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## Final Thesis

Nursing Professional's Role in the Diagnostic Process of Breast  
Cancer

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<p>Breast cancer affects every eighth woman at some point of her life and it is the second most common cancer worldwide. Multidisciplinary approach for diagnosing breast cancer is the best way to provide optimal care for the patient.</p> <p>The aim of this final thesis is to provide background information to an EU-wide project (Education and training in early detection of breast cancer for health care professionals) about a nursing professional's role in the diagnostic process of breast cancer in Finland. The purpose is to describe what a nursing professional's role is/should be in the diagnostic process of breast cancer from the moment when a woman seeks medical attention, or is invited to a screening test, until possible breast cancer diagnosis is confirmed by the pathologist from a tissue sample</p> <p>Data was collected from three individual interviews and the results were analysed by using the inductive content method. The results showed that the nursing professional's role is focused on giving psychosocial and informational support for the patient at the very beginning of the process. Furthermore, the role was seen small and should be more significant in the process. The results also showed how it is important that the nursing professional needs to first understand the process before they can understand their role in it. Understanding the diagnostic process in breast cancer care benefits both the patient and the nursing professional. Education and developing standardised models for support during the diagnostic phase of breast cancer would equalise the care breast cancer patients receive nationwide.</p>	
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<p>Rintasyöpä vaikuttaa joka kahdeksanteen naiseen heidän elämiensä aikana. Rintasyöpä on toiseksi yleisin syöpä maailmanlaajuisesti ja yleisin naisten keskuudessa. Moniammatillinen yhteistyö diagnoosivaiheessa on paras tapa lähestyä potilaan hoitoa.</p> <p>Opinnäytetyön tavoitteena on kerätä taustatietoa EU-laajuiseen EBreast- projektiin (Education and Training in Early Detection of Breast Cancer for Health Care Professionals) hoitotyön ammattilaisten roolista rintasyövän diagnosointi prosessissa. Tarkoituksena on kuvata hoitotyön ammattilaisen (sairaanhoitaja, kätilö ja terveydenhoitaja) roolia alkaen siitä, kun nainen hakeutuu tutkimuksiin rintasyöpäepäilyn takia, siihen hetkeen, kun rintasyöpä diagnoosi varmistuu.</p> <p>Opinnäytetyö on laadullinen tutkimus. Materiaali kerättiin kolmesta yksilöhaastattelusta, ja nämä tutkimukset analysointiin induktiivisen sisältöanalyysin avulla. Tulokset osoittivat, että hoitotyön ammattilaisen rooli keskittyy psykososiaalisen ja informatiivisen tuen antamiseen aivan prosessin alkuvaiheessa. Rooli nähtiin myös hyvin pienenä ja sen toivottiin olevan suurempi diagnoosivaiheessa. Tärkeäksi osoittautui, kuinka hoitotyön ammattilaisten täytyy ensimmäiseksi ymmärtää diagnoosiprosessin vaiheet, jotta he ymmärtäisivät oman roolinsa sen aikana. Diagnoosivaiheen vaiheiden ymmärtäminen auttaa ja tukee sekä hoitotyön ammattilaista että potilasta. Koulutus ja standardisoitujen mallien kehittäminen rintasyövän diagnoosivaiheen tukeen liittyen tasa-arvoistaisi rintasyöpäpotilaiden saamaa hoitoa ja tukea kansallisesti.</p>	
Avainsanat	Diagnostic process, nursing professional, role, breast cancer

## 1 Introduction

The most common cancer among women worldwide is breast cancer, which affects roughly every eighth woman at some point of her life. Newly found curative method and early detection predict better prognosis (Syöpäjärjestöt, 4/2015). The purpose of this final thesis is to describe what a nursing professional's role should be in the diagnostic process of breast cancer from the moment when a woman seeks medical attention, or is invited to a screening test, until possible breast cancer diagnosis is confirmed.

The diagnostic process of breast cancer starts when a woman detects an abnormality in her breast or is invited to a screening test and something has been found. Breast cancer is diagnosed by a triple diagnostic method (clinical breast exam, mammography and other imaging tests, and biopsy) and the diagnosis is based on pathology's evaluation of the biopsy sample. (Duodecim 2010.)

Multidisciplinary approach for diagnosing breast cancer is the best way to provide optimal care for the patient (Brandt – Schomberg, 2007). Multidisciplinary approach benefits both the patient and the team worker; it gives better health outcomes and better patient satisfaction. Also, team working with different professionals provides more resources. The different roles of the professionals in a team should be negotiated and defined to ensure the best care (NSW Government, 2014). The multidisciplinary team in the diagnostic phase of breast cancer includes a team of breast specialists: primary care physician and nurse, radiologists, radiographers, pathologist, laboratory scientists, surgeon and medical oncologist (Mayo Clinic Proc 2007:82(8):999-1012).

There are many researches done considering radiographer's role in the diagnostic process of breast cancer, but no information about nurse's/public health nurse's/midwife's role (European Journal of Cancer, 2000). The aim of this final thesis is to provide background information to an EU-wide project (Education and Training in Early Detection of Breast Cancer for Health Care Professionals) about a nursing professional's role in the diagnostic process of breast cancer in Finland.

## 2 Theoretical Background

### 2.1 Causes and prevalence of breast cancer

The Oxford Dictionary defines breast cancer as 'Cancer arising in the mammary gland (usually in a woman or other female mammal, but occasionally in the rudimentary tissue of a male)' (Oxford Dictionary of English, 3<sup>rd</sup> Edition, 2010). Breast cancer is the most common cancer among women worldwide (WHO, 2015) and the second most common cancer overall. In 2012, 1.7 million new cases were diagnosed, which was approximately 12% out of all new cancer cases (World Cancer Research Fund International, 2015). In Finland, around 4 700 new cases of breast cancer are diagnosed each year; therefore roughly every eighth woman will be affected by it at some part of their life. The risk of breast cancer increases with age (WHO, 2015). Approximately half of the new cases are diagnosed in women over the age of 60, 25% in women in the age of 50-59, and 25% in the age group of 25-49 -year-olds. Only a few cases of breast cancer are diagnosed in women under 25 yearly (Syöpäjärjestöt, 4/2015). Breast cancer in men is rare (Duodecim, 2012). In Finland, 15 to 20 cases are found in men, making it less than one percent out of all cases diagnosed (Duodecim, 2012).

Breast cancer is a multifactor disease, and even though several risk factors have been documented, it is not possible to specify why an individual falls ill. The increasing amount of new breast cancer cases is considered to be caused mainly by the aging of population. Statistics show that hormonal balance plays an important role, and for example the number of childbirths, old age during first childbirth, old age when going through menopause, and long-standing hormone replacement therapy during menopause increase the risk of breast cancer (Duodecim, 4/2012). Familial history of breast and ovarian cancer and certain genetic mutations (BRCA1, BRCA2 and p53) result in a high risk of breast cancer. Physical inactivity, obesity, and alcohol use can result in higher risk of breast cancer (WHO, 2015). Prevention of breast cancer is not possible, but breast-feeding, active and healthy lifestyle, and normal weight decrease the risk (Syöpäjärjestöt, 2014).

