



Preoccupations and Worries in Women with Breast Cancer: A Qualitative Study

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Authors' contributions

This work was carried out in collaboration between all authors. All authors read and approved the final manuscript.

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ABSTRACT

Aims: As one of the most prevalent cancers among women, breast cancer can severely affect the patients psychologically. Worry and anxiety can be one of these effects. Hence, this study is conducted to evaluate the most important worries and preoccupations of women with breast cancer.

Methodology: In this qualitative study, 14 women with breast cancer under treatment are selected from Tehran's clinics and Shohada hospital and 7 psychotherapists and counselors are selected from consultation centers in Tehran in 2016 using purposive sampling method. The patients were interviewed using group-focused method and the therapists were interviewed individually using in-depth interview. The data was recorded and along with data collection, the results were analyzed using content analysis.

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Results: Future uncertainty and ambiguity were the main themes found in this study. The sub-themes also included lack of control, prediction of loss and psychological insecurity.

Conclusion: Women with breast cancer have many worries and the main themes of these worries include ambiguity, future uncertainty and secondary themes include insecurity, prediction of loss and vulnerability.

Keywords: Worries; women; breast cancer; occupations; qualitative study.

1. INTRODUCTION

Breast cancer is the most commonly diagnosed cancer worldwide and the leading cause of cancer death in women, with roughly 1.4 million new breast cancer cases and 458,000 deaths in 2008 [1]. It is considered as a terrifying disease due to a high mortality rate, its impact on self-image and sexual relationship [2]. The different treatment of primary breast cancer include surgery, chemotherapy, radiotherapy and hormonal therapy, all four of which can be used alone or as combination [3]. Surgery is the primary treatment for breast cancer, whereas chemotherapy and radiotherapy are adjuvant therapies commonly used after primary treatment to inhibit metastasis and enhance long-term survival rates [4]. Also cognitive behavior therapy and spirituality intervention are effective for treating psychiatric disorders in these patients [5].

The number of women who survive breast cancer has significantly increased in recent years due to the advances in detection and treatment. However, the aggressiveness of the treatment exposes the patients to various treatment side-effects. In fact, cancer and treatment-related symptoms can be major stressors in a patient with breast cancer who is undergoing treatment for the disease [6]. Therefore, addressing the impact of breast cancer and its treatment on long-term outcomes is an important issue [7].

Many studies have confirmed serious mental changes of women after the disease and after the treatment [8]. One of the negative effects is intensification of worry in survived women. The worry can not only endanger mental health of the patients with cancer. [9], but also it is important from another aspect that if the worries of these women are not managed, they can interfere in the process of their follow up and treatment and decrease the probability of their survival. For example, fear of cancer recurrence is identified as one of the most common worries in these survived people. [10,11], which can postpone

treatment follow up by the years after end of active treatment.

According to effect of worry and anxiety on intensification of symptoms and recurrence, a few studies are done in this field on women with breast cancer and these studies are also mainly quantitative [12,13]. As quantitative studies can't help deep understanding of mental aspects of survived patients with cancer, it seems to conduct qualitative studies in this filed. In this regard, this study is aimed with the purpose of identification of worries and preoccupations in women with breast cancer.

2. METHODS

In this qualitative study, for purpose of deep understanding of worries in women with breast cancer, two groups are used: first group included women with breast cancer under treatment in several clinics and Shodada hospital in Tehran in 2016. The second group included expert Psychotherapists who working with women with breast cancer in Tehran. Sampling method was purposive sampling. It means that patients with inclusion criteria entered to the study. Inclusion criteria for patients included Breast cancer, having at least 20 years of age, surgery, radiation therapy and chemotherapy courses in 6 month ago. The exclusion criteria included: having severe psychiatric disorders such as psychosis, bipolar disorder and delusional disorder, other cancer and unwillingness to take part in the study. Hence, 14 women participated in the study. They screened by a psychiatrist about psychiatric disorders that we mentioned in above. Therapists had at least 5 years' experience of consultation with cancer patients. We selected two groups included cancer patients and expert psychologist for better identifying preoccupations and worries of patients.

