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RESEARCH

A vida da mulher após a mastectomia à luz da teoria adaptativa de Roy

The woman's life after mastectomy in the light of Roy Adaptive theory

La vida de las mujeres después de la mastectomía teniendo en cuenta la teoría de adaptación de Roy

Sarah Miranda Rodrigues ¹, Tatiane Chagas Viana ², Priscilla Garcia de Andrade ³

ABSTRACT

Objective: check the adaptation methods of mastectomies women; raise the presence of changes in the habits of life of women after mastectomy; correlate the adaptive process outlined by the woman with the theory presented by Roy and investigate the care provided by nurses to women with mastectomies. **Method:** For carrying out the survey was used to type descriptive qualitative approach. **Results:** The role of nursing in the care the woman, who had been subjected to breast surgery, encompasses care for maintenance of their bodily functions as well as support to those who are involved in the process, the individual as a whole and family. **Conclusion:** Roy's theory is the bases for hypotheses that can be tested. **Descriptors:** Theory of Roy, Mastectomy, Nursing.

RESUMO

Objetivo: verificar os métodos de adaptação de mulheres mastectomizadas; levantar a presença de mudanças nos hábitos de vida da mulher após a mastectomia; correlacionar o processo adaptativo exposto pela mulher com a teoria apresentada por Roy e averiguar a assistência prestada pelos profissionais de enfermagem às mulheres mastectomizadas. **Método:** Para a realização da pesquisa foi utilizada a abordagem qualitativa do tipo descritiva. **Resultados:** O papel da enfermagem no cuidado a mulher que fora submetida à cirurgia mamária, engloba cuidados para manutenção de suas funções orgânicas assim como apoio aos que estão envolvidos no processo, o indivíduo como um todo e familiares. **Conclusão:** A teoria de Roy constitui as bases para hipóteses que podem ser testadas. **Descritores:** Teoria de Roy, Mastectomia, Enfermagem.

RESUMEN

Objetivos: Compruebe los métodos de adaptación de mastectomías mujeres; aumentar la presencia de cambios en los hábitos de vida de las mujeres después de la mastectomía; correlacionar el proceso adaptativo esbozado por la mujer con la teoría presentada por Roy e investigar a la atención proporcionada por enfermeras a las mujeres mastectomizadas. **Método:** Para llevar a cabo la encuesta se utilizó para el tipo de enfoque cualitativo descriptivo. **Resultados:** El papel de enfermería en el cuidado de la mujer que había sido sometida a cirugía de mama, abarca la atención para el mantenimiento de sus funciones corporales, así como el apoyo a quienes están involucrados en el proceso, el individuo como un todo y familia. **Conclusión:** La teoría de Roy son las bases para las hipótesis que pueden ser probadas. **Descriptor:** Teoría de Roy, Mastectomía, Enfermería.

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INTRODUCTION

In modern societies, with technological advances, one can notice an increase in survival of the population, where currently the life expectancy is increasing. It is known that the exponential increase in survival is advent of advances over the years, the scientific and technological methods in the intervention of the binomial health and disease.

Technological advances have also provided the surgical interventions, which has been one of the alternatives for curing various diseases. The present study addressed the adaptation of women in daily activities after undergoing mastectomy, correlating it with the adaptive theory of Roy and the assistance provided by nursing professionals to these clients.

The Mastectomy is the surgical name that is given to removal of the breasts. This procedure can be simple with only the removal of the breast tissue, breast quadrantectomy parts of, or all, which is removed beyond the breast tissue, muscles, and regional lymph nodes. Early detection of breast cancer makes possible an intervention with higher cure odds and a better prognosis of doença.¹

The cancer epidemiology reveals that this is the second most common type in the world, and the most common among women, accounting for 22% of new cases each year. If diagnosed and treated in time, the prognosis is relatively good. In Brazil, breast cancer mortality rates remain high, most likely because the disease is still diagnosed in advanced stages. In the world population, the median survival after five years is 61%. Relatively rare before age 35, above this age its incidence is growing fast and steadily. Statistics indicate an increase in its incidence in developed countries and in developing countries. According to the World Health Organization (WHO), in the 60s and 70s there was an 10-fold increase in incidence rates adjusted for age in the population-based cancer registries of several continents.¹

Breast cancer may be associated with physical carcinogens, chemical, biological or hereditary; you know, therefore, the importance of mammograms for early detection of breast cancer, where after diagnosis confirmed by biopsy the patient goes to undergo a chemotherapeutic process, but currently the only treatment that aims to cure cancer is surgical. When the cancer is identified to a woman with breast cancer experiences psychological conflicts and emotional disturbances even before the chemotherapy, and when it receives the news of the mastectomy impact on your life is very great because the breasts are a visa agency for many companies as symbol of femininity, this woman can experience a great inherent conflict due to own cultural factors which this is inserida.¹

The Sister Callista Roy adaptation model has been one of the most widely studied.