### 2.2 Diagnostics

The most common symptom of breast cancer is a lump in a breast, usually painless, but it can also cause painful or stinging sensations and can cause skin changes or nipple secretions. Diagnosing process of the changes found in the breast uses a triple diagnostic method that includes clinical breast examinations and personal medical history, imaging tests (mammogram, ultrasound and/or MRI) and biopsy (Duodecim 2010).

### 2.2.1 Screening in Finland

In Finland the screening for breast cancer is based on Health care act (1326/2010) 23§ that states that municipalities are responsible for arranging screenings for women aged 50-69 every 20-26 months. Act 339/2011 specifies how municipalities should implement screenings. The Mass Screening Registry provides the names and the addresses of the women who are to be invited to screenings. Screening is free of charge for women aged 50 to 69. The goal of the nationwide screening is to decrease death caused by breast cancer. In 2007, 4000 new breast cancer cases were found in Finland and roughly 1200 of them were found from screenings. (Suomen syöpärekisteri.)

### 2.2.2 Breast self-exam and Clinical Breast Exam

Even though screenings detect many breast cancers annually, the majority of the breast cancers are still detected in a way that a woman has found a lump in her breast and then continued to further examinations (Aikakauskirja Duodecim 2010;126(10):1183-5).

Breast self-exam (BSE) is a way of examining your own breasts for any lumps or abnormalities. BSE should be performed monthly around the same time of the month. Clinical breast exam (CBE) or breast physical exam is done by a health care professional who is trained to recognize different abnormalities in size or shape, or changes in the skin, of the breast or nipples (inspection) and feel any lumps in breasts (palpitation). About 20% of the time breast cancer can be only found from breast physical exam when it cannot be seen on a mammogram. (Breastcancer.org, 2015)

### 2.2.3 Mammogram and other imaging methods

Mammography is the primary imaging examination. It is an x-ray of the breast tissue. Standard screening mammograms take two views of each breast taken from two differ-



ent angles. A breast is compressed between two plates to flatten and to spread the tissue. A radiologist or a doctor interprets the results.

Breast ultrasound is usually used with women under 35 whose breast are too dense or solid to give a clear picture for mammogram imaging. Also if the lump does not show in the mammogram, ultrasound is the next option. Magnetic resonance imaging is not recommended as a screening tool itself, but it is used to examine suspicious areas found by the mammogram or to look more closely at the breast in someone who has already been diagnosed with breast cancer. (Aikakausikirja Duodecim 10/2010.)

#### 2.2.4 Biopsy

If clinical breast examinations and imaging test findings seem to indicate that the change is malignant, the next phase is to take a biopsy and send the needle biopsy to pathology for evaluation. The biopsy should be taken from the lymph nodes from the arm pit area if the findings indicate that there are abnormalities in the lymph nodes as well. According to Duodecim (9/2009:925), due to better diagnostic certainty, a core needle biopsy (CNB) should be used instead of fine needle aspiration (FNA). The use of FNA should be restricted to exceptional cases when the use of CNB is not technically possible. Breast cancer diagnosis is based on pathology's evaluation of the cancerous tissue sample. (Aikakauskirja Duodecim, 10/2010)

#### 2.2.5 Surgery

Surgery is a part of breast cancer treatment that most patients go through. The goal is to remove as much of the cancer as possible with a mastectomy or breast-conserving surgery. The surgeon removes the cancerous tissue and a rim of normal tissue around it to assure that all of the cancer has been removed. During the surgery, a sample of the removed tissue is sent to the pathologist to examine. The pathologist examines the rim to make sure that no cancerous cells can be found; this affects the treatment such as additional surgery and radiation. (American cancer society, 2016)

In addition to breast-conserving surgery and mastectomy, sentinel lymph node biopsy (SLNB) is usually part of the surgery. Sentinel lymph node biopsy is a removal of one or more axillary lymph node which is the first node where the tumour is most likely to spread. To do this, radioactive substances or blue dye are injected to the tumour, and the lymphatic vessels carry out the substances to the same routes the tumour would

take. During surgery, usually one to three nodes are removed and to be sent as samples to the pathologist. The pathologist examines the nodes during the surgery. If cancerous cells can be found in the sentinel lymph node, the surgeon might preform a full axillary lymph node dissection (ALND). If no cancerous cells can be found from the sentinels, it is unlikely that the cancer has spread to other lymph nodes. (American cancer society, 2016)

#### 2.2.6 Further examinations

Clinical Breast examination, mammography and ultrasound, and biopsy are usually sufficient procedures to diagnose breast cancer. Magnetic resonance imaging (MRI) has improved sensitivity and specificity when diagnosing and evaluating breast cancer (Huang - Button 2004). In some cases, thermography, duct gram, nipple discharge exam, nipple aspiration, or ductal lavage might be useful, but they are not often used, and there is no evidence that they are helpful in diagnosing breast cancer. (American cancer society 2014.)

### 2.3 Classification, testing and prognosis

In 2003, World Health Organization (WHO) classified tumours of the breast in several pathological types, but the most common classification system is the histopathological classification, which is based on characteristics seen upon light microscopy of biopsy specimen (Syöpäjärjestöt, 2014). A pathologist is able to see from the specimen whether the cancer is carcinoma or another type of cancer, such as sarcoma. If the sample has enough tissue, the pathologist is also able to determine if the cancer is in situ (non-invasive) or invasive (American Cancer Society, 9/2015). Approximately 75-80% of invasive breast cancer cases are diagnosed to be ductal carcinomas, which begin from the milk ducts. Only 10-15% of the cases are lobular carcinomas, which begin in the lobules of the breast. The rest of the cases are rarer types of breast cancer, e.g. tubular carcinomas, papillary carcinomas, medullar carcinomas et cetera (Duodecim, 4/12). A grade for the cancer is also assigned by the pathologist, which is based on how closely the specimen of the biopsy looks like normal breast tissue and how rapidly the cancerous cells are dividing. The grade system is divided into numbers from one to three, and the lower the grade number is, the better the prognosis commonly is. Tumours with a lower grade indicate slower growth, and they are less likely to form metastases.

Choosing treatment and prognosis are also based on metastasis, which is commonly described by using the TNM staging system. In this system, T stands for tumour, i.e. size of the original tumour and its' invasion to its' nearby tissues, N stands for node, i.e. nearby lymph nodes which can be involved, and M stands for metastasis. Brain, osseous tissue, liver and lungs are the most typical areas where breast cancer metastases are formed (Cancer Research UK).

Invasive breast cancers are often divided into groups based on the presence of hormone receptors (oestrogen and progesterone), and whether the cancer has too much HER2. Breast cancer cells that contain oestrogen and/or progesterone receptors are called hormone receptor-positive cells. Hormone receptor-positive breast cancers can be treated with hormone therapy medications that block the oestrogen receptors or lower the oestrogen levels. Breast cancer cells that do not have hormone receptors are called hormone receptor-negative, and in these cases hormone therapy medications are not a helpful form of treatment. Hormone receptor-positive tumours tend to grow more slowly than hormone receptor-negative tumours, and a short-term prognosis can be better in those cases. The risk of cancer recurrence is higher in hormone receptor-positive cases. Hormone receptor-positive breast cancers are more common in women who have gone through menopause.