The interview was implemented using group-focused method. This kind of interview is one of the qualitative studies and one method for data collection and is implemented on people with common characteristics and experiences. The

aim of this kind of interview is deep understanding of the author about experiences of people about a special issue [14].

Before beginning the interview, the purpose of this study and interview was explained to the participants and they were ensured about privacy of their information and they were ensured that they could leave the study whenever they want and that their interview would be recorded if they get permission. After explanation of the purpose and method of interview, written consent was taken from the participant.

Group-focused interview was performed in 3 sessions with 60 min per session with the permission of patients. Moreover, behavior and mood of individuals was recorded while interviewing. The questions designed for this group are as follows:

- What are the main worries for you?
- What thoughts usually make your mind involved during the day?
- What about you are worried?
- What are worries related to you?
- What are the worries about others?

To increase understanding of patients, exploration and clarification techniques are also used such as: "explain more", "what do you mean" and "please give an example".

This process was performed for Psychotherapists as follows: according to inclusion criteria (having at least 5 years' experience working in public and private centers for breast cancer patients and have at least a master's degree in psychology), depth interview was performed for them. Each interview lasted 1 hour and half an hour and the interview with psychotherapists were continued to the level of data saturation and was ended finally with 7 psychotherapists.

The questions in depth and semi-structured interview asked from psychotherapists individually included:

- What are common worries of women with breast cancer?
- About what issues they are mainly worry?

The duration of interview with psychotherapists was to 45-60 min.

It should be mentioned that this study is a part of a more expanded study in field of effectiveness

of psychological interventions in women with breast cancer and has been conducted with the confirmation of Ethics Committee of Shahid Beheshti University and required permissions.

2.1 Data Analysis Method

Data analysis is performed using content analysis and data processing is done using systematic method in 5 steps.

In this method, the classes are derived directly from text data and the author gains deeper understanding of studied phenomenon. Scholars using this method tend to explore hidden concept in studied words and text and use content analysis or data interpretation process [15]. As data analysis is done along with data collection in method of content analysis, the interviews are firstly changed into text after several times listening and after reading the text several times; words, sentences and paragraphs are considered as semantic unit. Then, according to hidden concept in them, abstraction and conceptualization level is achieved and they are named using codes. Codes are compared to each other in terms of similarities and differences and are classified under new classes under certain title and finally, the hidden content in data is introduced as research theme with exact and deep hesitation on them [16,17]. In this study, same method is used. In first step, the recorded content of interviews, whether individual or group-focused, was implemented and typed word by word. For deeper understanding, the interviews were listened several times and were compared with the text. In second step, whole text was read several times before coding and then, decision was made on coding units. In third step, classes were derived from raw data as priority.

In next step, first order coding was done with emphasis on explicit content. Then, implicit concepts of codes were derived and a prior code was given to each analysis unit and sub-codes were derived.

During coding process, two researchers controlled coding continuously to ensure about agreement of opinions of participants and researchers. To determine validity of data, continuous analysis of data, analysis of data along with collecting it, review of derived codes and participation of two expert researchers in qualitative study are used.

3. RESULTS

Average of age range of participants in two groups was 25.4±3.2. Age range of patients participated in this study was from 33 to 58 years old and all of them had passed surgery and chemotherapy and radiation therapy sessions in 6 month ago. 12 patients (85.%) were married and 2 people were divorced. 8 patients were 30-40 and 6 patients were 40-50 years old.

All psychotherapists participated in this study had Master degree in psychology and they were expert in field of working with patients with cancer. Two psychologists were male and 5 people were female and were in age range of 26-33 years old.

After data analysis, theme "uncertainty and ambiguity" was obtained as the main and common theme and common between both groups. A summary of sub-themes is presented in Table 1.