Began in the late 60 when Roy was a graduate course student at the University of California, Los Angeles. His works were influenced by his training in social sciences and reflect an individual posture while person.² In his theory the first area of concern is the identity of those who receive nursing care, may be a person, a group, a community or society. The idea of an adaptation system combines the concepts of adaptation and Sistema.³

Roy describes the person as an adaptive system with inherent fighting mechanisms and acquired that allows you to compete with the internal and external changes that occur to him. Classifies such mechanisms as regulators or innate, those whose response is automatic and resulting from neural activities, chemical and endocrine mechanisms and recognizers or acquired, those whose answer is given by cognitive / emotional channels, is behavior resulting from learning experiência.²

The humanistic values of the Roy Adaptation Model are its definition of the purpose or specific nursing goal. Human existence is seen as dynamic and intencional³. The person is respected as creative and active in using their nursing process and as an active participant in your care. The purpose of nursing to adapt contributes to the health of the individual and the unity and solidarity of the person, within its self in relation to others.⁴

A longer description of the internal processes of the person as an adaptive system, Roy sets the effectors systems. The four modes are effectors or adaptive physiological function, self-concept, role function and interdependence. The behavior related to the ways is the manifestation of adaptive level of the person, and reflects the use of coping mechanisms. Through observation of the person's behavior with regard to adaptive modes, the nurse can identify adaptive or inefficient responses in health situations and doença.³

The work was based on adaptive theory of Roy, in which the author describes that human beings can adapt to different situations, stimuli and environments, that is, had the object of investigation the process of adaptation in women with mastectomies correlating it to Roy's adaptation theory, and the assistance provided by the nursing professional in the pre, during and after surgery.

Thus, for better depth in this study the following objectives were outlined: verify the methods of adaptation of women with mastectomies and correlate the adaptive process exposed the woman to the theory by Roy; raise the presence of changes in a woman's life habits after mastectomy; determine the care provided by nurses to women with mastectomies.

METHOD

Research conducted through qualitative approach descriptive, addressing the study of essences and descriptions of the experiences of patients who experienced the process of adaptation.

Study subjects were four women with mastectomies, against the backdrop of the south Fluminense region in the state of Rio de Janeiro. The collection and analysis of data through interviews conducted by analytical categorical analysis.

This study complied with the ethical aspects of research provisions in the resolution 466/2012 of the National Council on Health, it is the research regulation in humans. The free and informed consent was provided to all those involved in the search for signature.

The project was submitted to the Research Ethics Committee of the Centro Universitário de Barra Mansa where he was subjected to the CEP on 06/06/2011, entitled "The Women's World after Mastectomy in light of Roy Adaptive Theory" under the approval CAAE number - 0036.0.340.000-11.

RESULTS AND DISCUSSION

The analysis of questionnaires was held in South region, located within the Rio de Janeiro, in four women with mastectomies, with the overall objective to know the lives of women after mastectomy correlating it with the adaptive theory of Roy and describe the care provided by nursing professionals.

The breast carcinoma presents as a complex and heterogeneous disease of unknown etiology, high incidence rate and mortality and few signs and symptoms. Simply put, one can conceptualize this pathology as a malignant tumor, caused by an excessive multiplication of cells that invade healthy cells your volta.⁵

As for the socio-demographic profile of the subjects was detected which is configured as follows:

Sex: 100% Female.

Age: 100% are concentrated in the age 45-65 years

Woman 01 = 46 years

Women 02 = 50 years

Women 02 = 61 years

Women 04 = 60 years

Education: 25% High School Incomplete, 25% First Degree Incomplete, 25% and 25% Magisterium not have training.

Occupation: They have 50% occupancy and 50% have no occupation.

