



A TRANSCULTURAL VIEW OF WOMEN LIVING WITH BREAST CANCER: LIVING WITH AN UNCERTAIN CERTAINTY

A systematic literature review

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Maija Vainio

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Maija Vainio			
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<p>ABSTRACT</p> <p>Breast cancer is one of the main leading causes of death among women worldwide. In Finland around 4 000 new cases are being diagnosed every year. Because the amount of foreigners is growing at the same time, part of these newly diagnosed cases are among foreign women. That is why we need to be more aware of their needs. The purpose of this literature review was to explore women's, whose cultural background varies, experiences of breast cancer and how they cope with it.</p> <p>The literature review was based on scientific research articles. The data was collected by using a systematic literature review. The data was collected by using database search and manual search at the school library. Altogether 10 articles were found. The articles included studies from Pakistan, Brazil, United States, Norway, China, Iran, Chile, Australia and Lebanon. All of the 10 scientific articles were analyzed by using inductive content analysis.</p> <p>The findings of this literature review showed many similarities among the women regardless of the women's origins. 'Time of diagnosis a huge shock' and 'wanting to hide the diagnosis' were themes that emerged from the majority of the studies. The countries where religion greatly influenced every day life, religion was considered one of the main aspects of coping. Family's support was also mentioned as crucial during the coping period throughout the studies.</p> <p>The articles showed that even the women, whose origins are the same, are not a homogeneous group, even though this literature review was concentrating more on the similarities women from different cultures have. Every woman is an individual and should always be treated according to her individual needs. Each woman diagnosed with breast cancer is an individual and that is why the experience is unique as well.</p>			
Keywords			
breast cancer, coping, coping strategies and lived experience			

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<p>Rintasyöpä on yksi suurimmista naisten kuolemiin johtavista syistä kautta maailman. Joka vuosi Suomessa todetaan noin 4 000 uutta tapausta. Koska ulkomaalaisten määrä on samaan aikaan nousussa, osa todetuista tapauksista on ulkomaalaisilla naisilla. Sen takia meidän tulisi olla tietoisempia heidän tarpeistaan. Tämän kirjallisuuskatsauksen tarkoitus on tutkia naisten, joiden kulttuurinen tausta vaihtelee, kokemuksia rintasyövästä ja miten he selviävät siitä.</p> <p>Tämä katsaus tutkimustietoon perustui 10 tieteelliselle tutkimusartikkelille. Materiaali on kerätty käyttäen systemaattista tutkimustietokatsausta. Materiaali on kerätty käyttäen tietokantahakua ja manuaalista hakua koulun kirjastossa. Haut tuottivat yhteensä 10 artikkelia. Artikkelit koostuivat tutkimuksista Pakistanista, Brasiliasta, Yhdysvalloista, Norjasta, Kiinasta, Iranista, Chiilestä, Australiasta ja Libanonista. Kaikki 10 artikkelia analysoitiin käyttämällä induktiivista sisällön analyysia.</p> <p>Tutkimustietokatsauksen tulokset osoittivat useita yhtäläisyyksiä naisten välillä. Teemat, jotka esiintyivät suurimmassa osassa artikkeleita olivat 'diagnoosin saaminen - suuri shokki' ja 'halu piilottaa diagnoosi'. Maissa, joissa uskonto oli suuressa roolissa jokapäiväisessä elämässä, uskontoa pidettiin yhtenä tärkeimmistä selviytymisen keinoista. Läpi tutkimusten perheen tuki mainittiin ratkaisevana selviytymisen kannalta.</p> <p>Vaikka tämä kirjallisuuskatsaus keskittyi enemmänkin yhtäläisyyksiin, jotka naiset eri kulttuureista omaavat, niin yhteinen kulttuuritausta ei tee naisista homogeenistä ryhmää. Jokainen nainen on yksilö ja hänen pitäisi tulla kohdelluksi hänen yksilöllisten tarpeidensa mukaisesti. Jokainen nainen, jolla on todettu rintasyöpä, on yksilö ja siksi myös kokemus on yksilöllinen.</p>		
Avainsanat		
rintasyöpä, selviytyminen, selviytymisstrategiat ja eletty kokemus		

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1 INTRODUCTION

Breast cancer is a disease which can affect any woman around the world and it can happen in any given time. It is one of the main leading causes of death among women. Breast cancer affects a person physically due to the treatments available for breast cancer and emotionally as well because of the view of one's body image changes and in many cases dramatically, so a person diagnosed with cancer lives with both physical and psychological stress (Berterö & Chamberlain Wilmoth 2007).

Breast cancer is the most common cancer in women in Finland. Every year around 4 000 new cases are being diagnosed. Even though there has been declination in the mortality rates due to the early detection, treatment and improvements in delivery of care, the number of newly diagnosed cases is increasing. Every year more than 800 women die from breast cancer. (Vehmanen 2009 *Rintasyöpä: toteaminen ja ennustus.*)

Being a woman has a different meaning in each culture, religion and society. The role of a woman vary from country to country and this affects how women see themselves and how much they can raise their voice when it comes to the challenges they confront in their lives. That is why women perceive the diagnosis of breast cancer in such different ways yet very much in the same way because no matter where a woman lives a woman is still a woman with its own beauty. (Sammarco 2001.)

Today in Finland there are a little bit over 120 000 people whose nationality is other than Finnish. That consists of 2,3% of all inhabitants in Finland, which means that there are people whose mother tongue is different than Finnish. (www.stat.fi.) Various religions and different ethnic backgrounds are now part of our modern society. Because the situation is already like this, we can only expect the number of other nationalities to grow in the next decades.

The purpose of this study is to explore women's, whose cultural background varies, experiences of breast cancer and how they cope with it. This knowledge would be beneficial to nurses who work in the cancer wards and outpatient clinics because this would offer them with information for the encounters with the patients who belong to a minority. This information would help the nurses to have a better understanding about

their patients' needs and what should be offered to the patients so that they could cope better as a cancer patient.

By finding answers to the questions above, nurses would get a tool/helper whenever facing patients from a different culture. They would have better understanding of how culture can affect a patient's decisions and how they perceive their disease. This would help the nurses to provide their patients with more culturally sensitive care.