3.1 Lack of Control

Participants mentioned that cancer has damaged their sense of control on life and has brought experiences such as helplessness, weakness and sense of being captured of fate. Following, some experiences of participants are referred:

Participant 3 (patient): "you feel that you have control on nothing; are not aware of your next moment and think that what usefulness of such life that nothing is predictable is".

"You feel that you have control on nothing; are not aware of your next moment and think that what usefulness of such life that nothing is predictable is".

Participant 5 (patient): "I think sometimes that I am in a car that has not brake and also I am not

the driver and go toward every direction like a wood; I can't plan for my next 1 or 5 years; I can't prevent the disease and overcome it."

"I don't know what is happening in my body".

All of the abovementioned words refer to lack of control, since the patients feel that have no control on life because of their disease.

Participant 3 (psychotherapist): "well, it is natural that people feel weak control on life as a result of cancer. When a person has no control on life that is the most important thing, naturally he/she feels helplessness. Sense of lack of control and helplessness can also make patients vulnerable and can cause more stress for them."

3.2 Prediction of Loss

Prediction of loss was the most common cognitive disorder in patients participated in this study. Prediction of losses includes mainly loss of health, stability, happiness and marital life.

The psychotherapists also believed that negative prediction can be one cause of anxiety and worry, which can be created as a result of sense of insecurity after being informed about cancer in individual.

Participant 13 (patient): "I am always worried; I always think that bad thing will happen; I feel that I am on a slope and I am losing everything in my life."

Participant 4 (patient): "mind of human can't be calm with cancer. Many thoughts come to mind like what if my husband leaves me? What if my children lose their mother? What if cancer comes again? What if the treatment is not effective and so on?"

Table 1. Main themes and sub-themes derived from analysis of interviews

Main theme	Sub-themes	
Uncertainty and ambiguity to future	Lack of control	Lack of control on life Lack of control on cancer recurrence
	Prediction of loss	Loss of general health Loss of femininity (loss of breast and sexuality) Loss of marital life Loss of life
	Uncertainty and ambiguity	Fear of Exacerbations Fear of screening process Fear of future Fear of bad events Vigilance and fear of recurrence

Participant 6 (psychotherapist): "mental preoccupation and worry can be the main psychological symptom in these patients. They are worry about bad events; e.g. worry about losing their breasts or can't be good wife and have sexual relationship after losing their breasts; lose their general health and become vulnerable; lose their self-confidence as a woman, etc."

Participant 4 (psychotherapist): "feel threat and risk can make people be always in fear of everything and predict bad events and upcoming things."

3.3 Uncertainty and Ambiguity

Cancer can not only result in uncertainty and ambiguity, lack of control, loss prediction and vulnerability, but also it can intensify wide feeling of insecurity in patients. This sense of insecurity can have negative effect on life expectancy of patients and can prevent them continuing their treatment and enjoy life. Many patients participated in this study reported that feeling insecurity interferes the process of their treatment and follow up and deprives them from having normal life.

Participant 10 (patient): "fear of cancer recurrence is always with me. I am always afraid and this can destroy life expectancy. There is no hope for health. I ask myself that what is the benefit of these treatments and there is no certainty that I can take my health back or not and if I am improved, the cancer may come back again."

Participant 8 (patient): "before getting cancer, I always was thinking that I have long life; but now I don't think so and I feel always that I am on the edge of a crag."

Participant 1 (psychotherapist): "patients are worry about bad happenings, since they have feeling of insecurity and fear and are afraid of losing again."

Participant 12 (patient): "when suffering from a serious disease, a fear comes to mind and life. Patients think always that can't have plan, since they are sure about nothing and can predict nothing. I am always afraid of bad happenings and worsening of the situation; because I am not sure and have no feeling of security that can I even live a few minutes or not!"

Participant 5 (psychotherapist): "cancer and probability of recurrence can push people toward helplessness and this is the problem with majority of patients. Patients feel that they have lost their control on life and have lost their goal and are weak and under danger."

