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Impact of a Designed Supportive Nursing Program Regarding Psychosocial and Physical Complications among Post Mastectomy Women

[1]Furat Hussein Mahmoud, [2]Baghdad Hussein Mahmoud, [3]Entesar Fatouh A. Elmonem

[1,2]Lecturers in Medical Surgical nursing department, Faculty of Nursing, Helwan university, Cairo, Egypt
[3]Professor in Maternity and new born nursing department, Faculty of Nursing, Helwan university, Cairo, Egypt
E-mail of corresponding author (Furat Hussein) furat _hu@hotmail.com

Abstract: **Breast cancer is the most common in female worldwide, which cause the highest death rate among female cancer patients. Breast cancer not only involves many aspects of individual health and quality of life but also impresses family health and social life. Aim: determine the impact of a designed supportive nursing program regarding psychosocial and physical complications among post mastectomy women. Design: quasi-experimental design was used. Setting: The study was conducted at the National Cancer Institute in Cairo, Egypt. Sampling: A convenient sample of 50 adult females was used for conduction of this study. Tools: the Data was collected by using four tools, structured interview questionnaire, Pre/ post/ follow up psychosocial and health changes questionnaire, Health survey short form-36(SF-36). and finally body image scale. Results: clarified that the supportive nursing program had a highly significant effect on decreasing the psychosocial and physical complications after mastectomy. Conclusion: in the light of the present study findings, it can be concluded that there was a positive effect of the designed supportive nursing program on improvement of the psychosocial and physical complications that encounter the women after mastectomy. Recommendations: The present study recommended that, replicate the programs that increase confidence and improve body image of women after mastectomy, include the husbands in this programs to help their wives to cope and adjust and establish a nursing training courses to guide them to help patients and their caregivers to acquire knowledge and skills of self-care.**

Keywords: **Mastectomy, Psychosocial & physical complications, Supportive nursing program.**

1. INTRODUCTION

Breast cancer is a disease where cells in the breast tissue divide and grow without normal controls. The cells can invade and damage normal tissue. It can start in any part of the breast. Breast cancer is the second leading cause of death in women next to lung cancer. One out of nine women in the US will develop breast cancer in their lifetime **(American cancer society,2016).**

Breast cancer is typically detected either during a screening examination, before symptoms have developed, or after a woman notices a lump. Most masses seen on a mammogram and most breast lumps turn out to be benign; that is, they are not cancerous, do not grow uncontrollably or spread, and are not life-threatening **(American cancer society, 2012).** When cancer is suspected, microscopic analysis of breast tissue is necessary for a definitive diagnosis and to determine the extent of spread (in situ or invasive) also characterize the type of the disease **(Oeffinger, Fontham& Etzioni, et al, 2015).**

The breast is associated with attractiveness, sexuality, femininity, identity, motherhood and nurturance. The loss of a breast can therefore adversely impact on body image, feelings of femininity, sexuality and sense of self **(Manderson and Stirling, 2007; Falk Dahl et al, 2010).** Mastectomy often affects body- and self-image negatively; many women are convinced that it will lead to substantial decrease in sexual desirability. Their fear of revulsion or rejection motivates some of them to avoid showing their scar to their partner, to be extremely sensitive about their partner's initial response to their body after the surgery, or to stop engaging in sex at all **(Luciana, Patricia, and David Spiegel,2014).**

Psychosocial support is commonly defined as support offered by friends, family, or clinical professionals to someone who is experiencing stress. Anxiety and depression are the most common manifestations of women who report having persistent psychological distress following the diagnosis of breast cancer and undergoing treatment**(Schmid-Büchi, et al, 2011).**

Anxiety is heightened during the diagnostic period, while waiting for the initiation of treatment, and when first experiencing the side effects of breast cancer treatment, especially hair loss. Depression worsens during the period of treatment, especially if relationship difficulties develop between the patient and her intimate partner**(Salonen, et al, 2011).**

Significance of the study:

Breast cancer is the most common cancer seen in women, constituting 22% of all cases worldwide .Patients who are diagnosed with breast cancer commonly experience anger, intense fear, grief, changes in body image and sexuality, and treatment-related anxiety. The diagnosis, treatment, and recovery of breast cancer can be stressful for both patients and their family members, and quality of life may be adversely affected. Many persons with breast cancer have a limited understanding of possible treatment options and outcomes; inadequate communication of information by healthcare clinicians makes psychological adjustment more difficult**(Tanja Schub, Gina DeVesty, 2015).**

