a, Shuby Puthussery^{b,*}, Jane Swinglehurst^a

^a Department of Psychology, Faculty of Education and Health, University of Greenwich, Bronte Hall, Southwood Campus, Avery Hill Road, London SE9 2UG, UK

^b Department of Clinical Education and Leadership & Institute for Health Research, University of Bedfordshire, Putteridge Bury – Rm. 32, Hitchin Road, Luton, Bedfordshire LU2 8LE, UK

A B S T R A C T

Keywords:

Breast cancer
Fertility
Single women
Childless women
Vulnerabilities
Stressors

Purpose of the research: Marital or partnership status is seldom investigated as a primary contributing factor to women's wellbeing after a diagnosis of breast cancer. It has been suggested, however, that single childless women with breast cancer may face unique stressors. This paper explores the stressors and vulnerabilities of young single childless women with a first episode of breast cancer.

Methods and sample: A qualitative descriptive method was used. As part of a larger study examining fertility concerns of young childless women with first episode of breast cancer, in-depth semi-structured interviews were conducted with 10 single women. Recorded interviews were analysed using the framework approach.

Key results: Findings cover three main themes: partnership worries; fertility concerns; and views about emotional and practical support received. Partnership worries included concerns about having to undergo treatment without a partner to support them; the fear of rejection by potential partners; and feelings about the precious time lost in diagnosis and treatment. Fertility concerns included dilemmas about having children and feelings about the options of pursuing Assisted Reproductive Techniques. Views about the emotional and practical support received included the overall support received as well as perceptions about the attitudes of health professionals towards fertility issues.

Conclusions: Findings indicate that single childless women with breast cancer face additional vulnerabilities and may benefit from tailored support from health care professionals and interventions specifically targeted at them.

© 2013 Elsevier Ltd. All rights reserved.

Introduction

The diagnosis and treatment of breast cancer can be a distressing experience for any individual. Studies have documented various adverse psychological and social consequences of breast cancer diagnosis including depression (Burgess et al., 2005), distress (Simonton and Sherman, 1998), stigma (Harmer, 2006) and fear of death (Spencer et al., 1999). The treatment aspect of breast cancer elicits concerns regarding body image and sexuality (Pelusi, 2006; Kinamore, 2008). Younger women diagnosed with breast cancer tend to have a more negative experience, and are at greater risk of distress, fatigue, and sexual dysfunction than older women with the disease (Bloom et al., 2004; Coyne and Borbasi, 2006; Peate et al., 2009).

Marital or partnership status is seldom investigated as a primary contributing socio demographic factor to women's well being after a diagnosis of breast cancer. It has been widely acknowledged, however, that one of the most important factors in adjustment to cancer is the familial and social context, especially as experienced through close interpersonal relationships (Rodin et al., 2007). Support from partner is one of the factors considered extremely important for survival and quality of life after diagnosis of breast cancer (Carlsson and Hamrin, 1994).

It has been suggested that many unmarried women will worry about their ability to attract a partner as treatments such as chemotherapy, radiotherapy and adjuvant therapy come with adverse side effects such as hair loss, infertility, nausea, vomiting, fatigue, weight gain/loss and menopausal symptoms (Budín, 1998; Gluhoski et al., 1997). For instance, in their qualitative study of 16 unmarried women with breast cancer conducted in the US, Gluhoski et al. (1997) found five principal stressors among unmarried survivors including pessimism about future partner relationships;

* Corresponding author. Tel.: +44 7835 738992; fax: +44 1582 743918.
E-mail address: shuby.puthussery@beds.ac.uk (S. Puthussery).

concerns over disclosing their illness; worries over the pain of rejection; negative body image and impaired sexuality; and a sense of isolation and inadequate support. Such concerns have been reported by other studies as well (Schover, 1994; Harmer, 2006). While loss of fertility is a common concern to young women with breast cancer (Thewes et al., 2003; Spencer et al., 1999; Partridge et al., 2004), single childless women may be particularly vulnerable to worries about future parenthood. There is some evidence, however, about better psychological outcomes of single women with breast cancer compared with those who are married, indicating that some married women tend to experience difficulties with their partnership and the help received (Pistrang and Barker, 1995).

To summarise, while few studies have examined concerns of unmarried women with breast cancer, they tended to be broad in scope, and have included both women with children as well as those without. This paper focuses on the stressors and vulnerabilities faced by young single childless women who were diagnosed with a first episode of breast cancer. It extends the existing evidence by focussing exclusively on unmarried childless women in the UK where very few studies of this nature have been conducted.