2 CULTURE DEFINING BREAST CANCER

2.1 Transcultural nursing

Nowadays we meet more and more patients who are not of Finnish nationality and who do not speak Finnish. It is for sure that language and cultural differences will build a barrier, a little or a big one, between a patient and a nurse and misunderstandings can occur. We should be interested in raising transcultural awareness and meet the challenges it brings us. First, though, we have to describe the meaning of the word transcultural. To find the meaning of this word we should first find the person who developed this concept and find out how she presents her findings.

Madeleine M. Leininger was the first one to discover that there was a need for understanding the different cultural backgrounds the patients came from. Later Madeleine Leininger named this phenomenon as transcultural nursing. Leininger started to study the phenomenon and created the theory of Culture Care Diversity and Universality. One of the most famous works of hers is *Sunrise Enabler* which was created to depict this theory. She has written many books, for example *Nursing and Anthropology: Two Worlds to Blend (1970)* and *Transcultural Nursing: Concepts, Theories and Practice (1978)*, which has been translated into many languages. She is well accomplished in her career and she has gotten many recognition of her work world wide. (McFarland 2006: 472-496.)

What does transcultural nursing mean? Is it just a word to describe people who originate from different cultures and countries but are treated at the same location? The meaning of this concept is more profound and needs more consideration and time from us than just a simple looking at it in a text. Marilyn McFarland (2006) describes it in her article

about Leininger as follows: “Transcultural nursing refers to a formal area of humanistic and scientific knowledge and practices focused on holistic culture care (caring) phenomena and competencies to assist individuals or groups to maintain or regain their health (or wellbeing) and to deal with disabilities, dying, or other human conditions in culturally congruent and beneficial way.”

Transcultural nursing means that when providing care to the patients who come from different cultural background, their culture, religion, where they come from will be taken into consideration. Nurses will think and try to find out how their patient’s culture might affect the care the nurses are given. The transcultural knowledge gives awareness that the nursing plan can be different and this will be seen in nursing action for example when assessing pain. Patients from minority groups can perceive and respond to pain in unexpected ways. Pain might not mean the same for the patient as it does for the nurse who is caring for the foreign patient. It can be interpreted as a sign of imbalance in their body. Some think it is a sensation and some think it is an emotion. (Chen et al 2006.)

McFarland (2006) states that the failure to recognize the cultural aspect in nursing will lead to less beneficial or efficacious care and the goals in healing and well-being will not be accomplished. The care that nurses give and especially care that nurses give to foreign patients should be followed by carefully planned nursing actions. How to plan these actions and how to know which are the right ones to be implemented? Leininger believes patients are the best source of information when the goal is to offer culturally congruent care. The use of patients’ knowledge and viewpoints is crucial because that helps the nurses to provide the kind of care their patients are hoping for. (McFarland 2006.)

Sometimes culture can also be a limiting factor if one is not familiar with it. For example the Chinese believe in the balance of Qi, “energy field”, the source of life. If Qi is out of balance pain or other symptoms, for example nausea occurs. The Chinese will most likely try to find the way to restore the balance of Qi by the ways of traditional medicine. (Chen et al 2008.) So the health care staff might not be the first ones to be told orally about their patient’s pain. In a case of caring a Chinese cancer patient one should be aware of how strongly this patient believes in traditional medicine and how much there is weight on western medicine. This way a nurse understands to try

to see and interpret all the expressions and body language of the patient and tries to have an open conversation about the desired treatment.

2.2 Cultural differences

According to Navon (1999) every culture defines health and illness in its own unique way so culturally sensitive care must be available there where the nurses take care of patients who are not from the same culture as they are. That is why nurses have to be ready to abandon their own cultural views and be sensitive to recognize those of the patients. Cultural sensitivity is something that nurses should have. Whether is it learnt behavior or innate, nurses should work toward gaining it in their every day work when facing patients whose origins are foreign.

For example when a patient receives a cancer diagnosis the way how a patient expresses his feelings after receiving the diagnosis, varies greatly from country to country. In USA it is very normal and expected that a patient would be angry, where as in Egypt such a behavior would arouse suspicion toward God's justice (Navon 1999). It is crucial to reflect the encounters with the patients because that is one tool to the nurses to see how culturally sensitive they are when a patient's needs and values do not meet their own.

Leininger has found that cultural blindness and ethnocentrism will greatly reduce the quality of care and nursing diagnoses that are not based on cultural knowledge about the patients create problems and lead to, sometimes even serious, outcomes. Nowadays patients look for quality care and when the patients are satisfied for the care they are getting, it will serve as a powerful healing force. (McFarland 2006.)

2.3 The women behind the diagnosis

As we know the concept of woman varies around the world. That is why one of the challenges is to understand women in different cultures, what is their role and are they being told the diagnoses, how differently they might understand the word cancer, and how do they cope with the disease that affects their femininity. Delbar (1999) explores in his article examples of cancer patients from countries all over the world and compares them. One example is about a young Bedouin man who is diagnosed with Hodgkin's disease and he is soon getting married with his 14-year-old cousin. Whether

he will be cured or not he will marry his cousin. If the case was the other way around the wedding would be cancelled and the bride would remain single for the rest of her life and would serve as a servant for her father's family. Being aware of and moreover the understanding of the various roles women have help nurses to provide cultural sensitive care by means of being more sensitive to hear their patients needs and hear them when there is being no words said.

Berterö and Chamberlain (2007) explored in their meta-synthesis that included women from several different countries that after breast cancer diagnosis women became awareness of their own mortality. They realized there were so many things they have not done yet and that they were not ready to give up just yet. One of the main sources of support for these women was support groups. From these women got energy and when they talked to somebody who had survived from breast cancer, women became more positive toward their own situation. Women also mentioned that they wanted to be treated as individuals and not just another cancer patient. Their body image changed and some mentioned not being able to recognize one's own body.

According to Howard et al (2007) African American and Asian American women felt they were lacking of culturally appropriate resources and there were no leaflets available in their language. Women from both groups felt that it reflected the society's attitudes toward ethno cultural women. In the same study Asian American, African American, Hispanic and Aboriginal women talked about the terrible trauma that breast cancer was. Especially the physical changes during the breast cancer experience were traumatizing. Spirituality and community involvement played significant role in coping.

