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Stress and coping in perioperative period of breast cancer

STRESS E COPING NO PERÍODO PERIOPERATÓRIO DE CÂNCER DE MAMA

ESTRÉS Y SOBRELLEVAR EN EL PERÍODO PERIOPERATORIO DE CÁNCER DE MAMA

Rafaela Andolhe¹, Laura de Azevedo Guido², Estela Regina Ferraz Bianchi³

ABSTRACT

This study is a literature review with the objective to reflect about stress and coping in the perioperative period of breast cancer. The study was performed based on a national online database including studies published from 1996 to 2006. The search found 63 articles, 17 of which were selected. The selected articles were read, analyzed and grouped into thematic categories: 1) Breast cancer as a stressor and impact on the diagnosis; 2) Stress and breast cancer treatment; 3) Coping and breast cancer; 4) The nurse as a cooperator in the coping process. This study found that national literature about breast cancer is substantial, but there few studies emphasize stress and cancer as a process lived by patients. Therefore, further studies should be performed regarding the stressors experienced by Brazilian women with breast cancer and the coping strategies they use.

KEY WORDS

Stress.
Breast neoplasms.
Perioperative nursing.
Women's health.
Mastectomy.

RESUMO

Este trabalho é uma revisão bibliográfica, que objetiva refletir sobre stress e coping no perioperatório de câncer de mama, realizada em bases de dados on-line nacionais, abrangendo trabalhos publicados de 1996 a 2006. Foram encontrados 63 artigos, sendo selecionados 17, que foram lidos, analisados e agrupados em categorias temáticas: 1) O câncer de mama como estressor e o impacto do diagnóstico; 2) Stress e o tratamento do câncer de mama; 3) Coping e o câncer de mama, e 4) O enfermeiro como colaborador do processo de enfrentamento. Esse trabalho permitiu identificar que é vasta a literatura nacional sobre câncer de mama, mas poucos são os trabalhos que enfatizam stress e câncer de mama como processo vivenciado pela paciente. Por isso, pode dar direção a pesquisas futuras acerca dos estressores vivenciados pela mulher com câncer de mama no Brasil, e quais as estratégias de coping que ela utiliza para enfrentá-los.

DESCRIPTORES

Stress.
Neoplasias da mama.
Enfermagem perioperatória.
Saúde da mulher.
Mastectomia.

RESUMEN

Este trabajo es una revisión bibliográfica que tuvo por objetivo reflexionar sobre estrés y sobrellevar en el perioperatorio de cáncer de mama, realizada en bases de datos on-line nacionales abarcando trabajos publicados de 1996 a 2006. Fueron encontrados 63 artículos, siendo seleccionados 17, que fueron leídos, analizados y agrupados en categorías temáticas: 1) El cáncer de mama como factor de estrés y el impacto del diagnóstico; 2) Estrés y el tratamiento del cáncer de mama; 3) Sobrellevar y el cáncer de mama, y 4) El enfermero como colaborador del proceso de enfrentamiento. Este trabajo permitió identificar que existe una vasta literatura nacional sobre cáncer de mama, sin embargo son pocos los trabajos que enfatizan estrés e cáncer de mama como un proceso experimentado por el paciente. Por eso, este, puede orientar investigaciones futuras acerca de los factores de estrés experimentados por la mujer con cáncer de mama, en Brasil, y cuales son las estrategias para sobrellevarlo que ella utiliza para enfrentar el cáncer.

DESCRIPTORES

Estrés.
Neoplasias de la mama.
Enfermería perioperatoria.
Salud de la mujer.
Mastectomía.

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INTRODUCTION

The incidence of breast cancer has increased over the last years. The estimate for the country in 2008 was around 49,400 new cases of breast cancer, according to the records of the National Institute of Cancer (INCA), with an estimated risk of 51 cases in every 100,000 women⁽¹⁾.

These data show that breast diseases, both benign and malignant, are concerning causes of female morbimortality. According to INCA⁽¹⁾, the continuing increase in the incidence of female breast neoplasms may be the result of sociodemographic changes and in the accessibility to health services. Being as important as a reason of morbimortality, breast cancer deserves attention, since it attacks the breast, symbol of femininity and beauty. Due to this reason, it may represent stress to the woman, as it causes tension and fear⁽²⁾.