HER2 is a growth-promoting protein, which is produced in the cells by a gene called HER2/neu. HER2-positive cancers have too many copies of the HER2/neu –gene, which automatically results in increased levels of HER2. About 20% of breast cancer cases are HER2-protein positive. HER2-positive cancers tend to form metastases more aggressively than other types of breast cancer. Cancers that are negative for oestrogen and progesterone, and also have a low level of HER2 are called triple-negative breast cancers. Triple-positive is used to describe a cancer that is oestrogen-positive, progesterone-positive and HER2-positive. The treatment is different in each class.

There are other types of breast cancer testing that focus more on the prognosis and the chances of cancer recurrence such as test of ploidy and cell proliferation rate, and oncoTYPE DX-testing. These test are optional, and they rarely determine or change the diagnosis, prognosis or treatment. Research on patterns of gene expression has suggested a new way to classify breast cancers, which is based on molecular features of the biopsy specimen rather than on a tumour appearance under the microscope. This

testing called PAM50 is currently available, but it is yet unclear whether it is more helpful in guiding the diagnosis and treatment than hormone receptor test and HER2 testing (American Cancer Society, 9/2015).

#### 2.4 Multidisciplinary team in diagnostic process of breast cancer

The diagnostic process of breast cancer starts when a patient consults a doctor about her symptoms or when a woman gets an invitation to screening and something abnormal was found in the mammography (Figure 1). Diagnostic process in breast cancer then continues to taking a sample of the cells in the breast (biopsy) and send the sample to pathology. The diagnosis is based on the evaluation of the biopsy.

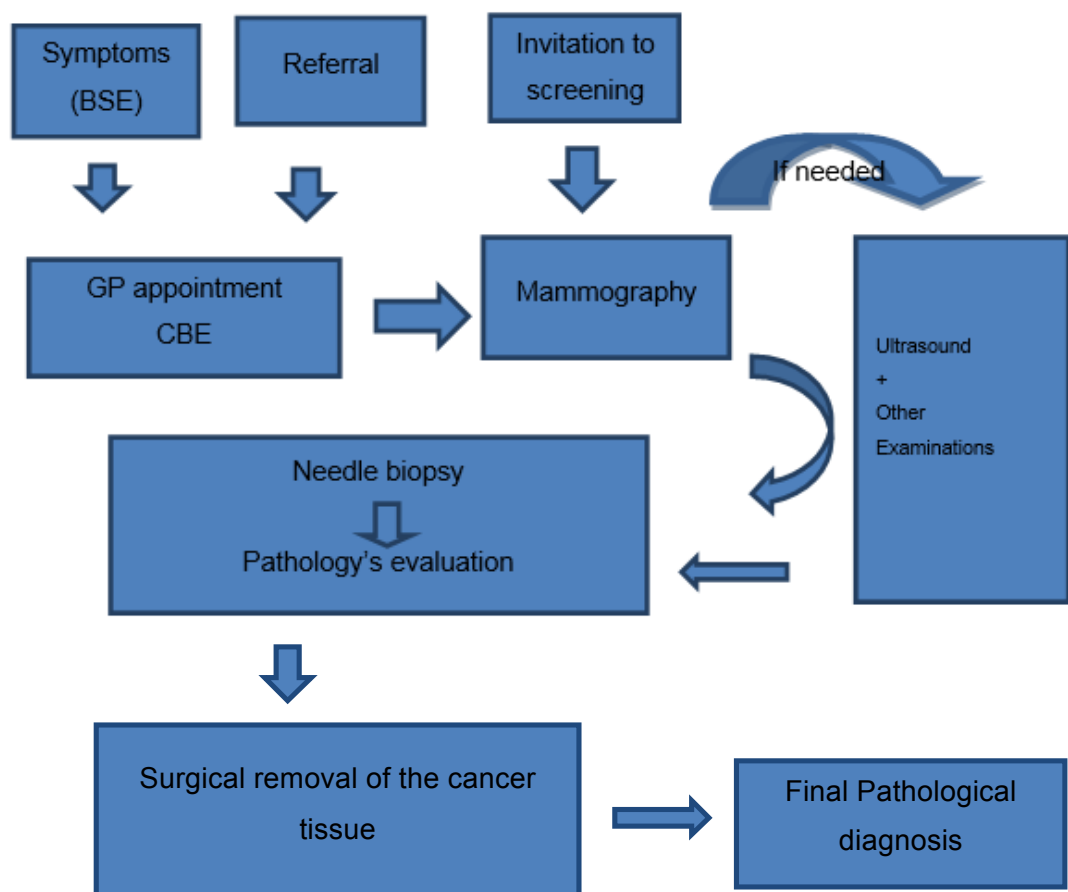


Figure 1. Diagnostic process of breast cancer

A multidisciplinary or multi-professional team is a team of individuals from different professional backgrounds working together. It is important to understand the other profes-

sional's roles in a team as well as how they affect your own role. The multidisciplinary team in the breast cancer diagnostic phase includes a team of breast specialists: primary care physician and nurse, radiologists, radiographer, pathologist, biomedical laboratory scientist, surgeon and medical oncologist. (Mayo clinic proc 2007:82(8):999-1012.)

The woman's primary care physician (usually a doctor who specialises in woman's health, gynaecology or obstetrics) is usually the one who the woman contacts first when finding an abnormality from her breast. Gynaecologists and obstetrician also do clinical breast exams on women during routine check-ups for any abnormalities. Physician refers patient to mammography if she/he believes that there is an abnormality in the breast.

Usually a radiological technician (radiographer in Finland) performs the mammogram. The interpretation of the images is done by two radiologist who read the mammogram screening individually and then make the decision on recalling the patient together (Hofvind-Vasek, 2012).

If there are findings in the mammography, a surgeon performs a biopsy on the patient. In Finland, it is biomedical laboratory scientist who takes care of the sample. A surgeon also performs mastectomies, lumpectomies, axillary node dissections and sentinel node biopsies on breast cancer patients (Imaginis, 2009). Surgeon usually is the leader of the multidisciplinary team and the patient's first contact (Querci della Rovere, Warren, Benson, 2006).

A pathologist gets the sample of the breast tissue and studies the sample of cancer cells to determine if there are cancerous cells present. When cancerous cells have been found, pathologists examine the cancer cells to determine the origins of the disease and whether the cancer is invasive. Pathologists also grade the cancer and help to plan a treatment for the patient. Medical oncologists specialize in the use of chemotherapy and different drug treatments for breast cancer, and they also perform biopsies to patients. (Imaginis, 2015.)

A nurse's role in breast cancer is mostly focused on the breast health and cancer treatment parts. Nurses perform clinical breast exams and guide and educate women on how to perform breast self-exams monthly. Nurses who are specialised on oncology

are apart of the treatment of breast cancer. They can prepare and administer treatments, monitor patients, give emotional support and educate the patient and the family about the treatments. (Querci della Rovere, Warren, Benson, 2006.)

### **3 Purpose, Aim and Objectives**

The aim of this final thesis was to provide background information for an EU-wide project (Education and training in early detection of breast cancer for health care professionals) about a nursing professional's role in the diagnostic process of breast cancer in Finland.