2.4 Coping

“Coping is a method a person uses to assess and manage demands. With an acute illness, coping is generally of short duration and leads to a return to the pre-illness state. With chronic disorders, the length and complexity of the coping required is greatly magnified. Sick people use coping methods to deal with the negative consequences of the disorder, such as pain or physical limitations. Each individual has a unique coping repertoire that is called into play to achieve a sense of control. With chronic health problems, there is a continuous need for adjustments to maintain well-being and prevent

the feelings of despair that can result from high stress conditions.” (Maynard cited in Bowsher&Keep 1997: 358.)

Mizrahi et al (2008) studied immigrant women diagnosed with ovarian cancer. The study showed that immigrant women felt like they had one extra burden in their life. These women were already facing the challenge of being an immigrant which meant language barrier, being unfamiliar with the local health care system and limited support due to family being far. Though some of the women explained that they felt lucky to be immigrant and cancer patient because of the level of the health care in the country where they came from were poor. They felt they had better chances to recuperate from cancer.

3 BREAST CANCER

Cancer is the name used for all the malignant growth in a human body. Cancer is a disease defined by abnormal growth and proliferation of cells. The anatomy of cancer cells differs from the normal cells meaning they are not mature. Cancer cells are located first in one of the organs of the body and from there they can spread to nearby tissues and to other organs. These cancerous cells are called metastases. How dangerous the cancer is, depends on how fast the cells proliferate, the location of the cancer and whether there any metastases. Biopsy is one of the most reliable ways to diagnose cancer. (Hietanen&Lammi 1991:7-10.)

Breast cancer is a disease in which abnormal cells in the breast divide and multiply in an uncontrolled fashion. It can affect both women and men but mostly women. The most common malignant cancer among women is breast cancer. Annually 10-15 men are being diagnosed with breast cancer in Finland (Vehmanen 2009). Diagnose methods for breast cancer is mammography and biopsy (Souhami&Tobias 2005: 216-231).

3.1 Treatments for breast cancer

Breast cancer treatments consist of three elements. They are surgery, radiotherapy and adjuvant therapy which are used in different combinations depending on the nature of cancer (Nieminen 1995:135-137).

Surgery is the most important treatment for breast cancer. For a long time the most used surgery was *modified radical mastectomy* which means the whole breast and lymph nodes in the auxiliary are removed. Lately *breast conserving surgery* has become more and more popular due to the cosmetic reason though the long term effects have been proven to be more successful with modified radical mastectomy. (Nieminen 1995: 135-137.)

After surgery radiotherapy is the most important treatment for breast cancer. When treating breast cancer radiotherapy is usually given post-operatively. Radiotherapy destroys cancerous cells and it is given by exposing a patient to ionizing radiation. (Salminen 2000: 25; *Hoidot*. Internet document.)

Adjuvant therapy consists of chemotherapy and hormone therapy. The chemotherapy is given intravenously so the blood will carry the medicine all over the body destroying the cancerous cells. The medicines in chemotherapy prevent the proliferation of the cancerous cells and so the cancerous cells die. Chemotherapy is used more among premenopausal women. (Hietanen 1995: 137; *Hoidot*. Internet document.)

The medicine form in hormone therapy is tablets. Because it is common that cancerous cells use body's own hormones to grow, the hormone therapy is based on inhibiting the cells of using the hormones. The hormone therapy is more common when treating postmenopausal women. (Hietanen 1995: 137; *Hoidot*. Internet document.)

3.2 Side-effects

The side-effects of the cancer treatments depend on the treatment, the combination of treatments and the medicines that are chosen to treat cancer. The side-effects include: nausea and vomiting, loss of hair, diarrhoea and/or constipation, mucous membrane irritation, premature menopause and fatigue. (*Hoidot*. Internet document.)

4 THE PURPOSE OF THE STUDY AND RESEARCH QUESTION

The purpose of the study is to explore what kind of experiences women from different cultural backgrounds who are breast cancer patients have about their disease and what helps them to cope with the disease.

How do women from different cultural backgrounds experience breast cancer?

How do women from different cultural backgrounds cope with breast cancer?

5 METHODOLOGY

In this study a literature review was used as a methodology. The purpose was to collect scientific articles to find answers to the research questions mentioned in chapter four. The data was collected by using a systematic literature review. “A systematic literature is an organized critique of the most important scholarly literature that supports a study. A systematic literature review means an extensive, systematic, and critical review of the most relevant published literary on a particular topic.” (LoBiondo-Wood&Haber 2006:78, 572.)

5.1 Data collection methods

Two data collection methods were used 1) database search and 2) manual search at the school library. Database searches were done in the spring and autumn of 2009 and one database search was done in the winter of 2010. The used databases were Ebsco and Ovid.

A manual search was done in the school library 21st of September 2009. All the Cancer Nursing -issues were read which meant altogether 17 issues. The table of contents of the Cancer Nursing -issues were read. If the title was relevant to the topic, the abstract was being read. Only two of the abstracts were relevant to the topic. Then both of the two articles were read and both of them answered the research questions and met the inclusion criteria. They were chosen to be analyzed by the reviewer.

5.2 Inclusion criteria

The inclusion criteria for the articles were:

1. relevant to the topic
2. answer the research question
3. published in English or in Finnish
4. publication year between 1999 to current (2010)
5. empirical studies
6. data collected from the women themselves

5.3 Database search

Key words:

cancer nursing, trans cultural, cross cultural, multicultural, breast cancer, Muslim, minority, beliefs, quality of life, cultural sensitive care, culture, Asian population, Iranian, coping, coping strategies, lived experience

Limited to: English language, 1999-current



Database	Keywords	Hits
Ebsco 6.5.2009	cancer nursing AND trans cultural	1
Ovid 6.5.2009	trans cultural AND cancer nursing	16
Ovid 6.5.2009	cross cultural AND cancer nursing	22
Ovid 6.5.2009	multicultural AND cancer nursing	3
Ovid 11.5.2009	breast cancer AND Muslim	2
Ovid 11.5.2009	cancer nursing AND minority	32
Ovid 11.5.2009	cancer nursing AND beliefs	71
Ovid 21.9.2009	breast cancer AND quality of life	225
Ovid 21.9.2009	cancer nursing AND cultural sensitive care	66
Ovid 23.9.2009	trans cultural AND cancer nursing	13
Ovid 23.9.2009	cancer nursing AND culture	15
Ovid 23.9.2009	cancer nursing AND asian population	16
Ebsco 23.9.2009	cancer nursing AND iranian	2
Ovid 23.9.2009	breast cancer AND coping	75
Ebsco 5.11.2009	coping strategies AND breast cancer	113
Ebsco 10.11.2009	coping strategies AND breast cancer	114
Ebsco 10.11.2009	lived experience AND breast cancer	49
Ovid 18.11.2009	breast cancer AND coping	112
Ovid 17.2.2010	breast cancer AND coping	118
	In total	1065