In this context, as the woman finds herself with breast cancer, a group of meanings attributed to the breast is affected. The patient must elaborate a new reality, a concept of herself: from a regular woman to a woman who has breast cancer. This situation, originated by the disease, is very fragile, inspires feelings of sadness, anxiety, fear of death, low self-esteem, among others, and that is why it is possible to state it is stressful.

During the nursing care at the Tocogynecology Unit it was possible to experience the suffering, the lack of information and the incapability to adapt to the situation, which these women go through. Besides, the low self-esteem, the deficit of self-concept, the stigma of mutilation involved by the disease, the shock in the female structure due to the change in the body image and the *feeling less woman*, are factors that may strengthen the stress of these patients.

In this context, the analysis of stressful situations caused by breast cancer that must be faced by the patients with indication of mastectomy is quite relevant, since it may help these women find appropriate coping strategies. Therefore, the study of the stress felt by these patients, especially in the perioperative period and at the hospital discharge, and the coping mechanisms used by them, are points of great importance when there are evidences of compliance with the treatment and quality of life/survival of these women.

This literature review aims to reflect about the stress and coping in the perioperative period of breast cancer.

THEORETICAL REFERENTIAL

Stress: concepts and meanings

In the contemporary world, technological innovations influence people's daily lives. These innovations were able to modify the needs of the human being and improve life quality⁽³⁾.

Nevertheless, the technological progress has not only brought benefits but also required adaptations from society to this new life style. The current social reality demands a constant adaptation, conscious and ability to face this situation, as well as requires capability to manage the aggravation of stress⁽⁴⁾.

In this context, stress may be considered an inherent part of people's daily lives. The relations of the individual with the professional, social or personal environment, both in the scope of interpersonal relations and in the technological scope, are continuously permeated by stressors.

The term *stress* was originated in the engineering area, in which tests measured the force that a material was able to bear against it, before breaking apart⁽⁵⁾. Afterwards, other studies about stress were developed, contributing to the evolution of the concept.

The endocrinologist Hans Selye, in 1936, introduced the term to the health area with similarities to the previous ideas, referring to the unspecific reactions elaborated by the biological system as a response to harmful situations to the organism⁽⁵⁻⁶⁾.

In his studies, an author⁽⁷⁾ observed that the changes presented by the organism due to a stressor represented a reaction of the body in an attempt to keep the homeostasis and he named these manifestations as General Adaptation Syndrome (GAS). These reactions happen in three stages, being the alarm, resistance and exhaustion stages^(3-4,6).

In the *alarm stage*, there is the initial response to the stressor, which is developed by the autonomous nervous system through the release of hypophyseal and adrenal hormones in order to break the homeostasis, preparing the organism to fight or to escape⁽⁴⁾. The homeostasis is recovered if the stressor is eliminated or if the organism adapts to it, otherwise, the resistance reaction begins.

In the *resistance stage*, the stressor keeps acting and causes neuroendocrine changes in the body in an attempt to reestablish the internal balance, however, it will proceed to the exhaustion stage if the stressor is not eliminated⁽³⁾.

In the *exhaustion stage* there are similar signs to those that take place in the alarm reaction, but they are so intense that they characterize the deterioration of the organism, leading to the outbreak of diseases or the death of the subject⁽⁴⁾.

Nevertheless, it is not possible to define stress as a negative process. A stressful event may involve healthy situations, leading the subject to well being sensations, which was named, in 1959, as *eustress*⁽⁷⁾. On the other hand, the harmful effects of stress, which involve unpleasant feelings, were defined as *distress*⁽³⁻⁴⁾.

Other studies about stress were then developed, making it a broader concept. Stress is defined as something that transcends the biological sphere and these studies highlight the importance of the cognitive system in the responses to different stimuli⁽⁸⁾. In fact of these facts, studies⁽⁸⁾ presented an interactionist model, in which they highlight the importance of the cognitive appraisal as a mediator of the reaction to stress, in order to neutralize or overcome it.