The purpose was to describe what a nursing professional's role is/should be in the diagnostic process of breast cancer from the moment when a woman seeks medical attention, or is invited to a screening test, until possible breast cancer diagnosis is confirmed by the pathologist from a tissue sample

Objectives for this final thesis were as follows:

- To describe in which parts of the diagnostic process of breast cancer a nursing professional is involved
- To describe nursing professional's role in different parts of the diagnostic process
- To describe the difference and the significance between nursing professionals' (nurse, public health nurse, midwife) roles in the diagnostic process of breast cancer
- To describe what nursing professional's role should be in the diagnostic process of breast cancer

### **4 Materials and Methodology**

#### **4.1 Research Method**

Qualitative research methods are used when seeking understanding of specific phenomena that are not determined in advance. Qualitative research methods aim to describe variation, personal experience or group norms and explain different relationships between variables and to gain understanding of a subject. These methods are good for

identifying more abstract concepts as roles of different variables, like gender, religion and ethnicity (Hancock, 1998).

## 4.2 Data Collection

The data for this thesis were collected by three separate individual interviews by using a data collection instrument (appendix 2). Three lecturers from Metropolia University of Applied Sciences were interviewed, as they represent the main fields of nursing (nursing, public health nursing and midwifery) regarding the diagnostic process of breast cancer in Finland. Three people participated in the interview, two interviewers and the interviewee. The interviewers led and nurtured the conversation, yet the discussion was free flowing. The questions that were asked were open-ended and the interviews were dialogic conversations to get enough material to analyse. The interviews were conducted in peaceful environment. The questions were based on the aim and purposes of the thesis. The interviews took approximately 20 minutes.

## 4.3 Data Collection Instrument

During the individual interview, the writers of this thesis performed as interviewers. The interview was recorded with a tape recorder. The interview was semi-structured and was held in Finnish.

In the beginning, the interviewers introduced themselves to the participant. The participant was asked to introduce themselves and tell their profession, age and how long they have been working in the specific field in breast cancer care. At this point, the participant was informed about the confidentiality and their informed consent was confirmed. After the introductions, the thesis aim and purposes were explained.

After that, the interview begun. The following questions were asked:

- Have you been a part of the diagnostic process of the breast cancer?
- What parts of the process have you been a part of?
- What was your role during those parts?
- What was the significance of your role in the process?

- From your opinion, are there any differences between the roles of nurse, public health nurse and a midwife?
- What should the role of health care professionals be in the diagnostic process of breast cancer?
- How would nursing professional's participation to the breast cancer's diagnostic process benefit the patient?

After the questions had been post and answered, the possible additional questions had been asked, the interview ended, the participants were thanked and informed that the final thesis would be published in Theseus archive later in 2016.

#### 4.4 Data analysis

The data was analysed by using an inductive content analysis method. In inductive content analysis the collected qualitative data are organised including open coding, creating categories and abstraction. In open coding, the notes and headings from the collected data were written in the text when reading it. The written material was read through multiple times, and as many headings as necessary were added in the margins to describe all aspects of the content. The used headings are collected from the margins on the coding sheet. At this stage, the categories were generated as wanted. After open coding, category lists are grouped under higher order readings. The aim of grouping data is to reduce the number of categories by collapsing those to broader higher categories. This form of data analysis is suitable for a qualitative individual interview since an entire interview is used. It gives a chance to make valid and replicable inferences from the data to their context (Elo & Kyngäs, 2008.)

## 5 Ethical questions

Ethical questions considered before and during the data collection period included the following:

- Providing enough information about the purpose and the aim of this thesis and the project it is a part of



- A verbal and/or written consent of the Metropolia lecturer's to maintain anonymity
- Destroying the recordings during the individual interviews
- Destroying the transcribed interviews after a certain period of time

## 6 Results

According to the lecturers who were interviewed for this final thesis, it is important to understand the diagnostic process of breast cancer before one can understand their own role in it. The opinions of the significance of the nursing professionals' roles in the diagnostic process of breast cancer varied between interviewees, but the importance of psychosocial support was highlighted in every interview. Even though the opinions of the significance of the nursing professional's role were variable between interviewees, everyone thought that the nursing professional's role should be more significant and that the involvement of a nursing professional in the diagnostic process would be beneficial to the breast cancer patient. The results are more focused on describing what the nursing professional's role should be rather than what it is.

### 6.1 Understanding the diagnostic process

During the interviews, the subject of what the diagnostic process actually entails rose often when talking about the roles of nursing professionals in that particular phase. In all of the interviews it was discussed how it was important that the nursing professional would first understand the process before they could understand their own role in it. Understanding the process was seen as a benefit to professionals and to the patients.

... hän saattaa törmätä kymmeniinkin ammattilaisiin, ja jos me ammattilaiset ei ymmärretä toistemme työtä ja työnkuvaa, ja mitä kirjataan ja seurataan milloinkin niin sit se näyttäytyy aika semmosena pirstaleisena maailmana myös potilaalle. Että tämmöstä mää ehkä toivoisin että se ois enemmän. Laaja ymmärrys.

.. She might meet tens of professionals and if we professionals don't understand each other's work and roles and what we are documenting and monitoring in which parts, it can seem to be quite disconnected world, also to the patient. So that kind of system I would like it to be more. Broad understanding

In the interviews, the misconceptions about the diagnostic process and its content were discussed. According to the participants, it is common that general people and even nursing professionals forget to include the surgery to the diagnostic process.

No ihan ensimmäiseksi mä haluaisin että kaikki ymmärtää mikä se on se diagnostinen vaihe, koska nyt me luullaan että se on vaan sitä kun lääkäri jossain yleisterveysasemalla toteaa sen ja laittaa jatkolähetteen, ja on ehkä paksuneulanäyte otettu ja käyty mammografiassa. Ja suurin osa luulee, että se on sitä vaihetta, ja että kirurginen hoito on hoitovaihetta, eikä että se on molempia. Se on diagnostista vaihetta ja hoitovaihetta.

First of all I would like that everyone understands what the diagnostic process includes, because now people think that it is only that when a doctor in some health centre finds it (lump in a breast) and gives a referral to further examinations, and maybe a big needle biopsy has been taken and a visit to mammography. Most people think that that is the process and that the surgical care is part of treatment and not both. It is a part of the diagnostic phase and the treatment

The results also showed that the wider understanding of the process the interviewee had, the more significant they saw the nursing professional's role in the process.

## 6.2 Nursing professionals' role in the diagnostic process of breast cancer

The opinions about the significance of the nursing professionals' role in the diagnostic process of breast cancer were different between the interviewees. Some saw the role to be very significant and other saw the role really small and insignificant. The results are discussed more specifically below.

### 6.2.1 Significant role

The interviewees who had some experience in the diagnostic process of breast cancer thought that the role is more significant. The examples of nursing professionals' roles on the process came from the interviewees' own experiences and knowledge. Different working areas were mentioned when talking about the roles. The difference between nurses, public health nurses and midwives were seen in the different working areas where breast cancer can be detected.

Public health nurse's role was mostly seen in primary health care, for example in health centres, occupational health care and out-patient clinics. Public health nurse was seen as a first contact before referrals to doctor's appointment.

Terveydenhoitajana mä olin eniten työterveyshuollossa... Siellä mä tapasin näitä potilaita, jotka tulivat työterveydenhoitajan luokse jonkun patin takia

As a public health nurse I was mostly in occupational health care... There I met a group of these patients who came to the occupational health nurse because of some lump

The role of the midwives was seen most significant in the diagnostic process when a woman who is pregnant and an abnormality in the breast has been found or after child-birth when educating about breast-feeding.

Nurse's role according to the interviewees was mostly focused in the operating rooms and polyclinics.