Researches indicates that psychological support from family, friends, and healthcare professionals is linked to better psychological adjustment and improved treatment adherence. In addition to it can alleviate the damaging effects of stress, increase self-efficacy, and improve coping ability**(Cochrane, Lewis, & Griffith(2011), Mustafa, M., et al, (2012).**

Nurses play a pivotal role in the psychosocial care of breast cancer patients throughout their journey. Nurses see patients at their worst and at their best; from diagnosis, through treatment, through to cure or palliative and end of life care, it is a long journey which is shared between patient and health care practitioner. There are two important issues in the delivery of psychosocial care to cancer patients: recognition of distress and the available mental health resources**(Muriel, Hwang, Kornblith, Greer, Greenberg, Temel, Schapira, and Pirl, 2009).**

National Cancer Institute in Cairo registry reported breast cancer to represent 35.1% of female cancers. It showed that breast cancer stages III and IV to be around 80,90% of all cases . It also showed benefit from clinical breast examination (CBE) and reduction of the incidence of locally advanced disease, and improvement of breast-conserving surgery rates**(Gadallah A, Neguib, 2006).** A woman's perception of the level of social support she receives can affect her overall quality of life during active treatment for breast cancer, during the period of recovery, and subsequently in the life of breast cancer survivors. Perception of support is a predictor of woman's ability to find meaning in the breast cancer experience. Perception of support is also associated with sexual adjustment and relationship satisfaction**(Kinsinger, et al, 2011, Sammarco, & Konecny. 2010).**

Aim of the study:

The aim is to determine the impact of a designed Supportive Nursing program regarding Psychosocial and physical complications among post mastectomies women.

Research Hypothesis:

A designed Supportive Nursing program will improve the Psychosocial and physical complications of post mastectomies women.

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2. SUBJECTS AND METHODS

Research Design: The study design was quasi experimental design.

Setting: The study was conducted at the National cancer institute in Cairo, Egypt.

Sampling: A convenient sample of 50 adult females was used for conduction of this study.

***Inclusion criteria:** Female married patients under surgical treatment and mastectomy.

***Exclusion criteria: -** Single patients.

Data collection tools:

The Data was collected by using four tools, structured interview questionnaire, Pre/ post/ follow up psychosocial and health changes questionnaire**,** Health survey short form-36(SF-36). and finally body image scale.

Tool (1): Structured interview questionnaire:

This questionnaire was developed to collect data about socio-demographic data such as age, residence, level of education, family numbers and working status.

Tool (2): Pre/ post/ follow up psychosocial and health changes questionnaire:

This questionnaire was developed to collect data about the health condition of the patient , it involves (33) questions related to physical condition of the patient , fatigue, sleep disturbance, effect of treatment, fear of treatment effect on her marital, feminine and sexual status .By using likert scale the scores reflect the variation of feelings intensity from very much=4scores, a lot=3 scores, sometimes=2 scores, Little=1 score and never =0score.

Tool (3) Health survey short form-36(SF-36):

This questionnaire was first made in "standard" form in 1990**(ware &Sherbourne, 1992).** The health survey SF-36 is a multi purpose , short form health survey with only 36 questions .It is a valid (0.40) and reliable (0.90) instrument to measure all domains of the health status. It is a questionnaire consisting of multi item scales measuring 8 domains, four domains in the area of physical health (physical functioning, role disability, bodily pain, general health).and four domains in the area of mental health(vitality, social functioning, role disability, emotional and mental health).Scale scores for these domains were derived by summing up the component items within each domain. The higher scores indicated better health than the lower scores. The scores of general health condition are 30scores of activities are 30score,physical health scores are 20 score, psychological health problems are 15 score, social activities score are 10,bodily pain is 11 scores, energy and emotions are 45 score.

Tool (4) Body image scale:

The Body Image Scale (BIS) is a 10-item, self-rating scale that was developed to ascertain changes in the body image of cancer patients. Five BIS items concern general body image issues: feeling self-conscious, dissatisfied when dressed, difficulty looking at yourself naked, avoid others because of appearance, and dissatisfied with body. The other 5 BIS items concern body image in relation to the cancer experience: less physically attractive, less feminine, less sexually attractive, body less whole, and dissatisfied with scar. The time frame for the BIS is the past week. Each item is scored on a 4-point Likert scale as follows: 0, not at all; 1, a little; 2, quite a bit; and 3, very much. Higher scores represent poorer body image. Because no cutoff value for body image problems has been defined for the BIS.