In this model, stressors may be appraised by the subject. In the *primary appraisal*, the subject identifies the stressor and reacts according to the meaning of the experienced situation (positive or negative), which may be defined as a challenge, a threat or something irrelevant. In the *secondary appraisal*, the subject analyses the stressor aimed at ways to control it and strategies to face it, through mechanisms that may be effective, or not. Finally, the *re-appraisal* involves an appraisal as a way to control the stressor. The conscious and brain systems react reappraising the stressor. In case the facing strategies from the primary appraisal have been effective, the organism may not react to the stressor anymore.

Therefore, stress, understood as a process, demands a response, triggering a series of evaluative stages by the subject in the search for its meaning, so that, later, the person will be able to choose the appropriate way of coping. Thus, it is possible to comprehend stress as an inevitable event that integrates the evolutionary cycle of the human being. Each subject, when facing a stressor, is going to cope according to her own experiences, values, feelings and culture.

Coping: definitions and strategies

In the search to overcome stress, each person uses coping strategies that, according to their evaluations, will be more effective to accomplish it. These strategies form a set of efforts developed by the subject to manage internal and external stimuli⁽⁴⁾.

In this context, coping is defined as a process through which the person handles the stimulus of the relation subject/environment that is considered stressful⁽⁸⁾. It is the response to different stimuli in order to keep the physical and psychic integrity of the organism⁽⁴⁾.

In face of the latter, the person uses coping mechanisms in an attempt to neutralize and/or eliminate the stressor and recover her internal balance. Therefore, coping strategies may be grouped in two fundamental focuses: coping centered in the problem and coping centered in emotion⁽⁸⁾. In the first focus, coping centered in the problem, the subject searches the resolution to the situation using information about the stressful event, analyzing the alternatives of action available to choose the one she believes to be the most appropriate. In the coping centered in emotion, the strategies employed have a high emotional load and derive from the person's self-defense processes. They are mechanisms of detachment, escape and avoidance that work as a shield and avoid the confrontation of the subject

with the stressor, in an attempt to modify reality, as well as unpleasant sensations derived from the stressor.

Coping, considered as a strategy, may be learned, used and adapted for any stressful situation faced by the subject. Besides, coping is a dynamic process that may receive appraisals and reappraisals, which allow the person to change her attitudes and conceptions so that she may face the stressor in the most appropriate and effective way⁽⁴⁾.

It is worth highlighting that the stress will be overcome if the used coping strategies are effective. Otherwise, if coping is ineffective, there will be a process of cognitive reappraisal of the stressor and possible changes in actions, continuing until the achievement of the resolution to the problem or exhaustion.

METHOD

A literature review was developed from the databases of the Latin-American and Caribbean Center on Health Sciences Information (LILACS) and through researches in online national journals, such as the Brazilian Journal of Oncology, comprehending studies published from 1996 to 2006. The search was performed between June and September of 2006.

At a first moment, the articles were selected by their title, and then, according to their abstracts. The selection of the articles considered the following inclusion criteria: being published in the mentioned period, being written in Portuguese and approaching subjects related to stress and coping in the perioperative period of mastectomy, and especially, breast cancer and stress. Articles were excluded either if they did not have the selected key-words and/or abstracts, or if they focused on clinical treatments, surgical techniques and the disease's physiopathology.

The first selection comprised 63 complete studies, from which, based on the compliance to the inclusion and exclusion criteria, as well as the initial reading, 16 articles remained for the study, 13 of them published by the Brazilian Journal of Oncology and 3 by the Latin American Journal of Nursing. These journals were chosen since they are a reference for studies about cancer and for circulating information in the nursing area.

The articles found were read, analyzed and grouped in four thematic categories: 1) Breast cancer as a stressor and the impact of the diagnosis; 2) Stress and the treatment for breast cancer; 3) Coping and breast cancer; and 4) The nurse as a contributor in the process of coping with breast cancer, which allowed the organization of relevant information.

RESULTS

The 16 studies found were organized in chronological order, according to their publication, and presented in the table below.