(Anestesiahoitajana) nukutuksen aikana odotettiin, kun siellä otettiin ensksi se näyte, että tulee se semmonen tarkempi vastaus siitä, että kuinka paljon leikataan

(As an anaesthetic nurse) During anaesthesia when at first the sample was taken and then waited until we got a more specific result that how much needs to be removed

### 6.2.2 Insignificant role

The role of nursing professionals in the diagnostic process was also seen small and insignificant. In some cases, the role can be absent when a patient goes through the diagnostic phase without properly meeting a nursing professional. The interviewees had had more experience that a patient comes to nurse's reception due to different kind of problems and goes directly to the doctor's office when they find a lump on the breast.

...on ehkä tyypillisemmin erilaisia asioita minkä takia mennään sairaanhoitajan vastaanotolle

...There are typically different kinds of things why you go to nurse's reception

Nursing professional's role was also described as intermediate between different phases of the process and more focused on the treatment side of breast cancer.

...sairanhoitaja jos on siellä leikkaussalissa tai sitten siellä osastolla niin on niinku heti kontaktissa muulla tavalla sen syövän kanssa...

...If a nurse is in operating theatres or at wards they are differently in contact with the cancer...

sairaanhoitajan rooli on liittynyt enemmänkin siihen hoitoprosessiin kun se (potilas) on ollut menossa leikkaukseen ja on sairaalassa hoidettavana

Nurse's role has more been about the treatment process when a patient is going to a surgery or is being treated in a hospital

#### 6.4 Psychosocial support

Psychosocial support was a subject that was discussed with all of the participants. It was described as the most important task that the nursing professional has during the diagnostic process of breast cancer. At first, the important thing about giving psychosocial support for the patient is to evaluate the needs of support of individual patients.

Meidän suurin merkitys on siinä, että me katotaan ne potilaan henkiset ja psykososiaalisen tuen tarve.

Our most important role is to find out the patients need for psychosocial support.

Me tunnustetaan millä tavalla se potilas tarvii apua.

We indentify in what way the patient needs help

Listening and supporting patient's mental state were seen as important skills that a nursing professional should possess. The nursing professionals should give not only emotional support for the patient but also information about what kind of process they are going to go through and where to find help they need.

...ettei se ole pelkkää, että se hoito on se että mennään ja poistetaan tuo kyhmy, vaan mistä voi saada sosiaalista tukea, mistä voi saada vertaistukea ja mistä saa tietoa rintasyövästä ja sen hoidosta ja näistä, että ei se ole pelkästään myöskään se tosiaan, että se kyhmy poistetaan tai että se rinta poistetaan vaan siihen liittyy paljon sellaista mikä voi tukee sitä potilaan pärjäämistä monenlaisin keinoin.

...It is not only about that the patient is going to get the lump removed, but also about where to seek social and peer support and where to find information about the cancer and its treatment. It is not only about the removal of the lump; it involves a lot of different measures that can support patient's coping.

## 6.5 Informational support

The informational support was highly discussed during interviews and was seen as important aspect of nursing professional's role in the diagnostic process. Patients who are going through the diagnostic process might be scared and anxious about what is happening to them and why. Nursing professional's role is not only to give emotional support to the patient but also to give information about the process that she is going through, about the illness, and answer all of the questions that the patient might have.

Siinä vaiheessa kun potilas on hyvin epä tietoinen ja huolestunut niin se vois olla semmosta valmentamista että mitä tapahtuu sitten kun tämä prosessi menee eteenpäin.

By the time when the patient is very unaware and worried, it could be kind of preparing her for what is going to happen when this process goes forward.

Olisi tärkeää että etukäteen tietää miten asiat tulee menemään ja olisi joku ihminen joka vastaa niihin miljoonaan kysymykseen, ja auttaa ja jäsentää sitä kokonaiselämäntilannetta.

It would be important to know in advance how things will go and there would be person who is answering the million questions the patient may have, and to help and with the overall situation of life.

## 6.6 What nursing professional's role should be like?

Nursing professional's role was seen important but quite small at the moment in the diagnostic process if breast cancer. When asked about what the nursing professional's role should be like in the process, the most common answer was a personal nurse. Appointed nurse for every patient even in the diagnostic process was seen beneficial for the patient, someone to answer all the questions, explain the process and support the patient through everything.

Mun mielestä siinä vois olla joku tällainen niinku omahoitaja tai tukihenkilö, joka olis hoitajana siinä prosessissa mukana ihan siitä alusta lähtien.

I think it could be some kind of nurse or support person, who would be involved in process from the beginning.

työterveyshuollossa olis todellakin voinut olla toinen rooli että ois niinkö ollut sen potilaan niinkö tukihenkilö, että ois auttanut sitä potilasta jäsentämään sitä asiaa, ja ollut niinkö semmonen potilaan omahoitaja.

In occupational health services there would indeed have been a second role to be a patient's support person, that'd helped the patients to understand everything, and really could be like a patient's personal nurse.

Psychosocial and informational support was also seen what nursing professional's role should be in the process. These are both areas that were seen part of the role but should be more significant and consistent for every patient to make the process clearer and safer.

se tekis (hoitotyön ammattilaisen osallistuminen) siitä hoitopolusta potilaan näkökulmasta ehkä selkeämmän ja turvallisemman. Hoidon laatu nousi.

It (nursing professional's involvement) would make the process clearer and safer for the patient's point of view. Quality of care would be better.

## 7 Discussion

The purpose of this thesis was to describe what a nursing professional's role is/should be in the diagnostic process of breast cancer from the moment when a woman seeks medical attention, or is invited to a screening test, until possible breast cancer diagnosis is confirmed by the pathologist from the tissue sample. The objectives were to describe in which part a nursing professional is involved in the diagnostic process of breast cancer and what is their role in that part, what are the possible differences between different nursing professionals and what is the significance of their role.

### 7.1 Diagnostic process of breast cancer

By interviewing experienced nursing professionals, it was found that the role of a nursing professional in the diagnostic process of breast cancer is complex, yet significant. For some of the interviewees, the concept of the diagnostic process of breast cancer was unclear, and at first they struggled to understand where the diagnostic process would begin and where it would end. In this thesis, the diagnostic phase is described to start from the moment when a woman seeks medical attention, or is invited to a screening test, and to end when a possible breast cancer diagnosis is confirmed by the pathologist from the tissue sample. Surgery is a vital part of the diagnostic process as well as it is a vital part of the curative process and treatment, yet some of the interviewees did not consider it to be a part of the diagnostic process at the beginning of the interviews. It was inevitable to explain what the diagnostic process is in the beginning

of our interviews so that all interviewees had a similar idea of what was being discussed.

At first, it was very difficult for the writers of this thesis to understand which parts of the care chain belong to the diagnostic phase and process of breast cancer since there are very few researches done considering nursing professional's role in the diagnostic phase of breast cancer. There are many misconceptions considering the diagnostic process in breast cancer care chain. It seems that many of the nursing professionals, like some of the interviewees of this thesis, were not aware that they had been part of the process. If the care chain is unclear for the professionals, it might prognosticate that the care chain is unclear also for the patients who are suffering from breast cancer, and/or for their significant others. From the author's perspective, understanding the care chain and different phases of the diagnostic process in breast cancer helps both, the patient and the nursing professional. With one of the interviewees, it was discussed how understanding the diagnostic phase and process would help the nursing professionals to understand their role in the multidisciplinary team. It is difficult to understand the role of a nursing professional in the diagnostic process of breast cancer if the entire concept of the diagnostic process considering breast cancer is unclear.