Pilot study:

A pilot study was carried out on 5 patients of the total sample to test study tools in terms of their clarity, applicability, and time required to fulfill it. According to the results , the required modifications had done. This pilot study sample was excluded from the total sample of the study.

Validity and Reliability:

Extensive literature review and pilot study established content and face validity of the study tools. Structured interviews were conducted using the developed questionnaire sheets which consists of a series of questions to elicit subject's

knowledge regarding psychosocial, sexual functioning and body image after mastectomy .The designed Supportive Nursing program was examined by five experts in the field of nursing education for correctness, relevance, feasibility and clarity. Body image scale was translated into Arabic and revised by 5 experts in field of nursing.

Ethical Consideration:

The ethical consideration in the study was including the following:

-The researchers explain the objective and the aim of the study to each patient included in the study.

-The researchers assured maintaining anonymity and confidentiality of the participant data.

-Patients were informed that they are allowed to choose to participate or not in the research and they have the right to withdraw from the research at any time. Data collection was for research only and it burned after data analysis.

Field work:

Data collection was carried out from January to June 2016.The investigators were attended the National Cancer Institute in Cairo for 2days/ week during morning shift(10.00a.m:2.00p.m). The study was carried out through the following phases:

1- Assessment phase: At firstly the researchers introduced themselves to each subject and explained the aim and objectives of the study to gain the participants confidence and trust in order to obtain their consent to participate in the study. Patients were interviewed individually using questionnaire schedule to collect personal data. This was designed by the researcher, the use of simple Arabic language that suit the level of the patients.

2- Implementation phase: Firstly ask the patient about psychosocial and health changes questionnaire, SF- questionnaire and body image scale .Second the designed supportive nursing program was explained and given to each patient separately in a session lasts from 30 to 45 minutes. The program involves information about breast cancer signs and symptoms, treatment modalities, early detection, nutrition and sexual function after mastectomy. Each patient answered the questions individually to prevent embarrassment when talking about their sexual relation and personal feelings.

3- Evaluation phase: Follow up the patients by interview again after 3months and months after mastectomy using the same pre-program tools to evaluate the progress of psychosocial and body image changes.

Limitation of the study:-There were some patients refused to participate in the research due to embarrassment and refuse to speak about their feelings.

Analysis of data:

Data was analyzed using SPSS statistical system, each questionnaire sheet was coded and participant's answers were calculated. Quantitative data were expressed as mean and standard deviation as appropriate. Qualitative data were expressed as frequency and percentage.

3. RESULTS

Table (1): Clarify that the Mean $\pm$ SD of patients age was (3.88$\pm$ .689 years) with age range from 30 to $\leq$45 years. It also shows that 52% of the study sample were ranged from 30 to less than 40 years. Regarding the occupation 54% of the study sample were housewives. Regarding the marital status 92% of them were married and 8% were divorced. Additionally, 50% of the study sample were diploma, 8% of them were illiterate and 48% were university education. This table also reveals that 88% of husbands were more than 40 years. Regarding the education level, 40% of them had university education, 30% of them read &write, while 14% of them were illiterate. Additionally 66% of them were working free occupations, whereas 32% were working in technical work.

Table (2) This table shows that, 37% of the study sample were diagnosed firstly from 6 months before surgery and 13% of them were diagnosed from 6 months to year before operation. Additionally, 22% of them had family history. Regarding kind of surgical intervention, 26% of them had total excision of breast while 24% had partial excision. Regarding length of hospital stay, 23% of them were stayed more than 2 weeks and the same portion were stayed for 2 weeks in the hospital.

Table (3) This table illustrates that 58% of the study sample felt by fatigue and less activity, 74% of them had sleep disturbance also most of time ,58% also sometimes felt by memory weakness and the same portion felt by stress and worry. In relation to feeling of loneliness and isolation 46% of the study sample felt it sometimes while 40% of them rarely felt it. Regarding loss of self confidence 48% of them felt it rarely while 36% of them sometimes felt it. In relation to feeling of bordness ,60% of them felt it rarely while 62% of the study sample most of time had fear from future. As regards to feeling guilty , 88% of them rarely felt guilty ,while 92% of them had fear from disease recurrence all the time and 64% of them also had fear to loss their husbands all the time. Regarding the fear of treatment effect on their appearance 74% of the study sample had it all the time . As regards to loss of hope and pessimistic and loss of life pleasure 70% of them felt it sometimes. Most of time 62% of the study sample felt loss of femininity while 98% of them felt tired from continuous medical investigations . The mean of it was X±SD 3. 98±.141. In relation to feeling unsatisfied about self 70% of them felt it sometimes**.**

Table (4) This table revealed that, the general health condition among the study subjects in the first meeting (72%) was expressed by weak, but this percentage expressed by good among all the study subjects after six months. in relation to the health now compared with it since the last year, the majority of the study subjects (92%) were seen that their health now was worse a little from last year in the first meeting, but more than this percentage(98%) of the study subjects were seen that their health now was better a lot after 6 months of the study.