Marital Status: Unmarried 25%, 25% Married 25% Wives and Widows 25%.

Through the survey it was found that the findings broken down by percentage were dissimilar. Thus, our research has all civil states existing in Brazil (single, married, divorced and widowed), has uniformity among women with 50% occupancy for those without occupation 50% and also has different levels of educational background.

After verification of the socio-demographic profile, began the preparation of the analytical categories.

Given the primary objective of the study, this emerged from the question that sought to reveal what the reactions that the woman presented from the diagnosis of cancer, the following results were found:

There are differences between the interviewees' discourse, where the meaning of cancer for women can be directly associated with death, due to the nature of the problem; may feel sad wanting to cry and be alone or have a quiet and / or impartial reaction.

Noted in the account of deponents who was at diagnosis fear of the impact that represents the disease in their lives and misunderstanding of the meaning of the disease, as well as detect reactions unbiased view of the diagnosis of the disease. We also observed the first adaptive reactions, where this first moment (moment diagnosis of breast cancer) the report of the women 01, 02 and 03 showed negative reactions; Roy classifies "negative response to the stimulus," the woman 04 showed a reaction of tranquility "positive response to the stimulus."

"Facing the diagnosis of breast cancer, the woman experiences feelings of fear, sadness and denial" 6 In the urgency of view as having a disease that threatens life, which causes him uncertainty about what will happen with you and future , the person starts to interact with death. Interactions with death also occur in the form of direct association between having cancer and being condemned to die.⁷

The cancer has stigmatizing character, is seen as synonymous with death and causes painful transformations in the life of mulher.⁸ internal and external changes, that is, input stimuli, are in contact with the person's coping state, where the level of the person adaptation will determine whether or not elicited a positive response to internal stimuli and externos.³

The fact that it is found, at a certain time, with cancer, stage which means a movement that begins with taking knowledge that has this disease, since there are early indications that clarification and the decision of what to do from that momento.⁷

So it should be noted that, at the time a person is diagnosed with cancer, she needs time to think, time to organize ideas, so that it can find a better solution for dealing with problems. "The interaction with these means may be decisive for the attribution of meaning and the definition of the situation, orientation to action taken by the person⁷.The study of the following statements is exemplified:

"The record cost to fall, I was standing looking at the doctor's face, no reaction, then I started to cry, only after two years that I began to understand better." Woman 01

"She wanted to be alone, away from it all, not as depression, but with the feeling of being in line to death." 02 Women

"It was the worst possible reactions, because I thought I could die even though the chances of a cure." Woman 03

"There are about twenty years ago, I noticed a lump to palpate my breast so I went to see a doctor, this referred me immediately to be biopsy, then came the diagnosis of cancer, it happened so fast, I did not feel any pain, I was very quiet, only stopped to think and reason about my life, that's all, people around me were more concerned with the disease than me. I mastectomies and I was fine, at least for another eighteen years. Two years ago I began to feel a lot of back pain, I again call the doctor, then came the diagnosis of recurrence, and now the cancer is not only within, it has spread to the bones and it was, I was quiet too, I think everything that happens has a purpose, but this time is different feel much pain, cancer will not let me forget he's there. But I'm not sad, I feel good, sometimes I thought I had to pretend to be sad to please the people who were around me, I am a quiet person and I ask the same to my family, they are also quiet. The only time I was really upset was the day I took the prescription to kill the car tax, which was written - patient in palliative care - I think that day, the first time skin, I had real confidence in knowing that it will not end up in a month or two, but something bigger, longer" Woman 04

Given the second objective of the study was to identify the date that had been held mastectomy, the study reached the following result: The age groups with the highest incidence of cancer among the women interviewed comprise between 40 to 50 years, and confirmed the need for clinical breast examination after age 40, which is understood as part of comprehensive care to women's health. The deponent 04, reports recurrence of the disease with bone metastasis, thus we highlight the importance of performing diagnostic tests at intervals for those who have experienced the disease and out mastectomizado due to disease relapse possibilities.

Mastectomy is a procedure used to prevent the spread of cancer mama.⁹ So from these data it is understood that soon diagnosed cancer, according to its staging, the surgical procedure was performed. These data enable the identification of the age groups with the highest incidence of breast cancer, thus serving as a subsidy to develop prevention strategies through tracking.