Table 1 - Distribution of publications about stress and breast cancer - Santa Maria - 2006

Author	Subject
PAULA AAD, CARVALHO EC (1997)	Preoperative instructions with coping and audiovisual resources.
CALIRI MHL, ALMEIDA AM, SILVA CA (1998)	Study about the experience of breast cancer lived by a group of women whose treatment decision was, most of the times, indicated by the doctor.
RODRIGUES DP et al. (1998)	The social support to meet the needs of mastectomized women.
BELTRAN AG, BARRETO SS, GUTIÉRREZ MGR (2000)	The experience of family members who took care of patients who died due to breast cancer.
HENRIQUES MERM, SANTOS IBC, SILVA FMC (2001)	Risk factors for the breast cancer in mastectomized women.
SALES CACC et al. (2001)	Life quality of women treated for breast cancer and their social life.
LINARD AG, SILVA FAD, SILVA RM (2002)	Coping with cervical cancer by women.
THULER LC (2003)	The prevention of female breast cancer and the different ways of coping.
VENÂNCIO JL (2004)	The importance of the psychological support in the adaptation process of the patient in order to reduce emotional disorders.
VIEIRA RJS, GOMES R, TRAJANO AJB (2005)	The perception of the woman with breast cancer regarding the damage to the social function of her body due to the breast cancer, influenced by culture.
MALUF MFM, JO MORI L, BARROS ACSD (2005)	The psychological impact of the breast cancer diagnosis.
BERGAMESCO RB, ANGELO M (2005)	The suffering of the woman diagnosed with breast cancer.
MELO EM et al. (2005)	The interference of the chemotherapy treatment in the adaptation of mastectomized woman in the perspective of Roy adaptation model.
PANOBIANCO MS, MAMEDE MV (2005)	Complications and changes associated to the arm edema in the first three months after the mastectomy.
MAMEDE MV et al. (2005)	The commitment to the coping and life quality of mastectomized patients by the nursing team in the preoperative instructions.
PRADO MAS et al. (2005)	The practice of physical activities in women who underwent a breast cancer surgery.

DISCUSSION ABOUT THE RESULTS

Breast cancer as a stressor and the impact of the diagnosis

The diagnosis of any disease in someone's life is a fragile moment and the way of facing it depends on the individuality of every person. Particularly, the breast cancer diagnosis, in most of the cases, constitutes a situation of tension, fear and anxiety, both for the woman and for her family. That happens because, the cancer, regardless its type, is considered as a death sentence and a synonym for pain and suffering. Some people do not even mention the word *cancer*, they refer to it as *that disease* or the *tumor*, justifying the mystification given to the disease.

Breast cancer also has a stigmatizing character, as it represents fragility, mutilation and, sometimes, the end of life⁽⁹⁻¹¹⁾. The perspective of finitude represented by the disease suggests a threat from three focuses to the patient: physical pain, mutilation and death⁽¹²⁾.

Besides the mentioned aspects, there is the anxiety and fear of losing a part of their body that is intimately related to the female essence. The breast represents femininity, beauty, sexuality, sensuality, the identification as a woman and the feeding source for their children^(2,11,13-15).

The diagnosis process, if extended, may be traumatic for the patient due to the several exams that must be made and analyzed carefully for obtaining a definitive result⁽⁹⁾.

Generally, the breast cancer diagnosis also affects other areas of the woman's life, personal or social, and may be understood as a stressor. After being aware of the disease, the person suffers implications in her daily life, as well as in her social context. Both the woman and her family are a target of affliction and uncertainties regarding the future, since it is not possible to anticipate accurately how the response to the treatment will be, whether there will be a surgical procedure or not and whether the disease will remit or advance, finally, these aspects represent insecurity, fear, anxiety and, consequently, stressors⁽⁹⁾.

After confirming that the breast tumor is malignant, the woman and her family may go through the stage of denying the disease, in which they look for several professionals in the hope to find a different result from the one previously obtained⁽¹⁶⁾. If the diagnosis is given in a humanized way, considering the emotional condition of the patient, she is able to face the acceptance of the disease better, reducing negative feelings⁽¹⁷⁾. After overcoming this process, as the family and the patient accept this new condition, the treatment is initiated.

By accepting the disease, the patient starts a process of making decisions regarding taking complementary exams, choosing the type of treatment and auxiliary therapies. After the period of the breast cancer discovery, the treatment stage also offers factors that may break the biological and cognitive balance, which is often changed by the disease and/or the impact of the diagnosis. That happens because the patient has to face deep changes in the performance of her daily activities, in the social interaction and, especially, the woman who has breast cancer will need to adjust herself to significant changes in her body and to the reappraisal of her self-concept.