Selection criteria after reading the abstract:

- must be relevant to the topic
- in full text form

Ebsco	12
Ovid	38
In total	50



Exclusion criteria:

- Does not answer to the research questions
- Does not meet the inclusion criteria

Ebsco	5
Ovid	3
In total	8

Two of the articles were found by manual search and eight of the articles were found by database search. Altogether ten articles were found and chosen to be analyzed. These articles are listed in TABLE 1.

TABLE 1. The name of the journals of the analyzed articles

Name of the journal	2002	2003	2006	2007	2008	2009	2010
Journal of Advanced Nursing	1		1		1		
Oncology Nursing Forum, Cancer Nursing		1					
The Breast Journal			1				
Contemporary Nurse			1				
Cancer Nursing				2		1	1
TOTAL	1	1	3	2	1	1	1 =10

All the articles were international publications. There were no Finnish studies found which would have answered the research questions.

5.4 Analysis

In this literature review the findings of the scientific articles were analyzed by using inductive content analysis. “Inductive content analysis means organizing the qualitative data by open coding, creating categories and abstraction” (Elo&Kyngäs 2007: 109).

All the articles were read through by the reviewer several times. After this all the main findings were highlighted and then typed in a table (see Appendix1). Then the reviewer went through each article again and the articles were compared with the main finding in the table of findings. After this the main findings were divided under two headings; “coping” and “experience”. From these the similar findings were grouped together as a subcategory and a general name was created to describe these findings (see TABLE 2&3).

6 FINDINGS

6.1 Women's experiences of breast cancer

Women's experiences of breast cancer were divided into six different categories which emerged from data and described their experience. They were getting the diagnosis, hiding the diagnosis, dual role between mother and cancer patient, values, religion and vulnerability (see TABLE 2).

6.1.1 Getting the diagnosis

Getting diagnosis of breast cancer is very shocking and devastating experience to women. Five of the analyzed articles mention this as the most shocking moment of the women's life. (Banning et al 2009; Coyne&Borbasi 2006; Fu et al 2008; Landmark&Wahl 2002; Vargens&Berterö 2007.) Pakistani, Chinese and Norwegian women described this shock as feelings of distress and disbelief and emotional upset (Banning et al 2009; Fu et al 2008; Landmark&Wahl 2002). Women in Australia had the same kind of an experience of the shock. They described it as turmoil and being in a rollercoaster. (Coyne&Borbasi 2006.) Brazilian women related the breast cancer diagnosis to death and they described their experience like they were living with a 'phantom of death'. They became very aware of their own death but as time passed by they learnt breast cancer can be curable. (Vargens&Berterö 2007.)

Due to the lack of acceptance of the disease some of the Pakistani women did not get any treatment for up to two years since the initial location of the lump (Banning et al 2009) whereas Chinese women after the initial shock used several strategies to accept the disease. Strategies included: understanding one is not alone with the diagnosis; breast cancer is curable and trust in advanced medical treatments and techniques. (Fu et al 2008.)

6.1.2 Hiding the diagnosis

Due to the side effects of the treatment (see chapter 3) and the taboo that breast cancer still is in many countries many of the women wanted to hide their diagnosis. This was mentioned several times in different articles. One of the reasons why the women wanted to hide their diagnosis was they were not able to face negative people. Chinese, African

American and Iranian women explained that these negative attitudes brought their spirit down and it was just easier to be away from them. This helped them staying more positive during the treatments. (Fu et al 2008; Henderson et al 2003; Taleghani et al 2006.)

Women from Lebanon, Norway and Brazil explained how they wanted to hide only the physical losses. That was related to the loss of feelings of femininity and these women did not want to be pitied by others especially by other women. (Doumit et al 2010; Landmark&Wahl 2002; Vargens&Berterö 2007.)

Pakistani and Brazilian women were afraid of social discrimination and the stigma that breast cancer has in their cultures. This led women to hide their diagnosis and not talk about their experience. Pakistani and Brazilian women talked about isolating one from people and not to show how they are really doing. This way they could avoid all the negativity and pity and also protect their close ones from pain related to their suffering. (Banning et al 2009, Vargens&Berterö 2007.)

6.1.3 Dual role between a mother and a cancer patient

Being a mother and a cancer patient especially to women whose children were young was hard. In two of the analyzed studies the majority of the participants were women with small children. These two groups consisted of Muslim women in Pakistan and Australian women (to which religion the women belong to was not mentioned in the study). They felt so unsure of their own future and worries about who will take care of their children were straining for them. The women said they were not sure how much they can tell to their children about the disease they are fighting with and how much they should show to their children their ups and downs and especially downs when feelings of despair took over them. (Banning et al 2009; Coyne&Borbasi 2006.)

6.1.4 Values

Only in one of the articles change of values was mention using the word value (Vargens and Berterö 2007). In this study the participants were Brazilian. The women talked about how they did not care about the small things anymore. They were not so petty anymore and they became more open to life and all it has to offer. They wanted to

embrace the world and share their experience with other breast cancer patients. Through the breast cancer experience women understood how wonderful it is to be alive.

6.1.5 Religion

Hamilton et al (2007) stated in their study that African American women saw the survival from the breast cancer as an opportunity to pay back to God. Also the experience of having cancer brought women closer to God. Chilean and African American women explained how the experience of having breast cancer made them search for more guidance from God and spirituality was used to find meaning in the experience (Choumanova et al 2006; Henderson et al 2003). In these three articles religion also played an important part in coping with breast cancer.