Table (5) showed that, (86%) of the study subjects after three months, the social relations affected by the therapy in a little way, but the majority of them(90%), the social relations did not affected at all after six months. As regards social activity that affect visits, (70%) of the study subjects responded by few times after three months, while the majority of them (94%) responded by never happens after six months.

Table (6) In relation to energy and emotions during the last four weeks, table(6) illustrated that, feeling of not energetic was the feeling of (90%) of the study subjects after six months who felt that most of the time. As regards feeling nervous and anger, (44%) of the study subjects in first meeting felt that most of the time, while at the end of the study (82%) of the study subjects after six months never felt nervous or anger. In relation to feeling down and nothing cheer you, (60%) of the study subjects after three months, felt that most of the time and (52%) of the study subjects after six months, never felt that. Regarding feeling no calm and no peace, (86%) of the study subjects felt that most of the time after six months, while (62%) of them felt that few times after three months.

Additionally, the same table revealed that, (94%) of the study subjects felt no power most of the time after six months. In relation to feeling of depression, (48%) of the study subjects felt depressed after three months, while (70%) of them never felt that after six months. As regards feeling of exhaustion, the highest percentage (64%) of the study subjects in the first meeting, always felt exhausted, while after six months (40%) of the subjects never felt exhausted. In relation to feeling of no happiness (78%) of the study subjects felt that most of the time after six months. Regarding feeling of tired, (82%) of the study subjects in first meeting and (42%) felt tired most of the time, while (54%) of them felt tired few times after six months.

Table (7) revealed that 60% of the study sample focus on their appearance a lot of time, while 46% of them felt by decrease physical attractiveness related to disease and treatment a lot of time also. As regards to dissatisfaction about appearance during changing clothes, 96% of them felt it a lot of time and the same portion found it difficult to look to themselves naked . Regarding feeling of less femininity, 76% of the study sample felt it most of time and 72% of them felt less sexual attractiveness related to disease and treatment most of time also. In relation to avoid people due to the way of feeling toward appearance, 84% of them felt it most of time. While 82% of them felt that their body became incomplete due to treatment and 54% of them felt dissatisfaction toward body all the time and all of them felt dissatisfaction toward wound scar.

Table (8) reveals that there is a significant correlation between the total score of health psychosocial changes and total knowledge scores in first meeting and after 3 months(.384, which is significant at level 0.01) ,and after 3 months with first meeting (.306, which is significant at the level 0.05). Finally, there is a significant correlation after 6 months and 3 months (.286, which is significant at the 0.05 level).

Table (9) showed that, there is a significant correlation between the total scores of short form health survey and total body image scores in 1st meeting with 1st meeting (-.401, which is significant at the 0.01 level), additionally, there is a significant difference between short form score after three months with body image after three months(-.431, which is significant at the 0.01 level) and a significant difference between short form after three months with body image after six months(-.316, which is significant at the 0.05 level), finally, there is a significant difference between short form after six months with body image after six months(-.470, which is significant at the 0.01 level).

Table (1): Frequency and percentage distribution of socio-demographic characteristics of patients in the study sample (n=50).

Variable	No	%	Variable	No	
Age			**Husband age**		
30to≤35	15	30	30years	6	12
35 to≤40	26	52	More than 40 years	44	88
40 to≤45	9	18			
$\bar{X}$±SD= 3.88±.689			$\bar{X}$±SD= 2.88±.328		
Patient Occupation			**Husband Occupation**		
Housewife	27	54	Free Work	33	66
Employee	23	46	Technical	16	32
			office	1	2
Marital Status					
Married	46	92			
Divorced	4	8			
Level of education			**Husband Educational level**		
Illiterate	4	8	Illiterate	7	14
Diploma	25	50	Read &write	15	30
University	21	42	Diploma	8	16
			University	20	40
Monthly income					
Enough	46	92			
Not Enough	4	8			
Place of Residence					
Urban	38	76			
Rural	1	2			
Random area	11	22			

Table (2) Frequency and percentage distribution of Patient's health condition (n=50).