Felling insecurity in life and weakness and vulnerability against cancer was observed many times in statements of participants and it was found that one of the most important sources in these patients is worry and stress.

4. DISCUSSION

In this study in field of common worries in women with breast cancer, one main theme and 3 sub-themes were derived. Main theme was future uncertainty and ambiguity. In fact, majority of patients and psychotherapists believed that cancer is along with future uncertainty and ambiguity. This result is in consistence with findings of McCann et al. [8]. Uncertainty and ambiguity as an orientation to future can not only cause stress, but also can affect quality of life and can also result in creation of psychological disorders [5].

Another important result of this study is lack of control. Many patients and therapists reported that getting cancer can reduce sense of control on life and health of patients to an extent that they feel unable to prevent negative and bad happenings. In this filed, one of the most important fears of women with breast cancer was fear of recurrence. They believe that they can prevent cancer progression through no way. These results are in consistence with findings of Tewari and Chagpar [13] referring to fear of recurrence as the most important type of fear in patients with cancer. Moreover, studies of Landmark et al. [15] showed that patients consider cancer as an unpredictable and uncontrollable disease and such belief can result in intensification of psychological symptoms such as fear and anxiety. This result refers to harm of sense of control in patients and is in consistence with findings of this study.

Another result was prediction of losses. Women with breast cancer are always worry about losing everything and predict that they will lose many things in future. This result is in consistence with results of studies mentioning that main worries of women with breast cancer include fear of recurrence and exacerbation of cancer. Janz et al. [18] has also mentioned that fear of

recurrence or loss of life is the most important worry in women with breast cancer. Prediction of risk of loss is correlated to anxiety and depression [2]. This finding is also in consistence with obtained results from the present study. On the other hand, negative beliefs that are linked with fear of loss have led to fear of screening and regular checkups [19]. This is because; patients are always worry that the results of screening show more losses such as loss of breast specially and loss of life generally.

Third result in this study is mental insecurity in patients. This feeling of insecurity can make patients remain always state of alert and vigilance and wait for bad happenings and feel more vulnerability and helplessness. Such feeling of insecurity and vulnerability can increase worrying and stressful thoughts in these patients and create fear in them in addition to affect the process of their well-being and improvement negatively [20]. Moreover, the present study showed that feeling insecurity and vulnerability can make women feared of screening process and its results. This result is in consistence with findings of Conceding et al. [19]. Lamyian et al. [21] and Wu et al. [22] based on fear of components of careening and fear of results of screening as the most common fears in patients and with findings of Copland LS et al. [23] and Aro AR et al. [24] based on fear of mammography, surgery, radiotherapy and hospitalization in Cancer Unit. Such fears referring to feeling vulnerability, insecurity and risk can be the main reasons for delay in diagnosis of cancer or its recurrence. They can reduction general health and quality of life [25].

This study has had some limitations. For example, data collection has been based on self-report of participants and they may be affected by biases caused by recall of information. Moreover, as this study has been a qualitative research, it is impossible to generalize its results to larger populations.

5. CONCLUSION

Obtained results from this study showed that worries of women with breast cancer are too deep and expanded and encompass different aspects. Uncertainty and ambiguity to future, lack of control on life and disease, loss prediction, feel insecurity to life and vulnerability against cancer can form panel of common worries and concerns in patients with breast cancer. In this field, it is suggested that using psychological interventions

to control worry is required part of treatment of cancer patients. This can not only help improvement, but also it can be effective in prevention of cancer recurrence.

6. SUGGESTIONS

We suggest prevention programs for reduction of anxiety, worry and negative preoccupations in women with breast cancer.

CONSENT

As per international standard or university standard, patient's written consent has been collected and preserved by the authors.

ETHICAL APPROVAL

As per international standard or university standard, written approval of Ethics committee has been collected and preserved by the authors.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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