6.1.6 Vulnerability

Since the time of the diagnosis of breast cancer the women realized how fragile life actually can be. The breast cancer diagnosis was a big surprise to Brazilian women and it caught them unaware. They thought they would never die and now they were fighting against it. (Vargens & Berterö 2007.) Being too young to die and having a cancer diagnosis made Australian women change and examine their views about femininity. They were also confronted with the terrible reality of death. (Coyne & Borbasi 2006.) According to Doumit et al (2010) the constant fear of cancer reoccurrence Lebanese women had, made their concentration on coping more difficult. Their thoughts were on the possible reoccurrence and not on the current situation. The side-effects of the treatments increased negativity among Norwegian and Brazilian women (Landmark & Wahl 2002; Vargens & Berterö 2007).

TABLE 2. Women's experience of breast cancer

Category describing experiences:	Subcategories:	Number of articles:
Getting the diagnosis	Time of diagnosis a shock	5
Hiding the diagnosis	Avoiding negative people	3
	Hiding the diagnosis because of social stigma/discrimination	2
	Wanting to hide the physical losses	3
	Wanting to hide oneself by isolating one from people	2
Dual role between a mother and a cancer patient	Dual role: mother/cancer patient gave extra stress	2
Values	Change of values	1
Religion	Survival as an opportunity to pay back to God	1
	Getting closer to God	1
Vulnerability	Treatment effects affected negatively	2
	Awareness of own mortality	1
	Too young to die	1
	Fear of reoccurrence	1
	Living with a death sentence	1

6.2 Women coping with breast cancer

'Women coping with breast cancer' was divided in four different categories which emerged from the data and described coping. They were support from close ones, religion, being active in life and positive attitude (see TABLE 3).

6.2.1 Support from different sources

Support as coping mechanism was the most mentioned form of support. Support came from different sources. Support from close ones which included husband and family members was mentioned in six of the articles (Banning et al 2009; Coyne&Borbasi 2006; Doumit et al 2010; Landmark&Wahl 2002; Taleghani et al 2006; Vargens &Berterö 2007). This form of support became important because many of the women

wanted to hide their diagnosis and they felt that only with family members they can be open and they do not need to be afraid of any kind of discrimination. Women who stated these feelings came from Pakistan, Australia, Lebanon, Norway, Iran and Brazil. Sharing the experience with other women who are not or had not been a breast cancer patient was mentioned as a negative experience and this is why the family's support became crucial.

Women suffering from breast cancer need to share their experience with other breast cancer patients. This became very essential in coping to Australian, Lebanese, Chinese, African American, Iranian and Brazilian women. (Coyne&Borbasi 2006; Doumit et al 2010; Fu et al 2008; Henderson et al 2003; Taleghani et al 2006; Vargens&Berterö 2007.) This gives them strength to go on and to see other women fighting and surviving from the same disease, helps women to stay optimistic about the treatments and recovery.

According to Henderson et al (2003) African American did not found enough support from traditional support groups for breast cancer patients. The African American felt their needs were not met and they felt they were not able to relate with the Caucasian women in their coping. African American preferred support groups that were designed for African American women.

In the study conducted by Coyne&Borbasi (2006) young Australian breast cancer patients with children mentioned that time they got only for themselves, when family members and friends helped them to take care of their children, assisted their coping. The women felt they got a little break and they were able to breath and not worry about anything for some moments.

6.2.2 Religion

Women who were already religious or active members of their church, talked about coping through their faith and that God played a major role in their coping. These women were Muslims from Pakistan, African American from USA, Muslim women from Iran, Christians from Chile and women from different religions from Lebanon. (Banning et al 2009; Choumanova et al 2006; Doumit et al 2010; Hamilton et al 2007; Henderson et al 2003; Taleghani et al 2006.)

Doumit et al (2010) stated in their study that Lebanese women regardless of their religious background, considered cancer to be something from God. This made the women to accept their disease because when something is from God, you can not change it, only accept it. Iranian women had similar views about cancer according to Taleghani et al (2006). They believed God had chosen this path for them and now they had no choice except to walk that path. Pakistani women showed to think their future was depending solely on Allah and his help and praying and renewing their faith became essential part of coping (Banning et al 2009).

African American women's relationship with God got stronger and they believed God can heal their cancer. God was like a father figure to them and praying was important part in their coping. (Hamilton et al 2007; Henderson et al 2003.) According to Choumanova et al (2006) Chilean women decided relaying on God as well. Religion and spirituality were the essential resources in their coping and through about the experience of having cancer.

6.2.3 Being active in life

Australian and Norwegian women wanted to maintain everyday life as normal as possible. If one was able to manage to do things like before, it gave them comfort and it gave them sense of being in control of the situation and it kept their thoughts away from the disease. (Coyne&Borbasi 2006; Landmark&Wahl 2002.) For Chinese women being active meant taking an active part in the treatment. Wanting to know more about their disease and following the treatments and advices doctors and nurses gave. Chinese believed as well that to win the cancer they had to stay physically in good condition as much as it was possible for them. (Fu et al 2008.)

6.2.4 Positive attitude

Three studies showed that accepting the disease has seeing as a positive coping mechanism. These studies included women from China (Fu et al 2008), Iran (Taleghani et al 2006) and Lebanon (Doumit et al 2010). Landmark and Wahl (2002) stated in their study that will to live made Norwegian women to put all their energy into fighting for their life. The women wanted to live and they and they were able to active unknown energy in them which gave them the energy they needed for the fight.

According to Fu et al (2008) Chinese women tried to reflect their experience and learnt from it. They understood taking care of one self and letting go all the extra pressures like work was crucial. They realized when staying in good humour they were able to enjoy life more.

Lebanese women compared cancer to other diseases especially to diabetes. They saw diabetes more challenging due to its chronic nature and complications. They did not think cancer was any worse than diabetes. This helped Lebanese women to stay positive throughout the disease. (Doumit et al 2010).

TABLE 3. Women coping with breast cancer

Category describing coping:	Subcategories:	Number of articles:
Support from different sources	Support from close ones	6
	Share the experience with other breast cancer patients	4
	Support groups	2
	Assistance in child care	1
Religion	Prayer and faith	4
	Close relationship with God	1
	God as the major source of support	1
Being active in life	Maintaining every day life as normal as possible	2
	Staying active	1
	Taking an active part in the treatment	1
Positive attitude	Accepting the disease	3
	The will to live as a helper	2
	Positive attitude	1
	Reflecting and moving on	1
	Comparing cancer to other diseases, like diabetes	1

7 DISCUSSION

The purpose of the study was to find out what kind of experiences women from different cultural backgrounds who are breast cancer patients have about their disease and what helps them to cope with the disease. Two research questions were asked: How do women from different cultural backgrounds experience breast cancer? How do women from different cultural backgrounds cope with breast cancer?