Stress and the treatment for breast cancer

Several people consider the hospital environment rather unpleasant, since it inspires feelings of sadness and pain, besides reminding them of the presence of the disease, the incapability, and even death. There is an author⁽⁴⁾ who considers the hospital environment stressful due to the idea of pain and suffering it transmits.

The distance from home, from the family and the social life due to the treatment also causes anxiety to the patient. The changes that the hospitalization process causes to the life of the person, preventing her from doing routine activities, are significant and stressful, since they demand a mechanism of coping and adaptation from the patient⁽³⁾.

In this context, the hospitalization of the woman for the breast cancer treatment is not different. After the shock and the stress experienced in the diagnosis, the patient needs to face a new reality, with several changes, including role changes. The woman, who was always the caretaker of her house, children and husband, sees herself as someone who needs special care. She must stay away from her daily activities, her work, family and friends for the treatment of the disease.

Besides, the patient may have doubts regarding the effectiveness of therapeutic interventions and her lifetime. In face of this fact, professionals who integrate the health team and who are involved in the care of the woman with breast cancer must provide information about the available types of treatment and the cure perspective.

It is a fact that the possibility of cure for breast cancer is related to the early diagnosis: the sooner the disease is detected, the better the prognosis and the greater the chances of cure. The perspective to overcome breast cancer is related, mainly, to its extension, to the first therapeutic measure taken and to the quality of the resources available for the treatment⁽¹²⁾.

The therapy chosen for treating the disease is generally surgical. It may be a prophylactic mastectomy, a tumorectomy, a quadrantectomy, a simple/total mastectomy, a modified radical mastectomy or a classic radical mastectomy. Whatever the type of intervention recommended is, the anesthetic-surgical procedure increases the anxiety, concerns and insecurity of the patient, who can understand them as a threat. Therefore, stressors are identified by the patient, who needs adaptation to better face them.

The adaptation to the hospital routine, the submission to complex procedures, the multidisciplinary team making use of specific terminologies and the great number of equipments prepared for the surgery are possible stressors that follow the pre, trans and postoperative periods of the patient with a mastectomy indication. The stress process is developed since the moment when the patient becomes aware that the surgery is necessary until the return to her daily activities⁽³⁾.

The intensity of the symptoms caused by the level of stress in the preoperative period may influence the post-anesthetic recovery and the life quality in the postoperative, not to mention that the level of stress of a patient is directly related to the recovery time⁽¹⁸⁾. Therefore, the higher the stress level of the surgical patient in the preoperative period, the longer the period needed for the postoperative recovery.

In face of the latter, the patient's preparation is fundamental, regardless her pathology, through the nursing monitoring in the postoperative period. In this occasion, the surgical patient has the opportunity to be listened and to clarify her doubts, which can reduce the stress, ending in a faster and appropriate recovery in the postoperative period.

Both the breast cancer diagnosis and its treatment are representative in the stress development⁽¹⁹⁾. Besides, the perspective of losing a significant part of her body in terms of femininity, the fear of being rejected by her husband and the self-image deficit are challenges that transcend the complexity of the surgical act.

The effects of the mastectomy are intense and devastating in the patient's emotional scope⁽²⁾. Even though the

surgery represents a relief as it will remove the tumor, it arouses a negative feeling in the mastectomized woman regarding the breast loss and, consequently, a decrease in the being/feeling woman, psychologically and physically evidenced⁽¹⁹⁾. In this context, a *grieving stage* is established, in which the woman experiences the grief of not having a representative part of her body anymore, the symbol of her femininity, beauty and sensuality.

In the grieving stage, the woman confronts her internal contents to the new reality - breast cancer, in order to psychologically elaborate her new self-image⁽¹⁶⁾. The perception the woman has about herself needs to be redefined and the elaboration process of the perception of a woman, who has breast cancer now, causes a great deal of suffering⁽⁹⁾.

Young women who are victims of breast cancer, generally, suffer much more regarding the breast loss, since there is a greater attribution to the organ in terms of sexual attraction and fertility⁽¹³⁾. For older women these feelings are not so strong, because they are generally mothers who have already breastfed and raised their children, and understand that their breasts have already met their purpose. Anyway, every woman, in her individuality, will face the breast loss process according to the coping mechanisms she finds more effective.