## 7.2 Nursing professional's role and its significance

Nursing professionals are a part of the diagnostic process of breast cancer from the very beginning of the diagnostic process when a woman finds an abnormality of her breast until the diagnosis is confirmed. Different nursing professionals, nurses, public health nurses and midwives, have a very similar role in the diagnostic process of breast cancer yet they might work in different healthcare facilities. There are no great differences in the roles of different nursing professionals according to the interviewees of this thesis. Often registered nurses encounter these patients in out-patient clinics or in surgery and theatres, public health nurses in occupational health or in health care centres, and midwives in maternity wards or maternity clinics. The difference in health care facility is the biggest difference between the nursing professionals, but it does not change the role significantly.

Since there are many paths for a woman to seek help when finding an abnormality of the breast, the role of a nursing professional in the diagnostic process of breast cancer is scattered. There are no general guidelines what a nursing professional's role is or

should be in different parts of the diagnostic phase especially when the breast cancer is detected somewhere else rather than an out-patient clinic specialised in cancer care. The role can also be different in public health care compared to care provided in the private health care sector. In some cases, the nursing professional's role is completely absent from the diagnostic phase of breast cancer care chain.

The interviewees in this thesis had different opinions on whether the role of a nursing professional in the diagnostic process of breast cancer was significant or not. Some suggested that there are other more common reasons to seek help from a nurse's reception than an abnormality of the breast. It was stated that the role could be more significant compared to how it is now. While discussing with the interviewees, the authors noticed that the more understanding the nursing professional had considering the diagnostic process of breast cancer, the more significant the role was seen. It provided a wider understanding to the entire care chain of breast cancer. Nursing professional's role was considered to be more significant in the curative and treatment process of breast cancer rather than in the diagnostic phase.

Each of these interviewees mentioned the significance of the psychosocial support nursing professionals provide in early stages of the diagnostic process. All of the interviewees thought that social and psychosocial support were the most important part of the nursing professional's role. It was mentioned that lack of understanding the diagnostic process interferes with a sufficient psychosocial support, since in these cases the entire care chain is commonly understood poorly by a health care professional. It is difficult to provide preferred and sufficient care in these situations.

In all interviews, a nursing professional's role was thought to become more and more important in the future. All of the interviewees suggested a nursing professional's role to be more supportive in the future. A nursing professional could be a support person for a breast cancer patient from the beginning of the diagnostic process, and they could follow the patient through the complete care chain from one phase to another. Nursing professionals also have an essential role in patient education. Informational support was seen as an equally important part as psychosocial support in the nursing professional's role in the diagnostic process of breast cancer. Educating these nursing professionals who are part of the diagnostic phases improves and equalises the care breast cancer patients receive nationwide.



### 7.3 Validity, credibility and future research

In this final, thesis interviews of three nursing professionals were used as material to describe the role of nursing professionals in the diagnostic process of breast cancer. The authors found it difficult to find interviewees to data collection. The authors contacted several possible sources where interviewees could be found, yet none of them were successful. Therefore three Metropolia University of Applied Sciences lecturers and teachers were kindly asked to be the interviewees. Authors would have required more time to search more individual interviewees to the data collection. All interviewees interviewed in this thesis have a long career in different fields of nursing, and each has experience of breast cancer care. There was a very limited amount of research done considering the nursing professional's role in the diagnostic process of breast cancer beforehand.

In order to make this thesis more reliable, a bigger sampling of interviewees would have been desirable. Yet, as mentioned before, the interviewees of this thesis have all a long experience from nursing and all have experience from breast cancer care. Some of the interviewees have not work with breast cancer patients for years. Nursing professionals who are currently working with breast cancer patients might have provided a more up to date view from the newest nursing environments and health care facilities.

Psychosocial and social support of the nursing professionals was seen as the most important part of the support provided by nurses in the diagnostic phase. From the author's perspective, it is inevitable to consider how breast cancer patients see the significance of the nursing professional's role in this part of the breast cancer care chain. It is something to consider when planning future research for a similar topic to this thesis.

Nursing professional's role inside this topic is very scattered, and there are no guidelines or instructions how this kind of psychosocial and social support could be provided the best way in the diagnostic phase of breast cancer. Focusing on this could make the care chain of breast cancer clearer for both nursing professionals and patients and also for significant others of the patients. This would also support the informational support nursing professionals offer to breast cancer patients. A more structured role and guidelines would benefit breast cancer patients nationwide and improve the equality of the nursing care they receive in the first stage of the care chain of breast cancer.

#### 7.4 Ethical considerations

Ethical questions mentioned in section 5 of this thesis were taken into consideration throughout the process of writing this final thesis. Before interviewing the interviewees, a sufficient amount of information was provided. An informative letter was sent to the interviewees by email before the interview. A letter of consent provided this information again right before the interview. A verbal consent was also given before the interview.

Complete anonymity of the interviewees remained throughout the process of writing this thesis. The recordings of the interviews were deleted, and the transcribed version of the interviews shall be destroyed when the compulsory time of saving those documents expires.

## 8 Conclusions

Breast cancer affects every eighth woman worldwide, and it is the most common cancer among women worldwide. Understanding the roles of different professionals in a multidisciplinary team in the diagnostic process of breast cancer is important. Nursing professional's role has not been researched thoroughly in the diagnostic phase in the breast cancer care chain. During the process of writing this final thesis, authors found that nursing professional's role in the diagnostic process of breast cancer is not a specific role, and it varies between different patients and different health care facilities. When a nursing professional's role is present, it is focused on psychosocial and informational support. However, the role is seen insignificant due to lack of knowledge of what the diagnostic process of breast cancer includes. Understanding the diagnostic process in breast cancer care benefits both the patient and the nursing professional.

More education should be provided to standardise and develop the continuous care in the breast cancer care chain. Further studies should be done considering the nursing professional's role in the diagnostic process of breast cancer from the patient's point of view to evaluate the significance and need of a nursing professional in this phase of the care chain.



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## Appendix 1. Letter of transmittal

Opinnäytetyö; Hoitotyön ammattilaisen rooli rintasyövän diagnostisessa prosessissa

Arvoisa hoitotyön asiantuntija,

Olemme kolmannen vuoden sairaanhoitajaopiskelijoita Metropolia-ammattikorkeakoulun englanninkielisestä Degree Programme in Nursing – tutkinnosta, ja aloitimme syksyllä 2015 opinnäytetyömme aiheesta "Nursing Professional's Role in the Diagnostic Process of Breast Cancer" (hoitotyön ammattilaisen rooli rintasyövän diagnostisessa prosessissa).

Opinnäytetyömme tarkoituksena on kerätä taustatietoa EU:n laajuiseen EBreast – projektiin (Education and Training in Early Detection of Breast Cancer for Health Care Professionals) Suomen terveydenhuollon näkökulmasta rintasyövän hoitoon keskittyneen yksikön hoitotyön ammattilaisten (sairaanhoitaja, kätilö, terveydenhoitaja) parista.