The recommendations and guidelines for the diagnosis of palpable breast lesions for women under 35 years of age and ultrasonography (USG) for women aged 35 or older, mammography is the method recomendado.¹⁰

The second category analyzed emerged of the following statements:

"Eighteen of October two thousand and seven, of course I remember that day." Woman 01

"Twenty-seven January two thousand, a date I will never forget me." Woman 02

"It was in 2006." woman 03

"In June 1992, I am again with cancer, but will not be mastectomies because this has spread to the bones, just do chemotherapy and take medications for back pain." Woman 04

In view of the third objective of the study that sought to identify what was the reaction that the woman appeared before the need for mastectomy, revealed as a result:

It was noticed that the reports of respondents there were differences at diagnosis (time of challenge), and 50% had acceptance reactions (positive feedback); 25% did not believe at first, skepticism about the diagnosis (negative responses) and 25% had mixed reactions of refreshment and pain before the procedure (neutral). Parameters being used with the time of diagnosis of mastectomy as (time stimulus) the word "accept" as a (positive reaction), the words "not accept" as (negative reactions) and other responses were classified as neutral. These results were found using the following endpoint:

Time of diagnosis of mastectomy = time stimulus

Rejection = negative reactions;

Acceptance = positive reactions;

Other responses = neutral.

The reaction to the possibility of being with cancer can also be expressed by a not believe, looking itself for evidence that depart from the idea that is in danger and that return, at least temporarily, the lost tranquility "to not believe this is really happening "as well as the positive reactions" will be released as soon as possible than to disturb "7 The attitude of thinking is an internal brainstorming exercise where they can be convinced" to accept the conditions and possibilities of the form of treatment chosen, pondering the urgent need to treat in order to prevent the spread of the disease and the need to undergo more invasive and / or radicaís.⁷

Therefore the activity of thinking (brainstorming exercise) can help women to accept the proposed therapy. The professional of health, can act indirectly, explaining all procedures to be performed, showing the possible surgical benefits. Reinforcing this argument, the statements were extracted:

"I accepted" woman 01

"I did not believe at first, wanted to look for other solutions, each query expect a different answer." Woman 02

"It was very fast the time has come between the diagnosis and the diagnosis of mastectomy, I accepted, I was quiet, the doctor on the day of my surgery told me something in my memory - I'm just an instrument where that only through God and his power that we will win this obstacle." Women 04

Also according to the same purpose search reached a second result: The woman before mastectomy diagnosis may be uncertain reactions because the surgery is the possibility of cure while the mutilation of a body part of a feminine characteristic.

Roy's theory "allows us to recognize people by stimuli can trigger responses, sometimes positive and negative in others, in stressful situations."¹¹ Given the evidence of neutral responses, we disagree with the theory proposed by Roy, appearing then the question before the report *"Mixing and pain relief"* woman 03. How to measure this reaction was adaptive or ineffective? Thus one can conclude that neutral responses when generating conflict between something that may be good and bad at the same time, and do not generate replies, or positive or negative even for a short period of time, occurring after a hit, negative. Reinforcing the above analysis it follows the statement:

"It was a mixture of relief and pain. On the one hand there was the possibility of ending this disease and the other had the pain of losing a part of my body that would take

me all the feminine vanity." Woman 03

Given the fourth objective of the study was to identify the presence of any limitations in daily life of these women, the study behind as a result: The main problems presented by the deponents were related to shoulder movements; the impossibility of use of accessories, low-cut clothes and change in daily routine.

"It was noticed in the account of deponents that 75% of women have a physical disability, 25% reported psychological limitation, "is very difficult to accept the loss of a part in my body, even after all this time I had the surgery" woman 03. Complementing the subject the article published by the Brazilian Journal of Nursing "This shame image is exacerbated, particularly for the mutilation of a body part, one of the main symbols of female identity."⁸

After excision or mastectomy radiation and the adjacent axillary lymph nodes, the patient may develop shoulder mobility limitations, particularly in the shoulder flexion and abduction and adduction movements and combined extensão.¹²

The causes of limitation of shoulder joint range may be different: Source limitation really articulate, limitation due to muscle stiffness, lastly painful limitation in the individual limits movement aiming the joint reaches the range that triggers the sensations nociceptivas.¹³