In the chemotherapy treatment, the woman also experiences stressful situations, either due to the several chemotherapy sessions she has to go through for a long period or due to the side effects caused by these aggressive medications.

Given the patient is a mastectomized woman, the chemotherapy causes even more devastating effects in her emotional condition, since she is more fragile due to the breast loss, which negatively interferes in her adaptation⁽²⁰⁾. The authors state that the impact of the chemotherapy treatment increases due to its side effects, making the deficit of the patient's self-image even worse.

Any treatment, chemotherapy, radiotherapy or hormone therapy, is a motivator of grief for the patient because it pulls her away from her daily activities, due to the limitation of movements, as well as the change in her body image⁽¹⁶⁾. These factors generate anxieties, insecurities and fears that the woman has to face in the struggle against the disease.

Therefore, regardless the type of breast cancer treatment, it constitutes a period of stress for the patient. The battle against the disease and the struggle for life are difficult tasks that demand energy from the woman in order to overcome the stressful event understood as the process in which she finds herself with breast cancer and treats it.

It is the responsibility of health professionals to help the patient learn the available strategies to overcome the stress

caused by the discovery and treatment of the disease. Every woman will face this situation singularly and in the best way if she uses her knowledge, experiences, values and culture to choose the most adaptive way of coping.

Coping and breast cancer

Experiencing any disease is a unique and different situation for every person. Getting ill is a process of singular disorder for every subject, which will be experienced with the meanings that the symptom, treatment and interpersonal relations will acquire according to the patient's life context⁽¹⁶⁾.

Every human being considers her symbolic universe, her historicity and intersubjective relations in face of coping with any situation⁽¹⁴⁾. Being that the case, the process of getting ill, understood as a stressor, will be perceived by the subject in an individual way, because no one experiences the same situations and moments identically to someone else.

Similarly, women with breast cancer will perceive, analyze and face the disease on their way, according to the perception they have about themselves, their values and history. Every woman analyses her current stage, as well as the stage of her health, relating the ways through which she evaluates the transformations and faces them⁽²¹⁾.

The best way to manage the stress caused by the breast cancer is represented by a group of behaviors adopted by the woman, which are perceived in the mastectomy immediate postoperative and described by the effort managed by the patient in order to find solutions for the problems elicited by the discovery of the disease and by the surgical act⁽¹⁴⁾.

Some authors indicate the acceptance of the disease as the first step for the adjustment to the new reality, characterizing a new positive attitude towards the stressor. According to some authors, at the moment the woman recognizes she can use her body for new activities in substitution to the old ones, she establishes new purposes in life, as a consequence of the adjustments brought by the diagnosis. The patient's expectation to get back to her normal life is a significant facilitator for coping with crises situations⁽⁹⁾.

The attitudes of acceptance to the changes, the tranquility and satisfaction with life characterize more adaptive responses with an improvement in the self-esteem and self-concept. Besides, for some women, the mastectomy brought a reappraisal of their own acts and changes in attitudes, with feelings of self-preservation and more dedication to activities that give them pleasure and personal satisfaction⁽¹⁰⁾.

In face of the latter, it is possible to admit that the disease instigates the woman to think about the journey she has lived so far, recovering favorable feelings to her welfare

and life quality. These feelings may be co-related to the new perception that the woman will elaborate regarding herself and her body, which may attribute new values to other aspects of her self-image and self-esteem.

A study developed with mastectomized women⁽¹⁰⁾, observed that one of the coping mechanisms used by women to overcome their breast loss was the minimization of negative feelings related to this loss, and, as a consequence, the acceptance to their condition as a mastectomized woman. The authors identify that the coping strategies considered more adaptive were related to a greater appreciation and, consequently, greater dedication to themselves and the indifference to the breast loss.

Another resource that is frequently highlighted by the literature as a way of coping with breast cancer is the network of social support. In another study⁽¹³⁾, the health team and the family were indicated by the patients as references of support in the process of coping with the disease.

It is possible to observe that the woman with breast cancer needs the support of other people, being them their family, health team members or friends, in order to cope with the disease.