Opinnäytetyömme tavoitteina on:

- Kuvata hoitotyön ammattilaisen (sairaanhoitaja, kätilö, terveydenhoitaja) roolia rintasyövän diagnosointiprosessissa
- Kuvata missä ja miten hoitotyön ammattilainen on mukana diagnosoinnin eri vaiheissa
- Kuvata mikä on hoitotyön ammattilaisen merkitys rintasyövän diagnostisessa vaiheessa
- Kuvata minkälainen hoitotyön ammattilaisen rooli tulisi olla rintasyövän diagnostisessa prosessissa

Haastattelumuotona tulemme käyttämään yksilöhaastattelua, joka on laadullinen tutkimusmenetelmä. Haastattelu äänitetään. Haastattelumateriaali käsitellään luottamuksellisesti anonymiteetti huomioon ottaen, sekä materiaali tuhoetaan opinnäytetyön valmistuksen jälkeen määräajan kuluessa. Haastattelu ajoittuu keväälle 2016, ja se vie aikaa noin tunnin.

Hoitotyön ammattilaisen roolia rintasyövän hoitoprosessissa on tutkittu niukasti. Siksi hoitotyön ammattilaisten kokemukset ja tietaito aiheesta ovat meille erityisen tärkeitä tutkimuksemme kannalta. Tutkimuksemme tulokset ovat merkittävässä osassa EBreast – hanketta, erityisesti moniammatillisen hoitotyön näkökulmaa tarkasteltaessa. Tutkimuksemme tulokset julkaistaan myöhemmin vuoden 2016 aikana ammattikorkeakoulujen Theseus-julkiarkistossa. Mikäli teillä on kysyttävää aiheesta, vastaamme mielellämme kysymyksiinne.

Ystävällisin terveisin,

Sairaanhoitajaopiskelija

Tessa Pihlajaniemi

Sairaanhoitajaopiskelija

Tuuli-Maaria Ruuska

Opinnäytetyön ohjaaja, FT, yliopettaja, Metropolia ammattikorkeakoulu

Eija Metsälä



## Appendix 2. Data collection method

## Tiedonkeruuväline

Haastattelu tapahtuu rauhallisessa tilassa, jossa häiriötekijät ovat minimoitu ja otettu huomioon. Ensin haastattelijat esittelevät itsensä haastateltaville kertomalla seuraavat asiat:

- nimi
- opiskeltava tutkinto ja organisaatio, jossa tutkinto suoritetaan
- opintojen kesto
- opinnäytetyön aihe
- opinnäytetyön taustaprojekti

Haastateltavilta kysytään heidän nimensä, ikänsä, ammattinimikkeensä, sekä työkokemuksensa kyseisellä erikoisalalla. Heille kerrotaan, että haastattelun tiedot käsitellään luottamuksellisesti ja anonymiteetti säilytetään. Samalla varmistetaan suostumus ja vapaaehtoisuus haastatteluun.

Opinnäytetyön tavoittena on kerätä taustatietoa EU-laajuiseen EBreast- projektiin (Education and Training in Early Detection of Breast Cancer for Health Care Professionals) hoitotyön ammattilaisten roolista rintasyövän diagnosointiprosessissa. Tarkoituksena on kuvata hoitotyön ammattilaisen (sairaanhoitaja, kättilö ja terveydenhoitaja) roolia alkaen siitä, kun nainen hakeutuu tutkimukseen rintasyöpäepäilyn takia, siihen hetkeen kun rintasyöpädiagnoosi varmistuu.

## Haastattelukysymykset:

- Oletteko olleet osallisena rintasyövän diagnostisessa vaiheessa?
- Missä diagnosoinnin vaiheissa olette olleet mukana?
- Minkälainen oli teidän työkuvaranne niissä vaiheissa?
- Minkälainen merkitys teidän roolillanne on ollut mielestänne?
  - Onko sairaanhoitajan, kättilön ja terveydenhoitajan rooleilla eroa/eroja diagnosoinnin eri vaiheissa?
- Millainen hoitotyön ammattilaisen rooli tulisi olla rintasyövän diagnostisessa prosessissa?

- Kuinka hoitotyön ammattilaisen osallistuminen rintasyövän diagnostiseen prosessiin voisi hyödyttää potilasta?

Haastattelun jälkeen kiitämme osallistujia.

Appendix 3. Consent form  
**Suostumuslomake**

Hei,

Olemme kaksi viimeisen vuoden sairaanhoitajaopiskelijaa Metropolia Ammattikorkeakoulun englanninkielisestä ryhmästä ja teemme opinnäytetyötä aiheesta "Hoitotyön ammattilaisen rooli rintasyövän diagnostisessa prosessissa" (Nursing Professional's Role in the Diagnostic Process of Breast Cancer). Opinnäytetyömme on osana EU:n laajuista E-Breast -hanketta, jonka taustamateriaalina opinnäytetyömme toimii.

Opinnäytetyömme tavoitteena on:

- Kuvata hoitotyön ammattilaisen (sairaanhoitaja, kätilö, terveydenhoitaja) roolia rintasyövän diagnosointiprosessissa
- Kuvata missä ja miten hoitotyön ammattilainen on osallisena diagnosoinnin eri vaiheissa
- Mikä on hoitotyön ammattilaisen merkitys rintasyövän diagnosointivaiheessa

Diagnosointivaiheella tarkoitamme hoidon vaiheita hetkestä kun asiakas hakeutuu itse hoitoon rinnan muutoksien takia/tulee seulonnan kautta, siihen asti kunnes rintasyöpädiagnoosi on varmistettu ja syöpätyyppi on määritelty.

Annan suostumukseni haastattelun sekä saadun tiedon käyttöön opinnäytetyössä sekä opinnäytetyön julkaisuun Theseustietokannassa. Kaikki tiedot käsittelemme luottamuksellisesti, eikä henkilöllisyys ilmene tuloksista. Tutkimukseen osallistuminen on vapaaehtoista ja siitä on oikeus kieltäytyä milloin tahansa syytä ilmoittamatta.

Tutkittavan allekirjoitus \_\_\_\_\_

Nimen selvennys \_\_\_\_\_

Paikka ja aika \_\_\_\_\_

Sairaanhoito-opiskelijat

\_\_\_\_\_  
Tessa Pihlajaniemi

\_\_\_\_\_  
Tuuli-Maaria Ruuska

## Appendix 4. Results table

Lainauksia	Alakategoria	Yläkategoria
<p>"Mun mielestä siinä vois olla joku tällainen niinku omahoitaja tai tukihenkilö, joka olis hoitajana siinä prosessissa mukana ihan siitä alusta lähtien".</p> <p>"työterveyshuollossa olis todellakin voinut olla toinen rooli että ois niinkö ollut sen potilaan niinkö tukihenkilö, että ois auttanut sitä potilasta jäsentämään sitä asiaa, ja ollut niinkö semmonen potilaan omahoitaja."</p> <p>"potilaalla olisi joku jolla olisi ehkä enemmän aikaa esim selvittää niitä asioita,"</p>	Omaishoitajuus rintasyöpäpotilaille	Rintasyöpäpotilaan tuki
<p>"Siinä vaiheessa kun potilas on hyvin epä tietoinen ja huolestunut niin se vois olla semmosta valmentamista että mitä tapahtuu sitten kun tämä prosessi menee eteenpäin. "</p> <p>"olisi tärkeää että etukäteen tietää miten asiat tulee menemään ja olisi joku ihminen joka vastaa niihin miljoonaan kysymykseen, ja auttaa ja jäsentää sitä kokonaiselämäntilannetta"</p> <p>"no sairaanhoitajana siinä ensimmäisessä vaiheessa niin kyllä se oli enemmän sitä tiedollista ja emotionaalista tukea elikkä sen jälkeen kun se lääkäri on siinä ollut sitten tuetaan sitä naista ja varmistetaan että hän ymmärtää mistä on kyse..."</p> <p>"Kaikkein tärkeintä on se potilaan kuunte-</p>	Tiedollinen tuki	Rintasyöpä potilaan tuki