Variable	No	%
Date of 1st diagnosis		
< 6 months	37	74
6 month to year	13	26
Family History		
No	28	56
Yes	22	44
Kind of surgical intervention		
Partial excision	24	48
Total excision	26	52
Length of hospital stay		
One week	4	8
Two weeks	23	46
More than 2 weeks	23	46

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Table (3) Frequency and percentage distribution of patients' responses to health psychosocial changes questionnaire 33 items (n=50).

Response	All the time		Most of time		Sometimes		Rarely		Don't feel	
	No	%	No	%	No	%	No	%		
1-Fatigue & less activity Mean ±SD= 3.34±.557	19	38	29	58	2	4	-	-	-	-
2-Insomnia&sleep disturbance Mean ±SD= 3.10±.505	9	18	37	74	4	8	-	-	-	-
3-Memory weakness Mean ±SD= 1.74±.599	-	-	4	8	29	58	17	34	-	-
4-Stress & worry Mean ±SD= 2.70±.762	-	-	29	58	4	8	17	34	-	-
5-Isolation&loneliness Mean ±SD= 1.72±.809	2	4	4	8	23	46	20	40	1	2
6-Loss of self confidence Mean ±SD= 1.68±.740	-	-	8	16	18	36	24	48	-	-
7-Easily be nervous Mean ±SD= 1.92±.778	-	-	13	26	20	40	17	34	-	-
8-Depressed & Sad Mean ±SD= 2.78±.840	8	16	28	56	8	19	5	10	-	-
9-Feelingof bordness Mean ±SD= 1.44±.611	1	2	-	-	19	38	30	60	-	-
10-Fear from future Mean ±SD= 3.38±.490	19	38	31	62	-	-	-	-	-	-
11Unsafe&psychological instability Mean ±SD= 2.80±.880	11	22	22	44	13	26	4	8	-	-
12-Upset from depending on others Mean ±SD= 3.40±.670	25	50	20	40	5	10	-	-	-	-
13- Hopeless to still a life Mean ±SD= 2.06±.890	2	4	13	26	23	46	10	20	2	4
14-Fear from disease recurrence: Mean ±SD= 3.88±.479	46	92	3	6	-	-	1	2	-	-
15-Feeling guilty_ Mean ±SD= 1.16±.509	1	2	-	-	5	10	44	88	-	-
16-Fear of husband loss Mean ±SD= 3.64±.484	32	64	18	36	-	-	-	-	-	-
17-Upset from inability to have children: Mean ±SD= 3.50±.614	27	54	22	44	-	-	1	2	-	-
18-Effect of treatment on appearance Mean ±SD= 3. 70±.543	37	74	11	22	2	4	-	-	-	-
19-Inability to behave in a lot of situations. Mean ±SD= 1. 86±.571	1	2	2	4	36	72	11	22	-	-
20-Loss of hope & pessimistic Mean ±SD= 2. 04±.604	1	2	7	14	35	70	7	14	-	-
21-Loss of life pleasure Mean ±SD= 2. 22±.615	2	4	10	20	35	70	3	6	-	-
22-Loss of femininity Mean ±SD= 3. 02±.622	10	20	31	62	9	18	-	-	-	-
23-Presence of sexual problems Mean ±SD= 1. 32±.551	-	-	2	4	12	24	36	72	-	-
24-Feeling of punishment on faults Mean ±SD= 1. 02±.318	-	-	1	2	-	-	48	96	1	2

International Journal of Novel Research in Healthcare and Nursing
Vol. 5, Issue 2, pp: (294-307), Month: May - August 2018, Available at: www.noveltyjournals.com

25-Tired from continuous medical investigations Mean±SD= 3. 98±.141	49	98	1	2	-	-	-	-	-	-
26-Suffer from physical aches Mean±SD= 3. 08±.695	13	26	29	58	7	14	1	2	-	-
27- Less effective than others Mean±SD= 2. 08±.723	3	6	6	12	33	66	8	16	-	-
28-Loss of appetite Mean±SD= 3. 06±.818	17	34	20	40	12	24	1	2	-	-
29-Feeling of Agitation attacks Mean±SD= 1. 46±.676	-	-	5	10	13	26	32	64	-	-
30-Feeling of dyspnea Mean±SD= 1. 66±.557	-	-	2	4	29	58	19	38	-	-
31-Continously observed from people. Mean±SD= 1. 60±.638	-	-	4	8	22	44	24	48	-	-
32-Feeling of fears without cause. Mean±SD= 2. 58±.498	-	-	29	58	21	42	-	-	-	-
33-Unsatisfied about self. Mean±SD= 1. 96±.604	-	-	7	14	35	70	7	14	1	2

