

CHAPTER VI

Summary & Conclusion & Recommendation

Summary

Cancer is the leading cause of death worldwide while breast cancer is the major killer disease of women both nationally and internationally. It has been shown that breast cancer in developed and developing countries is the second cause of deaths among women after cardiovascular diseases **(WHO, 2010 ; Parkin, et al, 2002)**.

Breast cancer is a significant health problem worldwide, and a complex disease both physically and psychologically **(WHO, 2005)**. Not only breast cancer cause negative impact on women lives but also used treatment such as, mastectomy, chemotherapy and radiotherapy, cause physical and mental distress leading to changes in women's everyday lives. Therefore, one could expect that breast cancer and its treatment could significantly have negative influence on those women's self esteem and consequently their quality of life including their psychosexual life with reference to physical, mental and social dimensions **(Stanton & Reed, 2003)**.

Mastectomy is an essential but disfiguring operation in cancer treatment **(Shameem, et. al., 2008)** . Furthermore mastectomy produces a significant effect on a woman's body image and self-esteem and sexual life **(Taib, et. al., 2007)**.

Mastectomy may make a woman feel unattractive and create negative body image concerns, it destroys the body image and the sense of the body's naturalness and wholeness, even beauty. The individual

feels a sense of bereavement, similar to the feelings at the loss of a close and dearly loved friend or relative (**Gulseren & Aysun, 2011**).

Women patients' main concern after mastectomy is their image to self, to partner, and how others would perceive her. The change in a woman's body image may bring with it a loss of the sense of sexual identity, with a subsequent lowered self-esteem. This is often accompanied by an alteration in usual sexual relationships, specifically a decrease in sexual activity. Impact of breast cancer on body image varies greatly among women, having a significant impact on this aspect of well being. The impact may include altered sexual function, poor self-image, loss of libido and relationship problems (**David, et. al., 2004**).

Generally, (**Dizon, 2009**) stated that sexual dysfunction affects up to 90% of women treated for breast cancer especially with mastectomy. Female sexual dysfunction after mastectomy may take several forms, including lack of sexual desire, impaired arousal, inability to achieve orgasm, pain with sexual activity, vaginal lubrication difficulties, dyspareunia, inhibited orgasmic satisfaction, lack of interest in partner, brevity of intercourse, and vaginismus or a combination of these issues, sexual problems as a result of mastectomy have a negative impact on measures of quality of life (**Granz, et. al., 2002**).

Many women have fears that they will lose their sexual attractiveness as a spouse after mastectomy, that they will not be liked, they will be rejected and their sexual life will be ruined (**Ogel, et. al., 1999**).

Yet, sexuality is affected by cancer treatment mainly during the first year of survivorship but as time pass, women are less anxious of disease prognosis and hence their sexual life become normal again

(Dragisic & Milad, 2004; Abasher, 2009). (Brandberg et al, 2008) also stated that sexual pleasure was not affected by mastectomy and most of the patients had more activity and satisfaction gradually over time.

Some good news from recent research is that within a year after their surgery, most women with early-stage breast cancer have good emotional adjustment and sexual satisfaction. They report a quality of life similar to women who never had cancer (American Cancer Society, 2013).

This study aimed to assess the post mastectomy effect on the body image, self esteem and quality of sexual life among women with breast cancer.

A descriptive exploratory research design was used to conduct this study on a random patients included 200 post mastectomy women aged 30-50 years, after at least one year of mastectomy, married before mastectomy and still married after mastectomy, willing to voluntary participate in the study and under treatment at the time of data collection.

Quantitative methods were used in this study through using four tools of data collection. Two tools were developed by the investigator (Socio-demographic, and Clinical Data Structure Interview Schedule, Quality of Sexual Life Scale) and two tools were original standardized instruments, (Rosenberg Self Esteem Scale and Hoopwood Body Image Scale).

The main quantitative findings of the current study were:

- 1) Socio-demographic characteristics of the studied patients: nearly half of the studied patients (42.5%) age 30 to 40 years old and more than half of the studied patient (57.5%) age 41 to 50 years old. Concerning the educational level, (14%) of the studied patients are illiterate, (17.5%) are read and write, (9%) are primary educated, (9%) are preparatory educated, nearly quarter (24.5%) are secondary educated, and about quarter (26%) have high education. Regarding the occupation, nearly one third (31%) of the studied patients are working, and more than two thirds of the studied patient (69%) don't work. As regard the residence, nearly half (45.5%) of the studied patients are living in rural areas while more than half of the studied patients (54.5%) are living in urban areas.

- 2) Clinical data as reported by the studied patients: (6%) of the studied patients suffer from medical diseases such as diabetes mellitus, hypertension, cardiac diseases and liver diseases while almost all of the studied sample (94%) are not suffering of medical diseases. In relation to psychological complains about one third of the studied patients (32.5%) complain of psychological distress such as depression, anhedonia, hopelessness and anxiety, while the other two thirds (67.5%) denied having any psychological distress. In relation to other surgical operations beside mastectomy, more than third (36.5%) of the studied patients have other operations as hysterectomy, vasectomy and lumpectomy, while two thirds (63.5%) didn't have any other operations. Concerning the chemotherapy and radiotherapy only one case constituting (0.5%) of the studied patients receive chemotherapy and radiotherapy, while the rest of the sample (99.5%) don't receive such treatment.