The family may represent the fundamental support to manage the new reality imposed by the disease. It is a reference that positively influences by encouraging the woman with breast cancer, besides being significant in the prediction of possible future stressful situations, in the evolution of the treatment, as a way to better assist the patient to face these situations, in case they happen, and in the most adaptive way⁽¹⁴⁾. The better the family structure, the most positive their participation in the patient's coping with the disease will be.

The relation of the woman with her children is also representative, as she may see them as a strong emotional support and comfort, manifested through gestures of attention, affection, comprehension and companionship⁽¹⁴⁾. The presence of her children was indicated individually by mastectomized women as the most recognized emotional support⁽²²⁾.

Being that the case, it is possible to observe that the family is understood as an integrated group of people, with individualized elements and recognized as the absolute and greatest source of support in the adjustment process to the breast cancer.

The partner's involvement as a support for the mastectomized woman in the adaptation to the disease reality has a great value. Women whose husbands are considered more supportive adjust to the situations more effectively; whereas women whose husbands are unable to manage stressors find it more difficult to manage the stressful situations offered by the breast cancer⁽¹³⁾.

The importance of the husband's participation in the adjustment of the woman to the disease diagnosis and

treatment, mainly, in the coping with the mastectomy, is unquestionable. The presence and the involvement of the partner in this process, in a receptive and affectionate way, may affect the rehabilitation of the patient as well as the marital life quality⁽¹⁴⁾. Therefore, his participation is important for the woman in terms of favoring a higher concept of herself, as well as in the successive elaboration stages of her new reality.

The role of faith as a coping strategy for the disease and the mastectomy is also significant⁽¹⁵⁾. The belief in God, the optimism and the positive thinking are strong influences in the development of adaptive responses to the difficult situations generated by the disease⁽¹⁰⁾.

Another strategy found to help the breast cancer coping process is the establishment or inclusion of the mastectomized woman in support groups. From the perspective that the group is comprised by people with common characteristics and interests, this strategy was emphasized by other study⁽¹³⁾ as a fundamental and recognized support for mastectomized women in an attempt to overcome the stress caused by the disease. The mentioned study also indicated that the group provides a friendly environment, in which people exchange experiences, live together and find other people they identify with. In this context, the interaction between women who have been mastectomized some time ago and their families are very positive for women who have been recently operated.

Even though several women find support for coping with the breast cancer in the health team, family, friends, religion or in a support group, others focus their feelings on negative aspects and, as a result, they find it more difficult to manage the stressful situations that constitute the disease process. Some mastectomized women respond ineffectively to the management of the breast cancer⁽¹⁰⁾. These responses are connected to the dissatisfaction with the self-image, the self-concept and the embarrassment to expose the breast affected by the cancer to the husband.

In their studies, other authors⁽²²⁾ observed that among the most representative variables related to a negative appraisal of the treatment by the patients, the fear of recurrence and the limitation of activities stood out. These factors refer to the stigmatizing character of the disease.

Depressive feelings also lead to less effective responses for coping with breast cancer. Generally, the crying, anxiety, despair and sadness may be considered strong evidences that the coping strategies used were less adaptive⁽¹⁰⁾.

The ability of any person, regardless the fact that she is ill or not, for appraising and reappraising the stressor and choosing the most effective way of adapting receives a strong influence from her psychological condition. Psychological factors may interfere in the biological aspects and stress the studies developed with natural killer cells (NK) of the immune system, which are responsible for controlling the diffusion of malignant cells⁽¹¹⁾. These studies indicated

evidences that a low level of adjustment to the cancer, a high level of stress and a non-structured social support may interfere in the production and function of these cells, and as a result, cause a worse prognosis for the patient.

Being that the case, if the psychological aspects intensely affect the immune system, an optimistic and positive attitude adopted by the subject may generate beneficial effects to her organism in order to improve the defense system. Some psychological attitudes possibly affect the biological system to the point that they may strengthen their defense system, improving the person's survival process⁽¹¹⁾.

Anyway, every human being will respond to stress in an individual way and according to their judgment of what is more convenient for the adjustment to the stressor. Specifically, stressful situations caused by the breast cancer require a response from the woman, being it a more adaptive response or not. The effort to overcome stressors comes, most of the times, from the patient, who will appraise and reappraise the disease understood as a stressor, considering her experiences, feelings and values.