Table (4): Frequency and percentage distribution of the study subjects as regards general health condition of SF-36 questionnaire (n=50):

	1st meeting		After 3 months		After 6 months	
Variables	No	%	No	%	No	%
General health condition:						
Weak	36	72	--	--	--	--
Better	10	20	49	98	--	--
Good	4	8	1	2	50	100
- Compared to last year, how do you see your health now:						
Worse much	2	4	--	--	--	--
Worse a little	46	92	--	--	--	--
The same	2	4	3	6	--	--
Better a little	--	--	47	94	1	2
Better a lot	--	--	--	--	49	98

Table (5): Frequency and percentage distribution for the study subjects as regards effect of the therapy on social activities during the last four weeks (n=50).

	1st meeting		After 3 months		After 6 months	
Variables	No	%	No	%	No	%
-Effect on social relations:						
Too much	5	10	-	-	-	-
Totally	18	36	-	-	-	-
With balance	12	24	7	14	-	-
A little	9	18	43	86	5	10
Not affect at all	6	12	-	-	45	90
-Effect on social visits:						
All the time	3	6	-	-	-	-
Most of the time	17	34	5	10	-	-
Sometimes	22	44	10	20	-	-
Few times	5	10	35	70	3	6
Never happens	3	6	-	-	47	94

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Table (6): Frequency and percentage distribution for the study subjects as regards energy and emotions during the last four weeks (n=50):

Variables	1st meeting		After 3 months		After 6 months	
	No	%	No	%	No	%
-Feel not energetic:						
Always it happens	-	-	-	-	3	6
Most of the time	-	-	1	2	45	90
Sometimes	4	8	9	18	1	2
Few times	15	30	40	80	-	-
Never happens	31	62	-	-	1	2
-Feel nervous and anger:						
Always it happens	-	-	-	-	-	-
Most of the time	22	44	17	34	-	-
Sometimes	8	16	18	36	-	-
Few times	14	28	15	30	9	18
Never happens	6	12	-	-	41	82
-Feel down and nothing cheer you:						
Always it happens	2	4	-	-	1	2
Most of the time	16	32	30	60	-	-
Sometimes	18	36	15	30	1	2
Few times	12	24	5	10	22	44
Never happens	2	4	-	-	26	52
-Feel not calm and no peace:						
Always it happens	2	4	-	-	1	2
Most of the time	2	4	6	12	43	86
Sometimes	18	36	13	26	5	10
Few times	26	52	31	62	1	2
Never happens	2	4	-	-	-	-
-You feel no power:						
Always it happens	1	2	-	-	1	2
Most of the time	1	2	-	-	47	94
Sometimes	4	8	5	10	1	2
Few times	24	48	43	86	1	2
Never happens	20	40	2	4	-	-
- Feel of depression:						
Always it happens	2	4	-	-	-	-
Most of the time	21	42	24	48	-	-
Sometimes	18	36	21	42	2	4
Few times	6	12	5	10	13	26
Never happens	3	6	-	-	35	70

Table (7) cont'd: Frequency and percentage distribution for the study subjects as regards energy and emotions during the last four weeks (n=50).

Variables	1st meeting		After 3 months		After 6 months	
	No	%	No	%	No	%
-Feel exhausted:						
Always it happens	32	64	6	12	-	-
Most of the time	18	36	30	60	-	-
Sometimes	-	-	13	26	2	4
Few times	-	-	1	2	28	56
Never happens	-	-	-	-	20	40
-Feel no happiness:						
Always it happens	-	-	-	-	-	-
Most of the time	1	2	1	2	39	78
Sometimes	25	50	29	58	9	18
Few times	23	46	20	40	2	4
Never happens	1	2	-	-	-	-

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-Feel tired:						
Always it happens	5	10	1	2	-	-
Most of the time	41	82	21	42	3	6
Sometimes	4	8	24	48	-	-
Few times	-	-	4	8	27	54
Never happens	-	-	-	-	20	40

Table (8) Frequency and percentage distribution of patients' responses to body image scale related to the body image of breast cancer patient through the last week (n=50).