<p>leminen, ja otetaan vakavasti huoli, annetaan sosiaalista tukea ja kerrotaan tämä hoitoketju”.</p> <p>”Sairaanhoitajana siinä ensimmäisessä vaiheessa se oli enemmän sitä tiedollista ja emotionaalista tukea”.</p> <p>”Että kyllä mä nään että se on suurinta se tiedollinen tuki, että ymmärtää missä vaiheessa mitäkin tapahtuu että se on niikun hirveen tärkeitä”,</p>		
<p>”Nimenomaan psykososiaalinen puoli pitäisi ehdottomasti olla”.</p> <p>”Meidän suurin merkitys on siinä, että me katotaan ne potilaan henkiset ja psykososiaalisen tuen tarve.”</p> <p>”Kaikkein tärkeintä on se potilaan kuunteleminen, ja otetaan vakavasti huoli, annetaan sosiaalista tukea ja kerrotaan tämä hoitoketju”.</p> <p>”Sairaanhoitajana siinä ensimmäisessä vaiheessa se oli enemmän sitä tiedollista ja emotionaalista tukea”.</p> <p>”Me tunnistetaan millä tavalla se potilas tarvii apua.”</p> <p>”..ettei se ole pelkkää, että se hoito on se että mennään ja poistetaan tuo kyhmy, vaan mistä voi saada sosiaalista tukea, mistä voi saada vertaistukea ja mistä saa tietoa rintasyövästä ja sen hoidosta ja näistä, että ei se ole pelkästään myöskään se tosiaan, että se kyhmy poistetaan tai että se rinta poistetaan vaan siihen liittyy paljon sellasta mikä voi tukee sitä potilan pärjäämistä monenlaisin kei-</p>	<p>Psykososiaalinen tuki</p>	<p>Rintasyöpä potilaan tuki</p>

<p>noin.</p> <p>"syöpähoitoihin kuuluu sitä, että heti alusta asti tarjotaan sitä psykososiaalista"</p>		
<p>"Pieni, tosi pieni. Ehkä semmonen välillinen".</p> <p>"Se ei oo sitä missä mä olisin sitä omaa asiantuntemustani ja hoitajuutta käyttänyt sinänsä enemmän".</p> <p>"Voi olla ettei ole tavannut hoitajaa välttämättä ollenkaan jos on mennyt gynekologin kautta".</p> <p>"sairaanhoitajan rooli on liittynyt enemmänkin siihen hoitoprosessiin kun se on ollut menossa leikkaukseen ja on sairaalassa hoidettavana"</p> <p>"...on ehkä tyypillisemmin erillaisia asioita minkä takia mennään sairaanhoitajan vastaan otolle"</p> <p>"...sairaanhoitaja jos on siellä leikkaussalissa tai sitten siellä osastolla niin on niinku heti kontaktissa muulla tavalla sen syövän kanssa..."</p>	<p>Vähäinen osallistuminen</p>	<p>Hoitotyön ammattilaisen rooli diagnostisessa prosessissa</p>
<p>"Terveystenhoitajana mä olin eniten työterveyshuollossa... Siellä mä tapasin</p>	<p>Osallistuminen prosessiin</p>	<p>Hoitotyön ammattilaisen rooli diagnosti-</p>

<p>näitä potilaita, jotka tulivat työterveydenhoitajan luokse jonkun patin takia”</p> <p>”Jos potilas hakeutuu terveydenhoitajan vastaanotolle ja ihmettelee kyhmyä niin terveyden hoitajan ehkä tutkii ne rinnat. ”</p> <p>”...Työterveyshoitaja voisi olla semmoinen johon on ensimmäisenä yhteydessä..”</p> <p>”mutta senkin roolin mä nään että se voisi olla jo ennen tätä diagnostista prosessia eli ehkä niin kuin ennaltaehkäisyssä tämä terveydenhoitajan rooli,”</p> <p>”se tekis siitä hoitopolusta potilaan näkökulmasta ehkä selkeämmän ja turvallisemman. Hoidon laatu nousis.”</p> <p>”(Anestesiahoitajana) nukutuksen aikana odotettiin, kun siellä otettiin ensiksi se näyte, että tulee se semmoinen tarkempi vastaus siitä, että kuinka paljon leikataan”</p> <p>”jos leikkauksen aikana otetaan näyte ja se tutkitaan tarkemmin, ni sekinhän on sitä diagnoosia”</p> <p>”Valmistelin heitä leikkaukseen, ja sitten oli postoperatiivista seuranta, vertaistukea ja ohjaamista”.</p> <p>”Et mä niinku oikeestaan tavallaan oon varannut aikaa lääkärille. Et semmosessa vaiheessa.”</p> <p>”Mä olen ollut kirurgian poliklinikalla ennen tätä sairaanhoitajana ja siellä ollut siinä vaiheessa, kun todetaan rintasyöpä eli ihan siinä ensitiedon vaiheessa.</p> <p>”Tiedän tapauksia, että on lapsivuode-</p>		<p>sessä prosessissa</p>
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<p>"Terveystenhoitajana mä olin eniten työ-terveyshuollossa... Siellä mä tapasin näitä potilaita, jotka tulivat työterveydenhoitajan luokse jonkun patin takia"</p> <p>"Jos potilas hakeutuu terveydenhoitajan vastaanotolle ja ihmettelee kyhmyä niin terveyden hoitajan ehkä tutkii ne rinnat. "</p> <p>"...Työterveyshoitaja voisi olla semmonen johon on ensimmäisenä yhteydessä.."</p> <p>"mutta senkin roolin mä nään että se voisi olla jo ennen tätä diagnostista prosessia eli ehkä niin kuin ennaltaehkäisyssä tämä terveydenhoitajan rooli,"</p> <p>"se tekis siitä hoitopolusta potilaan näkökulmasta ehkä selkeämmän ja turvallisemman. Hoidon laatu nousis."</p> <p>"(Anestesiahoitajana) nukutuksen aikana odotettiin, kun siellä otettiin ensksi se näyte, että tulee se semmonen tarkempi vastaus siitä, että kuinka paljon leikataan"</p> <p>"jos leikkauksen aikana otetaan näyte ja se tutkitaan tarkemmin, ni sekinhän on sitä diagnoosia"</p> <p>"Valmistelin heitä leikkaukseen, ja sitten oli postoperatiivista seuranta, vertaistukea ja ohjaamista".</p> <p>"Et mä niinku oikeestaan tavallaan oon varannut aikaa lääkärille. Et semmosessa vaiheessa."</p> <p>"Mä olen ollut kirurgian poliklinikalla ennen tätä sairaanhoitajana ja siellä ollut siinä vaiheessa, kun todetaan rintasyöpä</p>	<p>Osallistuminen prosessiin</p>	<p>Hoitotyön ammattilaisen rooli diagnostisessa prosessissa</p>
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