7.1 Main findings

Women from different cultural backgrounds had very much similar ways how they experienced breast cancer. One of the main findings was that women throughout the studies received the diagnosis as a great shock and the time of diagnosis was stressing and disturbing for them (Banning et al 2009; Choumanova et al 2006; Coyne&Borbasi 2006; Doumit et al 2010; Fu et al 2008; Hamilton et al 2007; Henderson et al 2003; Landmark&Wahl 2002; Taleghani et al 2006; Vargens&Berterö 2007). Also hiding the diagnosis was very prevalent theme in the studies. The women talked about different ways how to hide their disease Breast cancer was seeing as a disease one shares only with husband, other family members and with other women who are breast cancer patients or breast cancer survivors. (Banning et al 2009; Doumit et al 2010; Fu et al 2008; Henderson et al 2003; Landmark&Wahl 2002; Taleghani et al 2006; Vargens&Berterö 2007.) When having a breast cancer diagnosis the women learnt how vulnerable life can be. They realized how fast one's life can change and how important family actually is. (Coyne&Borbasi 2006; Doumit et al 2010; Landmark&Wahl 2002; Vargens&Berterö 2007.)

Pakistani and Australian women talked about the burden of being a cancer patient while their children were still young and dependent on them. The women found it difficult and stressful to be in this dual role. It gave them extra worries. (Banning et al 2009; Coyne&Borbasi 2006.)

Support from husbands and close ones and also sharing one's own experience with other breast cancer patients were crucial when it came to coping with breast cancer. At least one of these three sources of support was mentioned in all of the studies. Prayer and faith was the second most mentioned theme as a coping mechanism. In countries where the religion played an important part of the culture and life, prayer and faith

become essential along with support from close ones. Especially to Muslim, African American, Chilean and Lebanese women religion played an important role. (Banning et al 2009; Choumanova et al 2006; Doumit et al 2010; Hamilton et al 2007; Henderson et al 2003; Taleghani et al 2006.)

Norwegian and Australian women believed in keeping the everyday life as normal as possible. To be able and to have energy to manage from every day routines gave the women strength to continue their faith. (Coyne&Borbasi 2006; Landmark&Wahl 2002.) Chinese believed in being active in participating by asking questions and being interested in the treatment (Fu et al 2008).

7.2 Implications for clinical practice, suggestions for further research and limitations of the study

Nurses in the cancer wards or in outpatient clinics should have possibilities to access information that handle different cultures and cultural sensitive care. The nurses should be aware of all the possible support groups for immigrants or at least to know where to find this information from.

Another suggestion would be to make a leaflet, for example in the five most spoken languages, that would consists of the main information about breast cancer, where one could find a interpreter, psychology services and information about different available support groups. And as in every nurse-patient relationship what is highly important it is to be interested in the patient herself as an individual and trying to find out her individual needs and pay attention to them while nursing. This is the key to cultural sensitive care.

Some limitations were faced during this literature review. There were limited amount of research that answered to the reviewer's research questions. More research is needed about this topic. Especially research from immigrant women's perspective should be emphasized. All the articles which were chosen to be analysed, were not from point of view of an immigrant. Another limitation was that the reviewer was a nursing student and there was no previous experience of conducting a literature review.

8 CONCLUSION

Whenever and wherever a woman is faced with the reality of breast cancer it is a shocking experience. Most women want to hide their disease and they refuse to share it with people who are not part of their family or who are not cancer patients themselves. Many of the women in the studies talked about keeping themselves busy by doing everyday life things or trying to maintain some of their hobbies. Having other things in their life, and not just their disease, helped the women to stay positive.

Family's and especially husband's support were the main sources of support. Prayer and faith was also mentioned by women who came from countries where religion plays an important part of the every day life. Support groups were crucial because from those women got strength to continue their fight when they realized they are not alone with their disease.

Even though this literature review gave a very general view of women's experiences of and how they cope with breast cancer, the articles showed that even the women, whose origins are the same, are not a homogenous group. Every woman is an individual and should be always treated according to their individual needs. Each woman diagnosed with breast cancer is individual and that is why the experience is unique as well.

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APPENDIX I

Author(s), year, country	Purpose of the study	Sample	Data collection and analysis	Main findings	Coping	Experience
Dourmit et al., 2010, Lebanon	To gain a more in-depth understanding of the coping strategies espoused by Lebanese women with breast cancer	10 women, age range of 36-63	One-on-one interviews, 2 interviews for each participant. Interviews were audio taped, and field notes were recorded. Each interview was coded to ensure confidentiality.	<p><u>Facilitating coping factors:</u></p> <ol style="list-style-type: none"> 1, <i>Cancer is something from God.</i> Regardless of the religious background, cancer was seen as something from God so the women could not change the situation only to accept it. 2, <i>Cancer is similar to any other disease, mainly diabetes.</i> The women saw diabetes as more dangerous disease because diabetes is chronic and with many complications. 3, <i>Positive support.</i> Support from work (supervisors), family and husbands help the women to cope with their diagnosis and disease. 4, <i>Sharing the experience with people who know.</i> Sharing the experience who were or had been in the same situation was an important factor in coping. <p><u>Hindering factors for coping:</u></p> <ol style="list-style-type: none"> 5, <i>Changed body image.</i> Hair loss lowered their self-esteem and this way affected negatively on their coping. 	<p>Cancer was God's will; helped the women in accepting.</p> <p>Comparing cancer to other diseases like diabetes.</p> <p>Positive support from work and family, especially from husbands.</p> <p>Sharing the experience with others in same situation.</p>	<p>Changed body image: hair loss.</p> <p>Wanting to hide the disease (hair loss) due to avoiding being pitied by others.</p> <p>Fear of re-occurrence.</p>