Response	A lot of time		Most of time		Little of time		Never	
	No	%	No	%	No	%	No	%
1-Focus on self and appearance. Mean ±SD= 2.56±.577	30	60	18	36	2	4	-	-
2-Decrease physical attractiveness related to disease & treatment. Mean ±SD= 2.46±.503	23	46	27	54	-	-	-	-
3-Dissatisfaction about appearance during changing clothes Mean ±SD= 2.94±.313	48	96	1	2	1	2	-	-
4- Decrease femininity related to treatment & disease Mean ±SD= 2.18±.522	11	22	38	76	-	-	1	2
5- Difficulty looking to self without clothes(naked) Mean ±SD= 2.92±.395	48	96	-	-	2	4	-	-
6-Less sexual attractiveness related to disease & treatment. Mean ±SD= 2.24±.476	13	26	36	72	1	2	-	-
7-Avoid people due to the way of feeling toward appearance. Mean ±SD= 2.12±.385	7	14	42	84	1	2	-	-
8-Body became incomplete due to treatment Mean ±SD= 2.14±.404	8	16	41	82	1	2	-	-
9-Dissatisfaction toward body Mean ±SD= 2.54±.503	27	54	23	46	-	-	-	-
10- Dissatisfaction toward wound (scar). Mean ±SD= 3.00±.000	50	100	-	-	-	-	-	-

Table (9) Correlation between total scores of health psychosocial changes questionnaire and total knowledge scores as regards the study meetings(n=50).

Correlations Total scores of Health psychosocial changes	Total Knowledge score		
	Assessment	Post program(3 months)	Follow up(6 months)
1st meeting	1.000	.384** .006	.331* .019
After 3 months	.306* .031	1.000	.155 .283
After 6 months	.220 .126	.286* .044	1.000

*Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level(2-tailed).

Table (10) Correlations between total scores of short form health survey and total body image scores as regards the study meetings(n=50).

Correlations	Total body image score	Total body image score	Total body image score
	1st meeting	After 3 months	After six months

Total score of short form. 1st meeting	-.401** .004	.027 .851	.255 .074
Total score of short form. After 3 months	.093 .519	-.431* * .002	-.316* .026
Total score of short form. After 6 months	.162 .262	-.105 .468	-.470** .001

*Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

4. DISCUSSION

According to **ACS, (2013),** breast cancer is one of the leading causes of death for female patients followed by lung cancer. It is a disease which is essential monitoring by a multidisciplinary team, since the consequences are both physical and psychological. The nurse is essential to coordinate the prevention, diagnosis and treatment of women with breast cancer.

Nursing care in oncology has evolved focusing on the patient, family and community, for education, providing psychosocial support, enabling the recommended therapy, selecting and managing interventions that reduce the side effects of the proposed therapy, participating rehabilitation and providing comfort and care. The focus in crisis is on quickly regaining equilibrium and normal coping ability. Cognitive techniques of problem-solving and restructuring the perception of the crisis may also be employed. The patient may express acute emotional distress, disbelief, anguish, terror, rage, envy, disinterest, or yearning for death. When expressed, these emotions tend to diminish and the illness can be faced more realistically **(Raingruber. 2011).**

This study aimed to study the impact of a designed Supportive Nursing program regarding Psychosocial and physical complications among post mastectomies women. The present study revealed that about one half of the patients age ranged from 30 to less than 40 years. More than fifty percent of them were housewives and 50% of them had educated to diploma and 48% of them had university education.

This was agreed with **(Belinda. T &Kate .W, 2006),** who illustrated that approximately 27% of all new breast cancer diagnoses occur in women who are pre-menopausal at diagnosis, 6-7% of diagnoses occurring in women aged 40 years or less.1,2 % For these women chemotherapy and endocrine therapies may have reproductive implications that are distressing or discordant with plans for childbearing. For women of all ages, both the diagnosis and resulting treatments for breast cancer can have an impact on a woman's body image, sexuality and sexual function.

In Egypt, Breast cancer is the most common cancer among women in Egypt and is estimated to be the cause of 22 % of all cancer-related female deaths **(WHO.2014).** Breast cancer in Cairo indicates a higher than expected detection rate of 8 per 1000 breast cancer cases upon first screening of a target group of 4116 invited women aged 35-64 living in a geographically defined area in Cairo, which suggests that many women in the community with early but palpable breast cancer fail to seek medical attention until their cancer is advanced **(Gadallah & Neguib(2006).**

The majority of the study sample reported that they had difference in their relation with husband after mastectomy and 84% of them didn't rehabilitate before discharge. **Vaziri & Kashani F,(2012),** asserted that mastectomy as a treatment option can result in a sense of mutilation and diminished self-worth and loss of sense of feminity and sexual attractiveness. Losing a breast or poor breast appearance would be more distressing to women as they are supposed to give women high expectations for physical beauty.