There may be pain and muscle spasm in the neck and shoulder as a result of reflex muscle protection. The levator muscle of the scapula, teres major and minor and infra-spinouts are usually tender to palpation and may restrict the mobility of active ombro.⁴

The reduction in the use of the upper limb after surgery involved predisposes the patient to the development of chronic frozen shoulder and increases the likelihood of lymph edema in hand and braço.⁹

The upper limb lymph edema is a frequent consequence in breast surgery plus axillary's dissection. One third of patients treated for breast tumors develop lymph edema, the severity of which varies and may be mild or very severe, leading to functional constraints, aesthetic problems, and even profissionais.¹³

Lymph edema develops from an imbalance between demand and capacity lymphatic system draining lymph. The proteins of high molecular weight are outside into the interstitium. Increasing the concentration of protein in the vascular means generates changes in osmotic pressure, and results in the ultimate presence in the interstitial fluid that is the linfedema.¹³

It is noticed that all the women interviewed reported some difficulties to deal with the limitations imposed by breast surgery, the respondents experience the difficulties of adapting to a new reality, thus complementing the matter Roy describes the person as "an adaptive system with mechanisms confrontations innate and acquired which allow you to compete with the internal and external changes that rushes you."²

We tried to in the following lines, portray the results found:

"I brought, I cannot make efforts repeatedly, cannot walk fast, I cannot wear bracelets on her arm, I cannot sunbathe, feel shoulder pain and cannot catch weight." Woman 01

"I brought, I cannot use low-cut blouses, there were changes in the clothes" Woman 02

"I did not bring me any physical limitation, but the psychological persists because it

is very difficult to accept the loss of a part in my body, even after all this time I had the surgery" woman 03

"Yes, mastectomy withdrew all my direct mama, I did not put prosthesis at the time more or less saw years ago I saw no need for such a thing, and I see today, but there are certain environments that I feel uncomfortable, go to the beach, for example. Today with the recurrence of the disease, where it was also for bones, many feel back pain, repetitive strain cannot do, I had to stop activities carried out before, such as weight lifting, swimming, water aerobics; riding a motorcycle. I had to change my routine." Women 04

Given the fifth objective of the study, which aimed to identify if there was change in the lives of these women after mastectomy, the result was: The category analyzed identified that 75% of women showed no change in life after mastectomy, 25% reported change in routine, but still does not characterize this change as bad. Illustrating the above arguments, the following statements:

"No, improved until today I am even happier, was a lesson for my life." Woman 01

"He had in everyday life, only in the head." Woman 02

"There were no changes in my daily life." Woman 03

"Yes, and recurrence of the disease cannot do the same things as before, with that, I changed my routine before practiced many physical exercises, today I cannot due to the intense back pain, I try to take my time going to the movies, talking with friends, watching television, reading good books, traveling. I do not feel upset about this; I'm just living longer, doing things that previously did not. Also go to a psychologist who helps me a lot." Woman 04

Given the sixth goal of the study, which emerged from the need to evaluate the care provided by nursing professionals' pre, during and after surgery, the study reached the following results: Unprepared of the nursing care professional to act following a surgical mastectomy process.

There were differences in the assessment of care provided by nursing professionals; case reports that characterized the action of these as positive 50%, neglect of case reports 25% and 25% professional attitude change over the years. Thus, the research reveals that there are still unprepared care of nursing professionals to work following a surgical mastectomy process. The statements below, exemplifies the result:

"I felt a part of the unprepared of nursing in the hospital that had the surgery because it seems that they were not trained for this type of surgery, I was not prepared for a hospital, nursing group was not aware of my state, but where I did radiotherapy and chemotherapy I felt a lot better staff training." Woman 01

"I have nothing to complain about, very good, quiet by all." Women 02

"The assistance of nursing professionals was great, away from my family because they have helped me in the postoperative period in the INCA (Cancer Hospital of Rio de Janeiro)." Woman 03

"Twenty years ago when I made the mastectomy, I thought it lacked attention of nursing professionals, lacked a nursing to look at the person not only as a disease but with a patient, the nurse does not know how important a handshake, a conversation. When I searched the hospital again due to the intense back pain and discover the recurrence of the

disease, I found that nursing has improved, is closer to the human side.” Women 04