<p>Banning et al, 2009, Pakistan</p>	<p>a) To examine women's experiences of breast cancer and the coping strategies they used to manage the illness and b) to investigate whether there are any cultural, socio-psychological, or religious factors that influenced Pakistani Muslim women's views or experience of managing their illness.</p>	<p>30 female patients, age range of 22 to 60 years, Muslim belief, Pakistani origin</p>	<p>Qualitative study used semi-structured focus group interviews to explore the views of women in relation to breast cancer. Data were analyzed using thematic analysis.</p>	<p>6, <i>Fear of reoccurrence.</i> Fear of cancer "hitting" them again, prevented their coping. 7, <i>Being pitied by others.</i> Wanting to hide the hair loss because the women did not want anybody to pity them.</p>	<p>Support as a coping strategy. Prayer and faith were the main coping strategies.</p>	<p>Time of diagnosis was a shock. Hiding the diagnosis because of social stigma. Being a mother gave extra worries and distress. Want to be alone due to avoiding negative people and gossips-> constant reminder of their illness.</p>
			<p>Eight themes: 1, <i>Shock of diagnosis.</i> Feelings of distress, shock, disbelief, emotional upset, worry, fear of the diagnosis, and its possible outcome. Lack of acceptance led many women to refuse treatment for periods of up to 2 years after the initial location of lump. 2, <i>Concealing the evidence.</i> The social stigma attached to the diagnosis made women unwilling to tell about their diagnosis. 3, <i>Awareness of breast cancer.</i> Levels of knowledge varied between no knowledge to breast cancer causes pain and discomfort. Only one patient knew that a breast lump can be a benign or malignant. 4, <i>Family reassurance.</i> Support from immediate and extended family members was a positive source of support.</p>			

Fu et al, 2008, China	To describe Chinese women's experience of adjusting to breast cancer diagnosis and treatment.	22 female patients, Chinese	A qualitative design with a descriptive phenomenological method was used, the women were interviewed.	<p>5, <i>Coping through prayer</i>. Having or renewing their faith in Allah. Their recovery is completely depending on Allah's mercy, gracious help, support, and wishes.</p> <p>6, <i>Maternal responsibility</i>. Not able to work efficiently due to the physical weaknesses reminded them constantly about the disease. The future of their children made the women worried and depressed because of the uncertainty of treatment outcome.</p> <p>7, <i>Feelings of isolation</i>. The desire to be alone, not to talk or discuss anything with people. Experience a dislike of being surrounded by other people.</p> <p>8, <i>Financial burden of treatment</i>. Many paid the treatments themselves and because it was very expensive it led to financial troubles.</p> <p><u>Six intentions formed the essence of the experience:</u></p> <p>1, <i>Facing the reality of cancer diagnosis</i>. The time of diagnosis a huge shock. Realizing not being alone. Breast cancer can be treated. Admitting breast cancer.</p>	<p>Accepting the disease.</p> <p>Taking an active part in the treatment (asking, learning, trusting the health care stuff).</p>	<p>Time of diagnosis a huge shock.</p> <p>Avoiding negative people.</p>
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			<p>Having confidence in the medical treatment and techniques. Looking at others who have survived cancer.</p> <p>2, <i>Taking an active part in cancer treatment.</i></p> <p>Trusting doctors and nurses. Asking questionings and learning more about the breast cancer. Following the giving advice.</p> <p>3, <i>Sustaining an optimistic spirit.</i> Forcing one self to stay to optimistic. Staying away from negative people.</p> <p>4, <i>Sustaining physically.</i> Engaging physical activities.</p> <p>5, <i>Lessening the impact of cancer on others.</i> Keeping the diagnosis from others.</p> <p>6, <i>Reflecting and moving on.</i> Taking good care of one self. Reflection as a way to learn how to let go the pressures they put them selves under. Changing their temperament.</p>	<p>Other cancer patients' example, how did they survive.</p> <p>Reflecting and moving on.</p>	
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<p>Hamilton et al, 2007, United States</p>	<p>To describe the role and the meaning of spirituality among African American breast cancer survivors.</p>	<p>15 female patients, age range of 42 to 87 (in the same study there were 13 African American men with prostate cancer but only the results from the women were included because of the purpose of this paper)</p>	<p>In-depth interviews that were unstructured and started with general questions: "Tell me about your experience with cancer" and "What was helpful to you during that experience?" As the interviews progressed, questions became more structured to pursue the themes that emerged in previous interviews.</p>	<p><u>Three major themes:</u> 1, <i>A personal relationship with God.</i> The participants' relationship with God was described as follows: having similar relationship to that of a father and a child; God was with them during the troubled times; a personal relationship with God meant a spiritual closeness and for some it meant that God would determine the outcome of their disease. 2, <i>The types of support believed to come directly or indirectly from God.</i> The most common of this type of support was the help that God provided to heal their cancer. By prayer God would take away their worries and the belief that God gives no more than they can bear. 3, <i>Repaying God through acts of service to Him and others.</i> This third theme was related to the belief that God allowed them to survive for a reason and that was serving others through the congregation.</p>	<p>Close relationship with God. Praying for the help from God.</p>	<p>Survival seeing as an opportunity to pay back to God his kindness. This they did by serving the brothers and sisters in the congregations.</p>
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<p>Vargens and Berteró, 2007, Brazil</p>	<p>To identify and describe the impact of breast cancer from the perspective of the women's experiences on women's body image and intimate relationship.</p>	<p>11 female patients, Brazilians</p>	<p>An interpretive phenomenological approach was used. Qualitative interviews. A general interview guide approach was used, where a guiding question was asked by each informant: Tell me about your breast cancer and what impact it has on you and your close/intimate relationship?</p>	<p><u>Four themes:</u> 1, <i>Living side by side with the phantom of death.</i> Time of diagnosis a huge shock. Cancer associated with death. Awareness of own mortality become more strong. 2, <i>Gaining a positive attitude for life.</i> The way they saw the world changed. The diagnosis made them realize how strong they actually are. Values changed. Breast cancer made them see how wonderful it is to be alive. They started to live intensely every moment of their life. They women become more sensitive to other people's needs and the women wanted to help them. 3, <i>Being recognized as a woman with certain needs.</i> The way the women were seen and treated after the diagnosis changed. The women wanted their husbands and friends understand their situations yet treat them as before. Breast cancer caused them changes and that meant they were women with certain needs. The women were afraid of discrimination.</p>	<p>Importance to share the experience with other women in the same situation. Friendships and family help in coping.</p>	<p>Time of diagnosis a huge shock. Awareness of own mortality. Living with a death sentence floating above their head. Radical change of values. Being afraid of discrimination. Both positive and negative attitude towards body image changes. Wanting to hide one self by isolating one from people.</p>
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<p>Choumanova et al, 2006, Chile</p>	<p>To examine how these patients used religion and spirituality to cope with their illness; how their illness changed the roles of religion and spirituality in their lives; and their views regarding whether, and if so how, spiritual faith can help patients recuperate from breast cancer.</p>	<p>27 women, age range of 39-92</p>	<p>One-on-one interviews, the interviews focused on three open-ended questions, the transcribed interviews were analyzed using the “constant comparative method” to seek patterns and organize the content into specific themes.</p>	<p>4, <i>Considering body image/self-image and making efforts to hide.</i> Some have positive attitude to face the situation and for some a loss of a part of a body meant insecurity. Wanting to hide their altered body image from the close ones, the women wanted to save them from pain.</p>	<p>God as the main resource in helping to cope. Faith.</p>	<p>Getting closer to God.</p>
				<p>1, <i>Religion, spirituality, and coping with breast cancer.</i> God as a resource of for healing and guidance. Religion and spirituality were used to obtain social support and to find meaning in the cancer experience. 2, <i>Religion and spirituality after a breast cancer diagnosis.</i> The diagnosis brought majority of the women closer to God. The women prayed more and attended to the mass more frequently. 3, <i>Spiritual faith and recuperation from breast cancer.</i> Spiritual faith helps to cope better. Faith made the women to feel calm, which help their mental well-being and recovery.</p>		