Methods and participants

The data presented in this paper are derived from in-depth, semi-structured interviews conducted with 10 single, childless women as part of a bigger qualitative study on the impact of fertility concerns on young women with first episode of breast cancer. This method was chosen in order to create a 'space' in which respondents were able to express their lived experiences and perspectives in detail given the sensitivities around the issue. Ethical approval was obtained from the National Health Service (NHS) ethics committee, and participants were recruited through a number of charities, support groups, Internet forums such as Macmillan, and contacts through the authors' institutions.

As Table 1 shows, the women's ages at diagnosis ranged from 27 to 41 years and their ages at interview ranged from 30 to 44 years. The time since diagnosis varied considerably, with two women having had their diagnosis eight months ago (the minimum requirement by the ethics committee was six months from diagnosis) and four were diagnosed one year ago. The longest reported time span since diagnosis was five years. Two women who did not have a partner at the time of diagnosis reported having a partner at the time of the interview. Participants were either British born (8) or had been resident in the UK for some time (2).

The women's treatments varied considerably. All the women had undergone surgery, eight had had chemotherapy and eight had taken or were taking long-term hormonal therapy. Three participants had pursued an Assisted Reproductive Technique (ART) prior to chemotherapy with the aim of the cryopreservation of embryos or oocytes. Two had oocytes and one was advised to have embryos

cryopreserved (Table 1). The latter successfully organised fertilization from an anonymous donor.

At the initial contact, respondents were given information about the study, about the length of the interview and the scope of questions. Informed consent was taken before the start of the interview. Using a flexible topic guide, women were asked to tell their story from first symptoms of illness to the present day. The interviewer made detailed probes around issues surrounding fertility, current partnership, and views about having children. The women were also specifically asked about the information that had been given to them about these issues, and whether they had been offered the opportunity to pursue fertility preservation. Single women were asked about their experiences and perspectives about the impact of the illness on current partnerships (if any), on potential partnerships in future, and their views about having a family. If they expressed concerns or worries, these were probed in more detail. The duration of the interviews ranged from 35 min to two hours. Most of the interviews were conducted in the home of the women, or in a convenient setting free from interruptions and where privacy was ensured. The interviews were conducted in a supportive manner in order to reduce the possibility of distress. Participants were given the opportunity to take a break, and were informed that they did not have to answer any specific questions that they did not feel comfortable with, and could terminate the interview early if they chose to do so.

All the interviews were tape-recorded digitally with permission from the participants, and then transcribed using pseudonyms. The analysis was based on framework approach developed by Braun and Clarke (2006). Initially, a set of within-case codes was developed for each participant. Each code was based on a meaningful segment of the transcript relating to the research questions and/or was salient for the particular case. The codes were grouped into sub-themes and then categorised into themes. The analysis was done manually first and then using the software NVivo for qualitative research. Three main themes are presented below as the predominant vulnerabilities expressed and experienced by single childless women.

Ethical approval

This study was approved by the National Research Ethics Service (NHS) 11/LO/0867. Informed consent was taken prior to the interview.

Findings

Worries over partnership issues

No partner to support them through treatment

Single women's accounts reflected explicit perceptions of vulnerability and concerns about having to undergo treatment without a partner to support them emotionally and practically.

Table 1
Details of participants.

Pseudonym	Age at diagnosis	Time since diagnosis	Partner now	Chemotherapy	Long-term hormone therapy	ARTs* (no. collected)
Joanne	27	3 years	Yes	Yes	Yes	-
Rachel	29	5 years	No	No	Yes	-
Chrissie	30	15 months	Yes	Yes	Yes	Embryos (11)
Amy	30	1 year	No	Yes	Yes	-
Linda	31	1 year	No	Yes	No	Oocytes (18)
Stella	32	1 year	No	Yes	Yes	-
Natasha	33	1 year	No	Yes	No	-
Tessa	37	8 months	No	Yes	Yes	Oocytes (3)
Tanya	38	8 months	No	No	Yes	-
Anthea	41	3 years	No	Yes	Yes	-

*ARTs undertaken prior to chemotherapy.

Download English Version:

<https://daneshyari.com/en/article/5868739>

Download Persian Version:

<https://daneshyari.com/article/5868739>

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