- 3) Body image of the studied patients: nearly three quarters (71.5%) of the studied patients have high concerns of their body image. The most common concerns of body image expressed by the studied patients were finding difficulty to look at herself naked, feeling less physically attractive as a result of disease or treatment, dissatisfaction with appearance when dressed, and feeling less feminine as a result of disease or treatment.
- 4) Self-esteem of the studied patients: only nearly quarter (21%) of the studied patients have low self-esteem, and about three quarters (75.5%) of them have normal range of self-esteem, while only (3.5%) have high self-esteem.
- 5) Quality of sexual life of the studied patients: about two thirds (66%) of the studied patients have unsatisfactory quality of sexual life, while the other third of them (34%) have satisfactory quality of sexual life.
- 6) Relations between body image, and socio-demographic & clinical data of the studied patients: there is statistically significant relation between body image, and (age, education, occupation and having other surgical operations) while there is no statistical significance in the relation between body image, and residence, medical diseases, psychological complains, receiving chemotherapy and radiotherapy.
- 7) Relations between self-esteem, and socio-demographic & clinical data of the studied patients: there is statistically significant relation between self-esteem and (age and psychological complains) while there is no statistical significance in the relation between self esteem, and (residence, education, occupation, medical diseases, having other surgical operations, receiving chemotherapy and radiotherapy).

- 8) Relations between quality of sexual life, and socio-demographic & clinical data of the studied patients: there is statistically significant relation between quality of sexual life and (age), while there is no statistical significance in the relation between quality of sexual life and (residence, education, occupation, medical diseases, psychological complains, having other surgical operations, receiving chemotherapy and radiotherapy).
- 9) Correlation analysis between the studied variables: there is highly statistically significant negative correlation between body image and self esteem ($P=0.015$) which indicates that distress and concerns of body image of the studied patients increase with decrease the level of self esteem of the studied patients and vice versa while there is no statistically significant correlation between body image and quality of sexual life ($P=0.213$), but there is highly statistically significant positive correlation between self esteem and quality of sexual life ($P = 0.000$) which indicates that an increase in self esteem of the studied patients with increase in quality of sexual life and vice versa.

Conclusion

The current study proved that most of the studied patients have high concern and distress of their body image which is significantly correlated negatively with their self esteem, and consequently their quality of sexual life. Several factors such as age, education, residence, psychological complains and having other surgical operations are significantly related to their body image, self-esteem and quality of sexual life experienced by the studied patients. Cancer breast and its treatment is an important health issue, affecting many a woman physical, emotional, social and family life. It is thought that the change in physical

appearance and tissue integrity due to a disease or treatment will also change the body image of the person and this will lead to sexual problems. In addition it is noted in the current study that and nearly three quarter (71.5) of the studied patients have high distress concerns of their body image and about two thirds (66%) of the studied patients have unsatisfactory quality of sexual life. Therefore results of the current study indicate holistic nursing care of post mastectomy women should receive comprehensive health educational programs at the follow up stage of oncology treatment at the outpatients' clinic. The program should include psychological, social, rehabilitation, and follow up as well as earlier recognition of sexual problems and active involvement for sexual health improvement program are recommended.

Recommendation

In the light of the current study, the following recommendation is inferred:

- **General practice recommendations:**

- 1) Much attention should be directed toward assessment of body image, self esteem and quality of sexual life among post mastectomy women as part of the general health assessment performed for post mastectomy women.
- 2) Nurses working with Post mastectomy women should be trained to help them cope with alteration in their body image, self-esteem and quality of sexual life, aiming at improving patient's QoL.
- 3) Psychiatric Liaison Nursing Service should be generalized to all hospitals, and centers that deal with cancer.

- 4) A training program must be prepared and submitted to the Egyptian Ministry of Health to enforce Psychiatric Liaison Nursing Consultation in these hospitals to conduct structured training program through a periodical workshops for all nurses especially nurses dealing with cancer patients focusing on knowledge regarding body mind interrelationship, psychological disorders; symptoms, diagnosis, management, stress, depression and anxiety management.
- 5) Nurse intervention against patients' depression and anxiety would improve their adjustment process and QoL.
- 6) Consideration of the bio-demographic factors that affect patients' body sexual life should be studied thoroughly in order to plan an effective preventive program.

• **Research recommendations:**

- 1) There is a need to carry out more researches to assess the quality of sexual life of patients complaining of chronic diseases affecting his/her sexuality as it is important dimensions of quality of life , hence improving it improving the patient quality of life.
- 2) Additional research in liaison psychiatric nursing is needed, especially in areas of chronic diseases, and quality of sexual life.
- 3) Comprehensive health educational programs for all women following breast cancer treatment in outpatients' clinics of oncology department units include psychological, social, rehabilitation, and follow up.
- 4) Awareness of the patients' body image perception, spouse relationship and level of sexual satisfaction, enables the reference of the patients with problems to psychiatric consultation and these precautions help

increase the life quality of the patients within the process, and procure a better compliance to treatment and a better adjustment to the disease.

- 5) Earlier recognition of sexual problems and active involvement for sexual health improvement program for breast cancer survivors.
- 6) Sexual life reframing program can also be applied to survivors' education or support group to better understand the sexual life issues among breast cancer survivors who may benefit from nursing intervention.
- 7) Patients who are to undergo either prophylactic or therapeutic mastectomy should have access to breast reconstruction consultation programs.
- 8) An experimental study should be carried out to find out the effectiveness of a liaison psychiatric nursing program in reducing the stress levels, improving QoL, and enhancing coping strategies among the patients with cancer especially those undergoing mastectomy.