<p>Coyne and Borbasi, 2006, Australia</p>	<p>To explore the experience of a diagnosis of breast cancer for women under the age of fifty and to explore the psychosocial support needs of younger women with reference to their phase of life and family concerns.</p>	<p>6 women, age range of 29-43</p>	<p>In-depth interviews and a participatory research process. Interviews were tape recorded and later transcribed verbatim.</p>	<p>1, <i>Diagnosis – having to be strong.</i> Time of the diagnosis was the most stressful time of their life. Too young to have cancer. Life was described as turmoil and being in a rollercoaster. Family relations and close friendships gave significant comfort. 2, <i>Impact on the family.</i> Dual role: being a mother and a cancer patient caused significant stress and emotional suffering: how open to be with ones children? Children's well being was one of the main concerns of the women. Maintaining the routines was important part of coping. Family's and friend's assistance with child care gave the women time to recuperate from treatment. 3, <i>Life after treatment.</i> After treatment the family remained on emotional rollercoaster. Family had put all their energy on surviving the breast cancer and changing that life felt like what to do now?</p>	<p>Family and close ones as a significant support. Maintaining routines. Assistance in childcare gave time to cope after treatment. Support from other breast cancer patients.</p>	<p>The time of the diagnosis most stressful event. Too young to die. Dual role (mother-cancer patient) caused significant amount of stress.</p>
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<p>Taleghani et al, 2006, Iran</p>	<p>To explore coping with breast cancer in newly diagnosed Iranian women and to provide some culturally based foundations for their nursing care.</p>	<p>19 female patients</p>	<p>A cross-sectional design was used with qualitative in-depth interviews. The sample size was determined by data saturation.</p>	<p><u>Five main themes emerged:</u> 1, <i>Facing the disease</i> using a religious approach with two sub themes which were acceptance of the disease as God's will and spiritual fighting. 2, <i>Thinking about the disease</i> (split between positive and negative). 3, <i>Disease acceptance</i> (split between active and passive). 4, <i>Social and cultural factors affecting coping.</i> Because of the negative attitude others had towards cancer like 'Ooh what a shame, poor her,' the women felt forced to hide their diagnosis. The women become troubled and uncomfortable if other women knew about their disease because of the possible inappropriate reactions. Emotional support from other patients was crucial. 5 <i>Support from significant others.</i> One of the important elements in these women's coping was the support of their spouses.</p>	<p>Accepting the disease as a God's will. Support from other cancer patients. Support from close ones.</p>	<p>Hide the disease due to the negativity people have about it.</p>
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<p>Henderson et al, 2003, USA</p>	<p>To determine how African American women cope with breast cancer</p>	<p>66 female patients, age range of 35-76</p>	<p>Focus group interviews, the number of focus groups was based on data saturation</p>	<p><u>Five themes emerged:</u> 1, <i>Prayer</i>. Prayer played a major role in assisting them to cope with every phase of the breast cancer; discovery of the breast lump, diagnosis of breast cancer, treatment, and recovery. For some women their relationship with God grew stronger because of having breast cancer. 2, <i>Avoiding negative people</i>. Several women wanted to avoid negative people because they tended to bring down their spirits. The participants wanted to have distance from negative people because they wanted to talk only about the negative consequences of breast cancer. 3, <i>Social support</i>. The participants found the support groups designed for African American the most beneficial. They wanted to be around with people who were like them. They did not find traditional support groups were not sensitive to their needs and concerns. God was recognized as a source of support.</p>	<p>Prayer as the main coping strategy. Support groups. Positive attitude helps in coping. Will to live.</p>	<p>Avoiding negative people</p>
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<p>Landmark and Wahl, 2002, Norway</p>	<p>To describe from the perspective of women, their experience of living with breast cancer.</p>	<p>10 female patients, age range of 39 to 69, Norwegians</p>	<p>Open-ended interviews were analyzed using methods influenced by Grounded Theory. The data collection was based on the principles of data saturation.</p>	<p>4, <i>Positive attitude.</i> Several of the participants found positive attitude to assist with coping. 5, <i>Will to live.</i> Having a will to live for self and others served as a driving force.</p>	<p>Maintain every day life the same as much as possible. Staying active. Support from husband and children. The will to live help them to overcome all the physical and psychological changes.</p>	<p>The time of diagnosis a huge shock. Treatment effects affected negatively. Wanting to hide their physical losses (breast, hair).</p>
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		<p>6, <i>Doing something else.</i> The women wanted to have everyday life as it was before. They try to maintain their activities or if not possible due to their condition to get new ones.</p>			
		<p>7, <i>For better and worse.</i> Social support from close ones was valued the most. Lack of support from health services was an extra burden.</p>			