In this context, the woman who experiences a situation such as the breast cancer needs to discover the possible mechanisms to use in the coping process. It is believed that at this point, the nursing team has an important role to perform, in terms of mediating more adaptive responses to the disease situation.

The nurse as an articulator in the process of coping with breast cancer

The process of coping, as individual and singular as it may be, may receive interventions. This possibility will come true if some support measures are organized and applied, according to the availability of the care service to the woman with breast cancer.

The nurse is the professional who has the most contact to the patient and, due to this reason, may establish a greater dialogic bond to her, in terms of gaining her confidence through this proximity, in an attempt to motivate her to recover her self-care and self-concept. From this perspective, the professional support is also significant as it favors mastectomized women, appreciation feelings they have about themselves and promotes more adaptive responses⁽¹⁰⁾.

The stimuli present in the reality experienced by the patient are an alternative for planning nursing actions based on the life context of every woman and, consequently, better adjusted to that situation⁽²⁰⁾. These actions must aim the promotion of adaptive responses, in order to help the patient cope with the disease.

Another important measure, and which must be considered, is to include supportive attitudes into the nursing care, in order to minimize the stress caused by the

impact of the diagnosis, the change in the body image and the elaboration of the new reality. The maintenance of a social support after the surgery and the hospital discharge, focusing, mainly, on the psychosocial factors, the fulfillment of the educative and informative needs regarding the disease and the rehabilitation in order to favor the coping process⁽⁹⁾.

Providing information to the patient is fundamental for helping her overcome the disease, since a well-informed patient regarding her disease will be able to adapt better to the situation and put more trust in the health team, which will benefit her compliance to the treatment⁽¹¹⁾.

The inclusion of the husband in the woman's sickening process is also significant. Orientation and support programs must be planned in order to encourage the participation of the partner during the stages that comprehend the discovery, treatment and survival in face of the breast cancer⁽¹⁴⁾.

Another strategy considered in the promotion of more adaptive mechanisms that may be discovered and used by the woman with a breast cancer diagnosis or who has already gone through a mastectomy is the synchronic interaction of the multidisciplinary team that takes care of these women. Besides, the team work of the multidisciplinary team is valuable if performed with the holistic perspective of the oncologic patient in their bio-psycho-social-spiritual aspects, transcending the care focused on the technique and the procedure; recognizing the patient and her family as singular beings, experiencing a fragile and suffering moment of their lives⁽¹²⁾.

In order to minimize the stress of the hospitalized patient, specially, the surgical patient, the nurse must acquire knowledge about the stress process and its dimension in the life and health of each person⁽³⁾.

The woman with breast cancer, in particular, experiences in the pre and postoperative periods a situation of stress most attributed to the possibility and/or breast loss and, therefore, may be considered a surgical patient with a high level of fragility. Due to this reason, the nursing team has a fundamental role in the support to this woman so that she may face the situation in the least traumatizing way.

FINAL CONSIDERATIONS

The study allowed to perceive that there is a vast literature available regarding breast cancer, in terms of studies about the pathology, treatments, feelings of the patient, impact of the diagnosis and social repercussion of the disease, which reinforces results of other studies previously developed⁽¹⁷⁾. Nevertheless, there are few national studies that associate stress and breast cancer, not as an etiologic factor, but as a process that the patient must face since the diagno-

sis up to the mastectomy postoperative period. Being that the case, this bibliographic review may give a direction to future studies in terms of stressors experienced by the woman with breast cancer and indication for mastectomy in Brazil, as well as the coping strategies she used to face them.

The answer to these questions may contribute to the quality of the care to these patients, and they will also be important for the construction of knowledge in nursing. It is believed that in order to assist the patient, regardless her pathology, aimed at meeting her needs and the coping with stress, it is important for the nurse to acquire knowledge about the subject.

The authors expect that this bibliographic review may contribute to the information about breast cancer, as well as encourage the nursing team to learn how to face the feelings and the stressors related to this group of patients, and develop their important role as articulators in the coping process.

The purpose of this study was to search the approach of stress and breast cancer in the national literature, but it is worthy stressing that the search continues in the international literature as a basis for subsequent studies. Given the importance of the subject, it must be studied from different focuses and scenarios, comprehending all the people involved in it.

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