Given the seventh goal of the study aimed to understand the feeling of women today (simultaneously) after mastectomy, bringing as a result: Adaptation is continuous

The reports of the interviewees reveal that the accordance after the cancer is possible, 50% of them report that the end of treatment was more acceptable, 25% reported a reduction in self-esteem, but are trying to adapt to the new reality and 25% even in care palliative show up well. We agree with Roy at this point, where it describes that "the constant interaction of people with their environment is characterized by internal and external changes. In this changing world people need to maintain its own integrity; that is, each person continuously adapts⁴". For better understanding we extract the following statements:

"I learned a lot with cancer, I had a lesson in my life, I now accepted all better understand each other better.” Woman 01

"Well, I never had problems, today it's all normal.” Women 02

"Despite the reduction in my self-esteem's trying to ma adapt to this new reality and I thank God for giving me the chance to survive this disease.” Woman 03

"It may seem to undermost on my part, but I feel good, I try to live my quiet life, enjoying every moment, without worrying too much about tomorrow.” Woman 04

Finally the study showed that it is essential that women stop and make an inner reflection exercise in diagnostic moments, and then find the best choices. As for the correlation with Roy theory there were times when we differ than she proposes, and there were times that we agree with the proposed theory. The professional nursing in preoperative care is of vital importance at the time of breast surgery the woman is involved in multiple thoughts, which can be positive or negative, and then the nurse should calm her, explain the procedures to be performed and pay attention- for expected problems.

CONCLUSION

It is appropriate to note that in this study, it was very clear evidence of adaptive reactions. In the first analysis of categories can be observed negative reactions, which are directly related to the diagnosis of cancer, where evidence of a disease that threatens the lives leads many women to react negatively, in which Roy classifies as a "negative response to the stimulus." Cancer in women's view is a disease that is directly associated with death, become so frightening stage for these.

We found disease recurrence reports with bone metastasis, thus we highlight the importance of performing diagnostic tests at intervals for those who have experienced the disease and out mastectomizado due to disease recurrence probabilities.

The time of diagnosis of mastectomy is another point to be questioned, there are women who do not accept the principle surgery, trying to look for other solutions; some readily accept without question and others have neutral responses, because for these surgery is the possibility of cure while the mutilation of a body part, a feminine characteristics thus disagree with the theory proposed by Roy, where we believe that a person can generate neutral responses at the time of conflict between something that can be good and bad at the same time, so do not generate responses, either positively or negatively; even for a short period of time, occurring after a positive or negative response.

The physical limitation after mastectomy was widely discussed in the study, most of the women had some limitation of physical, the main problems were related to shoulder movements; the impossibility of use of accessories, low-cut clothes and change in daily routine. Roy in his studies believe that the adaptive process is continuous, which leads us to think that women can take years or even a lifetime, to adapt to the new reality.

During the research there were reports of loss of self-esteem and a great difficulty dealing with the loss of the breast, according to Roy featuring a "negative response to the stimulus." Family and religiosity were reported during the survey, these are very important in the whole process favoring adaptive reactions; however, our research was to feature the evaluation of individual adaptive process, i.e., the representatively of cancer to the woman and not the family processes.

Our research also aimed to ascertain the assistance of per operative nursing, comprising the period before, during and after surgery. The result found that there were differences in the assessment of care provided by nursing professionals, case reports that characterized the action of these as positive 50%, neglect of case reports 25% and 25% reported changing the professional attitude over the years. From these results lead us to think that nurses need to be trained better for their professional performance.

We completed the research revealing that there were few inefficient or negative responses by stimuli. We agree with Roy for believing that the person continuously adapts,

100% reported at the end positive response. Roy disagrees because we believe that there neutral reactions that do not generate responses or positive or negative even for a short period of time, occurring after a positive or negative response. We emphasize that develop the activity of thinking can help the woman to accept the proposed therapy. As for nursing care in the preoperative period, the research identified the need for improvement and training for nurse's work in surgical breast procedures, this being a facilitator of adaptive processes.

Therefore the role of nursing in the care the woman, who had been subjected to breast surgery, encompasses care to reverse an altered physiological function, maintaining their physiological functions and support for those involved in the individual's process as a whole and their families. Roy's theory assists the practitioner to identify such problems, as well as contributes to the field of research, because even theories form the basis for hypotheses that can be tested.



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