When patients were asked about fatigue and less activity more than half of the study sample felt it and the same portion felt by memory weakness and stress .Three quarters of them felt sleep disturbance and more than two thirds of them felt most of time by fear from future. The majority of the study sample had fear from the disease recurrence all the time. This coincides with **Lucas de Faria, (2014)** who mentioned that, the fear of disease to come again is common, but even patients diagnosed with advanced tumors may have longer survival and not die because of breast cancer. Many patients are concerned about any symptoms that appear because they think might be the return of the disease**. Biglia, Moggio et al, (2010).**

To handle all the fears involved with the disease a multidisciplinary team is essential, so that patients feel supported by a competent and committed to their treatment and their rehabilitation team. According to **Arroyo and L´opez. ,(2011),** Once the mastectomy has been produced, the woman suffers too much due to the physical change she has experienced, although this psychological pain can sometimes be hidden behind another such as the fear of disease and its possible reappearance.

Breast cancer can also impact the patient's intimate partner and the couple's relationship. **Allison ,Carroll ,Shirle, Baron and Richard ,(2016)** supported that Breast cancer can also impact the patient's intimate partner and the couple's relationship. Breast cancer patients' sexual discomfort, loss of self-esteem, and increased self consciousness about their body can negatively affect the couple's relationship. Conversely, emotional support from an intimate partner can buffer patients' cancer related stress , and positive marital coping strategies (e.g., closeness, engaging in mutual activities) promote a positive sexual relationship . Women with breast cancer report that emotional support from their partners in addressing cancer-related issues, such as body image or fear of death, is an important factor in their adjustment to disease.

Regarding body image, about two thirds of the study sample reported that they focused on their appearance a lot of time and less than half of them felt by decrease physical attractiveness related to disease and treatment a lot of time. The majority of them felt dissatisfaction about appearance during changing clothes and found it difficult to look to themselves naked. More than three quarters of them felt less femininity and their body became incomplete due to treatment and all of them felt dissatisfaction toward wound scar.

Smith, (2015) asserted that body dissatisfaction has become an issue for women with breast cancer, who usually undergo several treatments which alter their appearance. These body image concerns can have a profound impact on quality of life, which can persist for years following recovery. **Al-Azri, Al-Awisi, Al-Rasbi, Al-Moundhri, (2013),** also emphasized that in women, the loss of the symbols of femininity can result in low self-esteem, negative body image, false self-perception, social isolation and the development of communication or relationship problems with family members or friends. As a result of the side effects of cancer treatments, some women may develop "cancer stigma" from losing their feminine physical characteristics through hair loss (secondary to chemotherapy) or the loss of one or both breasts (following mastectomy).

The Study shows that there is a significant correlation between the total scores of psychosocial changes and total knowledge scores after 6 months of the program. This coincides with **Raingruber ,(2011)** who asserted that excellent care must include interventions that focus on the informational and psychosocial needs of patients. Facilitating emotional expression helps to modulate distress and enhance coping abilities. Psychosocial interventions including therapeutic communication have been used with success to minimize stress, improve quality of life, treat depression, and support cancer patients throughout the course of their diagnosis and recovery.

Michael Castleman,(2014) stated that Guidance not only for patient that is diagnosed with cancer is important but as well to explain to the family and friends what is the pathophysiology of the breast cancer and all the therapy procedures and answer to possible questions that might come. It is well recognized that cancer affects partners and children of women with breast cancer and that psychosocial issues related to breast cancer are often best addressed within the context of the family. **Veach, Nicholas and Barton (2013)** asserted that Family therapy is frequently the approach of choice when illness forces changes in family roles and contributes to conflict, at stages of advanced illness when patients are being cared for at home, family issues become more crucial and assistance to the family is a vital aspect of care.

5. CONCLUSION

The present study Findings showed that there is a positive effect of the designed supportive nursing program on improvement of the psychosocial and body image of women after mastectomy.

6. RECOMMENDATIONS

In the light of the study results, the study recommended the following:

1- Replication of effective programmes to increase confidence and improve the body image of women who have had breast cancer.

2- Involve the male partners (Husbands) in treatment sessions could be a key component in helping women to better cope and adjust.

3- Establishing a nursing training courses especially oncology nurses to guide them to help patients and their caregivers to acquire knowledge and skills on the various aspects of self-care.

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